

**VILLAGE OF GERMANTOWN
N112 W17001 MEQUON ROAD
GERMANTOWN, WI 53022**

MEETING:	REGULAR MEETING OF THE PUBLIC SAFETY COMMITTEE
DATE AND TIME:	Monday, June 5, 2023 6:00 PM
LOCATION:	Germantown Village Hall Board Room N112 W17001 Mequon Road

NOTICE: Pursuant to the recommendations of the Centers for Disease Control and Prevention concerning the prevention of COVID-19 infections, any member of the body and/or citizen may also attend the meeting virtually through the WebEx platform, Meeting #: 2558 465 8452 Password: qdSbcjG635 which can be accessed by phone at 408-418-9388 or by logging on at <https://villageofgermantown.my.webex.com/villageofgermantown.my/j.php?MTID=mb77901b344493bb7778adc7cf222a645> Citizens not wishing to attend the meeting personally or virtually may submit any public comments by sending an email to comments@germantownwi.gov by 4 p.m. on the day of the meeting so that it can be provided to the members of the body for their consideration. Previously recorded Public Safety Meeting Videos can be viewed at https://www.youtube.com/channel/UCOYp0EgELzTCa9X_iCohyhQ.

AGENDA

- I. **CALL TO ORDER:** *This meeting has been given public notice in accordance with Section 19.83 and 19.84, Wis. Stats, in such form that will apprise the general public and news media of subject matter that is intended for consideration and action.*
- II. **ROLL CALL:**
- III. **APPROVAL OF MINUTES:**
 - A. May 15, 223 Minutes
- IV. **REPORTS:**
 - A. Police Department Monthly Report
 - B. Fire Department Monthly Report
 - C. Overtime Reports
 - D. Policy Updates
- V. **CITIZEN INPUT:**
- VI. **UNFINISHED BUSINESS**
 - A. Alternatives for Funding Additional Public Safety Positions
- VII. **NEW BUSINESS:**
 - A. The following have applied to the Village Board of the Village of Germantown, Washington County, Wisconsin, for **RENEWAL** of a "Class B" Fermented Malt Beverage and Intoxicating Liquor License for the period commencing July 1, 2023, and ending June 30, 2024:
 1. **Barley Pop Brew Haus, LLC**, Jodi Kanzenbach, Agent, W4535 County Road A, Fredonia, d/b/a **Barley Pop Pub & Restaurant**, N116W16137 Church St First Floor, Basement Storage, outside beer garden located

- on North Side of Building and an additional 35'x39.10' on the Western Side of business. During July 4 parade beginning at 11 am outside extension from east end of building to western end to sidewalk.
2. WI Bier Stube LLC, Charles Hastings, Agent, N116W15841 Main Street, d/b/a **Von Rothenburg Bier Stube**, N116 W15863 Main Street. Basement keg cooler, 1st floor bar, includes outside fenced beer garden and garage extended to parking lot open until 10:00 p.m.
 3. BSC Wisconsin LLC, Eric D Schroeder, Agent, N132W17573 Rockfield Road, Richfield, d/b/a **Big Sky Country Bar & Grill**, W204N11498 Goldendale Rd, Bar Area, Dining Area on First Floor, Banquet / Dining Area in basement, Office and 8' x 55' outside patio on side open until 10:00 p.m.
 4. Black Dog Hospitality LLC, Jake Woller, Agent, N112W21209 Mequon Road, d/b/a **Bixenberg Tavern**, N112W21209 Mequon Road, NE Room of Building, 1st floor; East Patio; SE of Building on First Floor, and South Deck. Stored in Basement and Northeast side of Building on First Floor.
 5. Blackstone Creek Golf Club Ltd, Troy Schmidt, Agent, N105W14467 Wilson Circle, d/b/a **Blackstone Creek Golf Club**, N112W17300 Mequon Rd, Clubhouse bar, golf shop, includes golf course property of 156 acres.
 6. Blazin Wings, Inc, Allen Hart, Agent, d/b/a **Buffalo Wild Wings**, N96 W17990 County Line Rd Patio, dining, bar, and beer cooler in kitchen. Attached patio with hours restricted between 10:00 pm and 8:00 am Reserve.
 7. Bubs on Main LLC, Scott Pecor Agent, 10908 N Essex Drive, d/b/a **Bubs Irish Pub**, N116W16218 Main Street, Bar and Banquet, South Side Entry Ramp and Two Triangle Grassy Areas on Southeast side of building
 8. Brinker Restaurant Corporation, James Linderman, 142 N Western Ave #J, Neenah, d/b/a **Chili's Grill & Bar**, N96W18640 County Line Rd; dining area and bar area, storage and five to go parking areas.
 9. Das Barrel Room LLC, Mark Brooks, Agent, N52W14018 Aberdeen Dr, Menomonee Falls, d/b/a **Das Barrel Room**, W201N10466 Appleton Ave, Main Building Basement Bar, Storage Room, Dining Areas, Deck and Lawn off back of building.
 10. Eastern Kettle Moraine Moose Lodge 1238, William Numrich, Agent, N88W17521 Christman Road, Menomonee Falls, d/b/a **E.K.M. Moose Lodge**, W198N10217 Appleton Ave, includes main building, kitchen, hall, and outside pavilion 22' x 20', and open area for Lodge picnics including buildings to be open until 10:00 pm, 480' x 525' grounds area.
 11. Fawn Lane, LLC, Boro Buzdum, Agent, 7697 County Highway WW, West Bend, d/b/a **Buzdum's Pub & Grill**, W188N10515 Maple Rd First Floor and basement and patio and field.

12. Florian Park, Inc., Ryan Rahl, Agent, 311 Preserve Way, Colgate, d/b/a **The Florian**, N111 W18611 Mequon Rd three interior bars in two ballrooms, liquor storage room, beer cooler, includes outside premise Willow Path, Willow Gardens, and Willow Point on south end of Willow Pond to be open until 10:00 p.m. and outdoor designated smoking area to the north of property.
 13. Germantown American Legion Post #1, Inc, James A. Heimann, Agent, 2584 Country Aire, Cedarburg, d/b/a **Germantown American Legion Post #1**, N120 W15932 Freistadt Rd, Hall, bar, lounge, walk in cooler, office storage.
 14. Goldendale Legacy LLC, Emily Schaefer, Agent, 1510 Greentree Road, d/b/a **Broken Chandelier**, W204 N11912 Goldendale Rd. (First Floor, basement, includes horseshoe courts, path, outside fenced area to be open until 10:00 p.m., and outside front porch area)
 15. Northridge Automotive Enterprises, Inc, David L Iverson, Agent, N166W19523 Ravens Way, Jackson, d/b/a **Ivee's at Main**, W157N11618 Fond du Lac Ave, 2300 square foot restaurant, and outside patio in front of building until 10:00 pm
 16. Matteos AC LLC, Karla Coites, Agent, 761 S River Road #8, West Bend, **Matteo's**, W156 N11058 Pilgrim Rd, Bar Area, Dine In Area, Patio, Office, Hall and Kitchen
 17. Barley Pop Brew Haus, LLC, Jodi Kazenbach, Agent, 709 S 2nd Ave, West Bend, d/b/a **The Precinct**, W161N11629 Church St Includes outside patio and additional 23'x35.9' beyond patio.
 18. Robin L. Bird, LLC, Robin L. Bird, Agent, W188N13367 Maple Rd, Richfield, d/b/a **Sports Corner Bar & Grill**, W187N12793 Fond du Lac Ave includes main floor, basement, outside volleyball courts and smoking room to be open until 10:00 pm
 19. ST1X Golf Entertainment Bar LLC, Robert Stafford, Agent, 13985 N Pine Bluff Rd, Mequon, d/b/a **Stix Golf**, W164N11271 Squire Dr
 20. Tiny T's, Christine Brockman W156N11625 Pilgrim Road, W156 N11638 Fond du lac, d/b/a **Tiny T's**, bar, basement, outside patio, 4th of July, sand area backyard behind building and to the side of the garage for summer / fall bags
 21. Wolverine WI LLC, Charles Hastings, Agent, N116W15841 Main Street, d/b/a **WI Big Boy**, N116 W15841 Main St, keg cooler basement, upstairs liquor room, bar area, includes outdoor deck open until 10:00 pm
- B. The following have applied to the Village Board of the Village of Germantown, Washington County, Wisconsin, for **RENEWAL** of "Class C" Wine License for the period commencing July 1, 2023, and ending June 30, 2024:

22. Latitude Café LLC, Shackar Levy, N87W15878 Bellevue Blvd, Menomonee Falls, **Latitude Café** LLC, W156N9635 Pilgrim Road, Wine in locked cabinet and dining area
23. Old Germantown LLC, Scott Sommer and Georgene Sommer, W148N12696 Pleasant View Dr, **Main Café**, Brewery, Outdoor Patio, Future Storage included in Storage Building to the East of Main Facility
- C. The following have applied to the Village Board of the Village of Germantown, Washington County, Wisconsin, for **RENEWAL** of a Class "B" Fermented Malt Beverage License and "Class C" Wine License for the period commencing July 1, 2023, and ending June 30, 2024:
 24. Brama's Pizzeria LLC, Carrie Wegner, N116W12831 Elm Lane, d/b/a **Brama's Pizzeria**, N112W16700 Mequon Road, Coolers, and bar area located on the West wall, rear of restaurant in locked storage room / office, parking lot area in front of restaurant.
- D. The following have applied to the Village Board of the Village of Germantown, Washington County, Wisconsin, for **RENEWAL** of a "Class B" Winery License and Class "B" Fermented Malt Beverage License for the period commencing July 1, 2023, and ending June 30, 2024:
 25. Apple Works Winery LLC, Kevin H. Behnke, Agent, W179N12536 Fond Du Lac Ave., d/b/a **Apple Works Winery/Behnke Estates**, W179N12536 Fond Du Lac Ave. Winery Store/Sales, and Tasting Room Pole Building; Wine Manufacturing and storage; Includes outdoor patio area and tent
- E. The following have applied to the Village Board of the Village of Germantown, Washington County, Wisconsin, for **RENEWAL** of a "Class A" Fermented Malt Beverage, including cider, and Intoxicating Liquor License, for the period commencing July 1, 2023, and ending June 30, 2024.
 26. Aldi Inc., Jessica Lomibao, Agent, 254 Nicks Way, Belgium, d/b/a Aldi #67, N96 W18838 County Line Rd. Single Story Brick Bldg., Grocery Store, Alcohol Beverages will be sold on the sales floor and stored in the backroom
 27. Colgate Gas, Inc, Didar Singh, Agent, W150N7248 Paseo Lane, Menomonee Falls, d/b/a **County Line BP**, N96 W21962 County Line Rd, Shelves, Cooler, Beer Cave, Storage
 28. Kwik Trip, Inc., Kimberly Kuecker, Agent, 320 N German St, Mayville, d/b/a **Kwik Trip 631**, W188N10963 Maple Rd storage coolers, Sales Floor and Behind Counter
 29. Sendik's Germantown LLC, Theodore Balistreri, Agent, 5566 N Diversey Blvd, Whitefish Bay, d/b/a **Sendik's Food Market**, N112W15800 Mequon Rd, store, and storage, includes exterior parking stalls designated for on-line grocery pick up
 30. Ultra Mart Foods, LLC., Kristi O'Connor, Agent, 9611 W Forest Home Ave, Hales Corners, d/b/a **Pick 'n Save 6357**, N112 W16200 Mequon Rd. Grocery and liquor store, includes exterior parking stalls designated for on-line grocery pick up. Displayed throughout the store.
 31. Walgreen Co., Vickie Matt, Agent, 10174N9444 Devon Wood, Menomonee Falls, d/b/a **Walgreens #05427**, W156 N11261 Pilgrim Rd, 13,906 square foot building

32. NSM Enterprises LLC owned by Naheed Naseem, Naseem Abbas, Agent, N114W15775 Sylvan Ct, 20, d/b/a **Willow Creek BP**, W201 N10451 Appleton Ave, Behind the Counter, Back Office, Stock Area
 33. Wal-Mart Stores East, LP, Alexey Hunt, Agent, 202 Royal Court, Appleton; d/b/a **Wal-Mart 1515**, W190N9855 Appleton Ave, 103,075 square foot building, 1,465 foot in front of building for display and storage, and outside parking lot specifically designated for online grocery pick up)
- F. The following have applied to the Village Board of the Village of Germantown, Washington County, Wisconsin, for **RENEWAL** of a Class "A" Fermented Malt Beverage, including cider for the period commencing July 1, 2023, and ending June 30, 2024
34. Fleet Farm Group, LLC, Shawn Stockfisch, Agent, N173W20425 Crestview Dr, Jackson, d/b/a Fleet Farm, N9618200 County Line Road, on pallets/shelves and in back room
 35. Speedway, LLC, Richard Eastham, Agent, 8290 W Orchard, West Allis, d/b/a **Speedway 4465**, W178 N9653 Riversbend Lane, Store, walk in cooler, sales area, storage / furnace room.
 36. Speedway, LLC, Dawn Reith, Agent, N75W222586 Cherry Hill Rd, Sussex, d/b/a **Speedway 4495**, W164 N11233 Squire Dr, store, walk in cooler, sales area / storage furnace room.
- G. Intergovernmental Agreement with the Germantown School District Regarding the School Resource Officer Program
- H. Purchase of Toughbooks for the Police Department using grant funds.

VIII. ADJOURNMENT:

UPON REASONABLE NOTICE, efforts will be made to accommodate the needs of disabled individuals through appropriate aids and services. For Additional information or to request this service please contact the Village Clerk at (262)250-4740 at least 2 days prior to the meeting.

MEETING MINUTES
PUBLIC SAFETY COMMITTEE MEETING
MAY 15, 2023
GERMANTOWN VILLAGE HALL BOARD ROOM

CALL: The meeting was called to order at 5:05 p.m. by Chairman Hudson.

ROLL CALL: Chairman Hudson, Trustees Baum, Neureuther. Pieper arrived at 5:14 p.m.

Also present were Police Chief Snow, Fire Chief Delain, Administrator Kreklow.

APPROVAL OF MINUTES: a motion was made by Baum, seconded by Neureuther, to approve the minutes of the April 5, 2023 Regular Public Safety Committee meeting. Motion to approve the minutes carried unanimously.

PRESENTATIONS: Oath of Office swearing in process was conducted by Interim Clerk Rettler for Battalion Chief Ryker Holms and for Firefighter/Paramedic Shawn Schaffer.

CITIZEN INPUT: Melanie Smythe of N140 W17938 Cedar Lane stated that later in tonight's meeting, Administrator Kreklow would be reviewing potential budget and policy changes that would help fund police and fire personnel. She reiterated her point that she feels more public safety personnel are necessary for the well-being of village residents and businesses, and would like to see these changes made this year and not wait for a referendum next year. Smythe added that she wasn't clear on the details of the upcoming presentation and hoped for additional information, and asked for charts, spreadsheets, budgets, and wants to see where the proposed cuts would be made.

Jan Miller of W151 N10297 Windsong Circle W referred to an email she had sent out requesting consideration of getting funding from the State for additional police and fire positions. She added that this item is coming before the Legislature and a letter was recently received from the Legislative Fiscal Bureau regarding funds available to counties and municipalities. She would like to see this looked into further and consideration given to using these funds if available to increase the number of public safety positions.

Scott Hefle of W159 N10514 Old Farm Road stated he was basically reinforcing what the previous two speakers discussed, he wants to find a way to fund additional positions for the police and fire departments, namely 2 police officers and 1 squad car, and 3 firefighters.

Pieper arrived during the public comments at 5:14 p.m.

POLICE DEPARTMENT MONTHLY REPORT: Snow reported on the following:

- Briefed the committee on a SWAT callout on April 23rd in the Vienna Court apartment complex
- Law enforcement week began last week, memorial service will be held at the Washington County Fair Park pavilion on May 17th, the public is invited to attend
- Pieper asked about the impact the road closures are having on the police department, Snow advised that today was the first day of the eastbound lane closure on County Line Road and along with the other closures, there have been some traffic issues. Officers were made aware of the closures and were able to plan alternative routes when responding to areas affected by the closures

FIRE DEPARTMENT MONTHLY REPORT: Delain reported on the following:

- They have found some flooring and structural issues in the training tower which has been closed down until it can be inspected by an engineer from the tower company

OVERTIME REPORTS: Snow stated the police department overtime has been tracking normally, two officers graduated from the academy last week and will be starting field training. Once they are trained and ready for regular duty, he expects the overtime numbers to decrease.

Delain advised the fire department is back up to full staffing, however they do have two members who are currently on light duty.

POLICY UPDATES FOR POLICE & FIRE DEPARTMENT:

Police Department – none

Fire Department - none

UNFINISHED BUSINESS:

ALTERNATIVES FOR FUNDING ADDITIONAL PUBLIC SAFETY POSITIONS:

Administrator Kreklow provided a handout on this topic and went over the ideas for alternative funding for these positions.

- Total cost for 4 police officers and 12 firefighters almost 1.6 million per year and would be an ongoing expense, therefore requiring ongoing revenues or budget cuts to make it fit within budget

Discussed budget adjustments

- Shift public fire protection fee to utility bill
- Shift crack filling/seal coating to wheel tax
- Levy limit carryover

Additional discussion on budget adjustments included possibility of staff reductions and what services are offered in the Village. This led to discussion of the option of a referendum, timing on the next significant election would be April 2024.

- Neureuther said he agrees with the need for public safety increases, but it is difficult to do in the middle of the budget cycle, he felt the cost increases involved in the utility bill shift would be significant for some of those affected, he does not favor the wheel tax option and went on to say that an increase of this magnitude should be decided by referendum
- Baum had reservations about the shift of fire protection fee to utility bill stating residents had just received an 83% water increase and those not receiving Village water would not be paying towards these costs. He also said he did not favor a wheel tax, and would not agree with staffing cuts as all positions are necessary to maintain village responsibilities, he would prefer to see what funds may be available from the State. Kreklow noted that there should be a vote at the state level on that matter in the next few weeks.
- Pieper advised her concerns were already covered by the other trustees.
- Hudson asked Delain about the request for 12 firefighters and whether the fire department had enough trucks for that kind of addition, Delain said they would. Hudson added that he would have concerns of space needs for that number of additional personnel.

Pieper asked if this item could be carried over for further discussion next month, Hudson advised this agenda item would be placed on the June agenda for followup.

NEW BUSINESS

SERGEANT POSITION: Snow advised the department would like to add another Sergeant position which would be in line with his revised command structure within the department of adding more sergeant positions and reducing the number of lieutenants from 6 to 3.

A motion was made by Baum, seconded by Pieper, to forward this item to Village Board with a recommendation of approval to create a sergeant position using funds that were made available through the recently vacated officer position. Motion carried unanimously.

MAI FEST, DEUTSCHSTADT HERITAGE FOUNDATION, INC. N112 W16560 MEQUON RD., MAY 19-21, 2023, TEMPORARY CLASS B FERMENTED MALT BEVERAGE & WINE PICNIC LICENSE, CHARLES HARGAN, PRESIDENT: a motion was made by Baum, seconded by Pieper, to forward this license application to Village Board with a recommendation of approval for a Temporary Class B Fermented Malt Beverage & Wine Picnic License for Mai Fest, May 19-21, 2023. Motion carried unanimously.

TASTE OF GERMANTOWN, KIWANIS OF GERMANTOWN, W162 N11870 PARK AVE., JULY 27, 2023 5PM-9PM, TEMPORARY CLASS B FERMENTED MALT BEVERAGE & WINE PICNIC LICENSE, JOLETTA KERPAN,

PRESIDENT: a motion was made by Pieper, seconded by Baum, to forward this license application to Village Board with a recommendation of approval for a Temporary Class B Fermented Malt Beverage & Wine Picnic License for Taste of Germantown on July 27, 2023. Motion carried unanimously.

YOUTH OF FAITH SPAGHETTI DINNER, RAFFLE, SILENT AUCTION, FAITH LUTHERAN CHURCH, W172 N11187 DIVISION RD., MAY 21, 2023, TEMPORARY CLASS B FERMENTED MALT BEVERAGE PICNIC LICENSE, DAVID JOHNSON, PRESIDENT: a motion was made by Pieper, seconded by Neureuther, to forward this item to Village Board with a recommendation of approval for a Temporary Class B Fermented Malt Beverage Picnic License for Youth of Faith Spaghetti Dinner on May 21, 2023. Motion carried unanimously.

ORDINANCE CREATING SECTION 7.14(6) OF THE MUNICIPAL CODE OF THE VILLAGE OF GERMANTOWN RELATING TO IMPOUNDMENT OF VEHICLES USED IN CERTAIN RECKLESS DRIVING OFFENSES: Attorney Sajdak was present and advised this was recently passed by State Legislature, and while the Village does not see a high number of incidents of this nature, he would advise enacting this ordinance and having it in place for future needs.

A motion was made by Pieper, seconded by Neureuther, to forward this item to Village Board with a recommendation of approval for an ordinance creating section 7.14(6) of the Municipal Code relating to impoundment of vehicles used in certain reckless driving offenses. Motion carried unanimously.

TURNOUT GEAR PURCHASE - FIRE DEPARTMENT: Delain advised the 2023 budget includes \$50,000 for a fueling station to be added at their department, however their needs for turnout gear are greater than the need for the fueling station. He is requested approval to redirect the \$50,000 for the purchase of turnout gear for the department.

A motion was made by Pieper, seconded by Neureuther, to forward this item to Village Board with a recommendation of approval for the fire department to borrow the \$50,000 intended for the purchase of a fueling station and use it for the purchase of turnout gear. Discussion followed with Baum asking how many sets they needed, Delain responded they would replace the gear that expires at the end of the year, replace the contaminated sets, and gear for new employees. He stated the cost of one set of turnout gear is around \$3400.00, so they would be able to purchase 14 -15 new sets. Baum asked what happens to the old gear, Delain stated some go towards Explorer Programs and some are

donated to countries outside of the US who are in need of these items. United States does not permit the use of expired turnout gear.

Motion to approve carried unanimously.

PROPHOENIX TRAINING – POLICE DEPARTMENT: Snow advised that the department had undergone a recent upgrade to their ProPhoenix system and needed training for members of the department. He said that Lt. Mikulec was able to obtain funds through a state grant which would cover the cost of the training which totaled \$12,800.00 and requested approval for payment of the training which would be refunded by the state grant.

A motion was made by Pieper, seconded by Baum, to approve the funds for the ProPhoenix training, for \$12,800.00. Pieper indicated that she was impressed by and appreciates the department's ability to seek out grants that cover these types of expenses. Snow credited Lt. Mikulec with the grants awarded to the department, and said he works diligently to find grants the department is eligible for. Motion to approve carried unanimously.

NEXT MEETING: Hudson advised that next month's meeting will be held on Monday, June 5, 2023, at 6:00 p.m. in the Village Hall Boardroom.

ADJOURNMENT: there being no further business, the meeting was adjourned at 6:01 p.m.

Recorded by,

Julie L. Barth
Secretary

The background of the entire page is a stylized American flag. It features a black field in the upper left corner filled with numerous white, five-pointed stars of varying sizes. The rest of the page is composed of broad, wavy, diagonal stripes in white and a deep blue color.

Germantown Police Department

April 2023 Monthly Report

Prepared by:
Chief Mike Snow



GPD Monthly Activity Overview Report

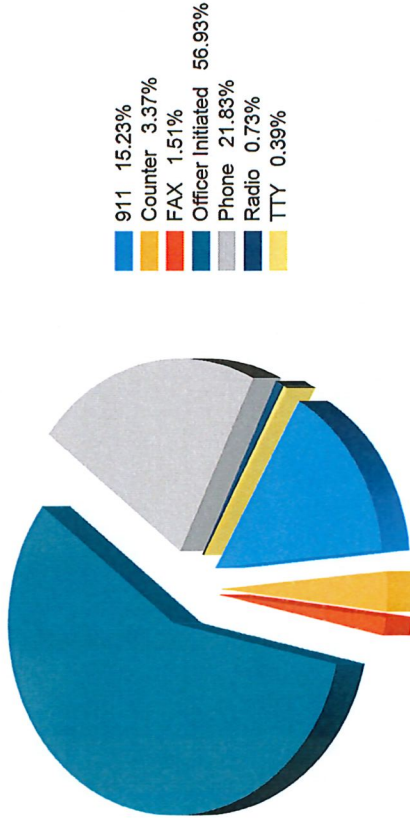
Printed On: 05/24/23 10:38

For Reporting Period: 04/01/2023 - 04/30/2023

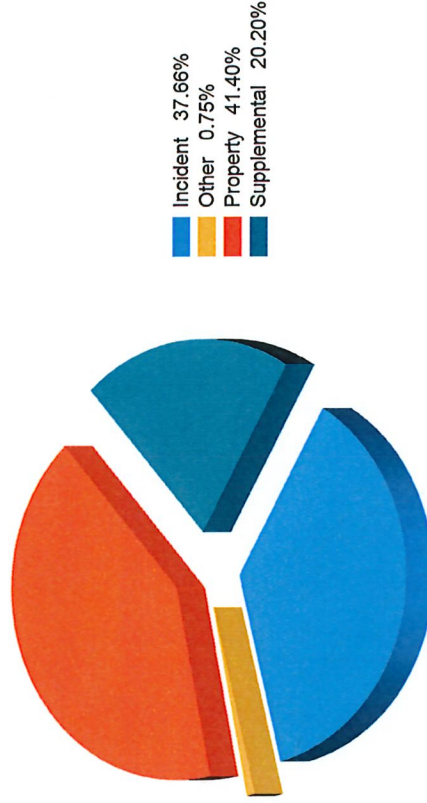
Patrol Area: NULL

NOTE: This report cannot be run based on individual officer - it is based on unique Incident. This report is for specific overview purposes & counts. For individual Officer activities, please refer to Officer Activity Count reports.

Calls



Reports



Reports are selected based upon Dttm report is written and selected if Dttm falls within date range above-specified.

	Total	0600 1400 Hours		1401 2200 Hours		2201 0600 Hours	
		2,048	805	655	588	588	588
911	312	137	135	40	40		
Counter	69	28	39	2	2		
FAX	31	14	15	2	2		
Officer Initiated	1,166	457	240	469	469		
Phone	447	157	218	72	72		
Radio	15	10	3	2	2		
TTY	8	2	5	1	1		

Reports	Total	0600 1400 Hours		1401 2200 Hours		2201 0600 Hours	
		401	130	194	77	77	77
Incident	151	54	64	33	33		
Other	3	2	0	1	1		
Property	166	50	88	28	28		
Supplemental	81	24	42	15	15		



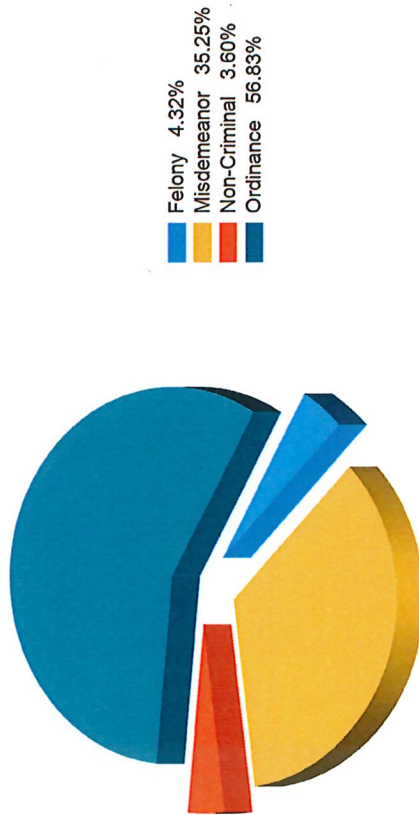
GPD Monthly Activity Overview Report

Printed On: 05/24/23 10:38

For Reporting Period: 04/01/2023 - 04/30/2023

Patrol Area: NULL

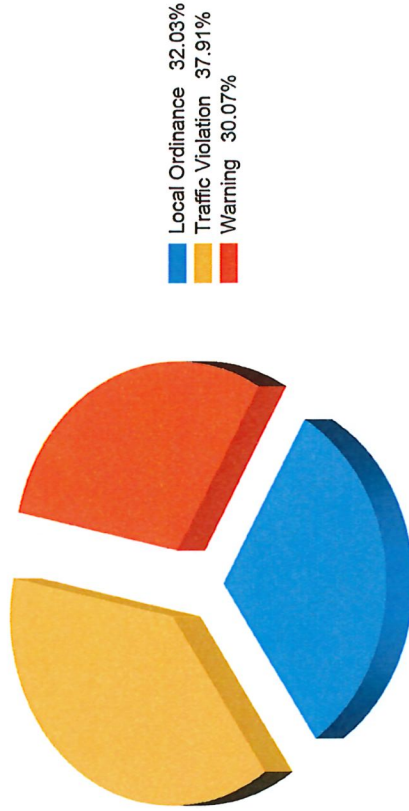
Arrests



Arrests are selected based upon the charge type. Therefore if an arrest was made wherein three charges with different types are noted, the arrest will count under Each charge type.

	Total	0600 1400 Hours		1401 2200 Hours		2201 0600 Hours	
		37	1	77	4	25	1
Felony	6	1	1	4	4	1	1
Misdemeanor	49	12	12	27	27	10	10
Non-Criminal	5	0	0	3	3	2	2
Ordinance	79	24	24	43	43	12	12

Citations



Citations are counted by Citation Type alone.

	Total	0600 1400 Hours		1401 2200 Hours		2201 0600 Hours	
		76	19	55	29	19	1
Local Ordinance	150	76	19	55	29	19	1
Traffic Violation	49	34	34	14	14	10	10
Warning	43	23	23	12	12	8	8



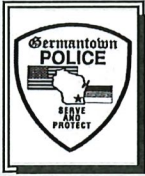
Germantown Police Department
N112W16877 Mequon Rd | Germantown, WI 53022 | Phone: (262) 253-7780
GTPD Monthly Case Report

Wednesday, May 24, 2023
10:40:49 am
** For official use only **

***** Case Reports

Germantown

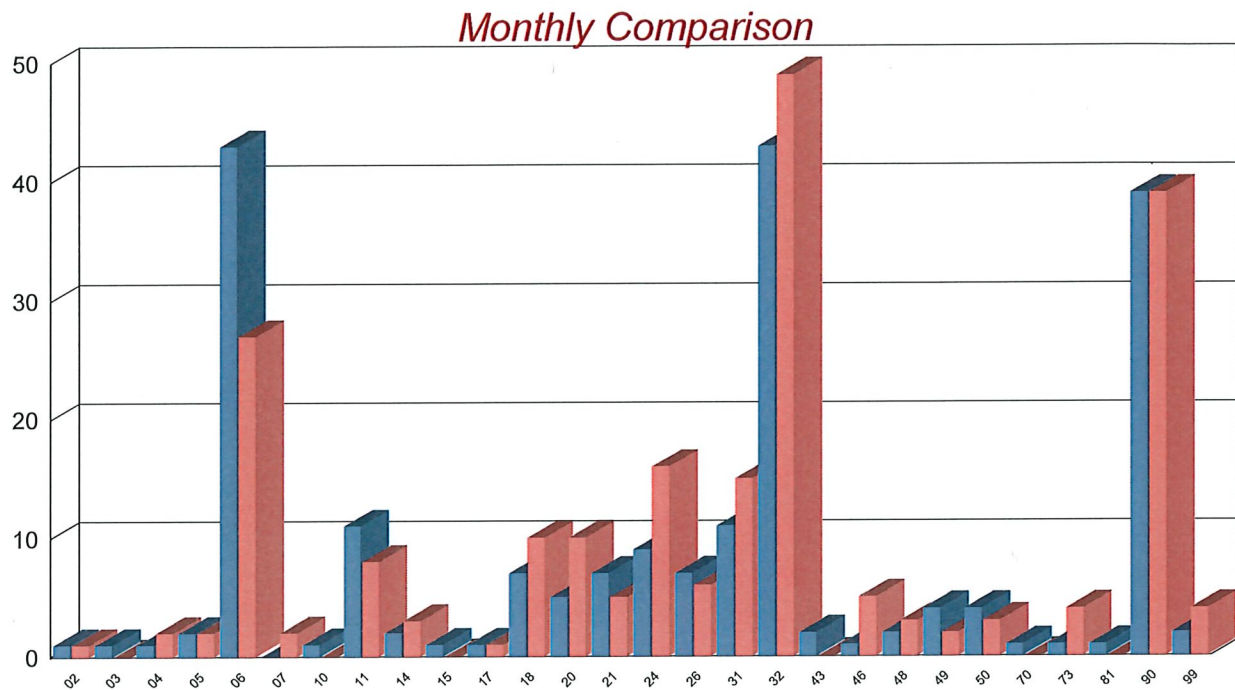
	**** 2023	**** 2022	%Change
02 - Sexual Assault	1	1	0.00%
03 - Robbery	1	0	-
04 - Battery/Aggravated Assault	1	2	-50.00%
05 - Burglary	2	2	0.00%
06 - Theft	43	27	59.26%
07 - Motor Vehicle Theft	0	2	-
10 - Forgery/Counterfeiting	1	0	-
11 - Fraud	11	8	37.50%
14 - Vandalism	2	3	-33.33%
15 - Weapons	1	0	-
17 - Sex Offenses	1	1	0.00%
18 - Narcotic Law Violations	7	10	-30.00%
20 - Family Offenses	5	10	-50.00%
21 - Drunken Driving	7	5	40.00%
24 - Disorderly Conduct	9	16	-43.75%
26 - All Other Offenses	7	6	16.67%
31 - Found/Recovered	11	15	-26.67%
32 - Traffic Violation Reported	43	49	-12.24%
43 - Animal Complaint	2	0	-
46 - DOA	1	5	-80.00%
48 - Mental Observation	2	3	-33.33%
49 - Miscellaneous Service Report	4	2	100.00%
50 - Miscellaneous Public Report	4	3	33.33%
70 - Crimes Against Person	1	0	-
73 - Public Order Crimes	1	4	-75.00%
81 - Juvenile	1	0	-
90 - Administration	39	39	0.00%
99 - CAD Codes	2	4	-50.00%
	210	217	



Germantown Police Department
N112W16877 Mequon Rd | Germantown, WI 53022 | Phone: (262) 253-7780
GTPD Monthly Case Report

Wednesday, May 24, 2023
10:40:49 am
** For official use only **

***** Case Reports





Citations by Statutes

Printed On: 05/24/23 10:42

Germantown

Reporting Period: 04/01/2023 - 04/30/2023

This report contains all citations.

	Total	Local Ordinance	Traffic Violation	Warning
118.163(1)(d) - Truancy	1	1	0	0
254.92 - Tobacco Prohibition for Minors	1	1	0	0
254.92(2) - Minor Poss/Purch Tobacco	5	5	0	0
341.03(1) - OPERATE AFTER REV/SUSP OF REGI	5	0	1	4
341.04(1) - NON-REGISTRATION OF AUTO, ETC	18	0	7	11
341.15(1) - FAIL/DISPLAY VEHICLE LICENSE P	1	0	1	0
341.15(2) - IMPROPERLY ATTACHED LICENSE PL	1	0	0	1
343.05(3)(a) - OPERATE W/O VALID LICENSE	9	0	9	0
343.44(1)(a) - OPERATING AFTER SUSPENSION	16	0	14	2
343.44(1)(b) - OPERATING WHILE REVOKED (REV DUE TO ALC/CONT SUBST/REFUSAL)	6	0	6	0
344.62(1) - OPERATE MOTOR VEHICLE W/O INSURANCE	6	0	4	2
346.04(1) - Fail/Obey Traffic Officer Sig	2	0	1	1
346.06 - FAILURE TO YIELD RIGHT OF WAY	1	0	1	0
346.09(3) - Passing in No-Passing Zone	1	0	1	0
346.13(1) - UNSAFE LANE DEVIATION	2	0	1	1
346.13(3) - DEVIATION FROM DESIGNATED LANE	1	0	0	1
346.14(1m) - AUTOMOBILE FOLLOWING TOO CLOSELY	1	0	1	0
346.18(1) - FAIL/YIELD/UNCONTROLLED INTERSECTION	1	0	1	0
346.31(3)(c) - Improper Left Turn/Completion	2	0	0	2
346.34(1)(a)1 - Unsafe Turn-At Intersection	1	0	1	0
346.37(1)(c)1 - VIOLATE RED TRAFFIC	4	0	2	2
346.46(1) - FAIL TO STOP/IMPROPER STOP AT	2	0	0	2
346.57(2) - UNREASONABLE AND IMPRUDENT SPE	2	0	1	1
346.57(5) - EXCEEDING SPEED ZONES, ETC. (1-10 MPH)	1	0	0	1
346.57(5) - EXCEEDING SPEED ZONES, ETC. (11-15 MPH)	2	0	0	2
346.57(5) - EXCEEDING SPEED ZONES, ETC. (16-19 MPH)	2	0	0	2
346.57(5) - EXCEEDING SPEED ZONES, ETC. (20-24 MPH)	3	0	3	0
346.57(5) - EXCEEDING SPEED ZONES, ETC. (25-29 MPH)	3	0	3	0
346.63(1)(a) - OPERATING WHILE UNDER THE INFLUENCE	1	0	1	0
346.63(1)(a) - OPERATING WHILE UNDER THE INFLUENCE(2ND)	2	0	2	0
346.63(1)(a) - OWI (4th)	1	0	1	0
346.63(1)(a) - OWI (5th or 6th)	1	0	1	0
346.63(1)(b) - OPERATING W/PAC (1ST)	1	0	1	0
346.63(1)(b) - OPERATING W/PAC (2ND)	1	0	1	0



Citations by Statutes

Printed On: 05/24/23 10:42

<i>This report contains all citations.</i>	Total	Local Ordinance	Traffic Violation	Warning
346.63(1)(b) - OPERATING W/PAC >= .02 UNDER IID ORDER (2ND)	1	0	1	0
346.67(1) - HIT AND RUN	1	0	1	0
346.89(1) - INATTENTIVE DRIVING	3	0	3	0
347.06(1) - Operation w/o Required Lamps	1	0	0	1
347.14(1) - OPERATE VEHICLE W/O STOPPING LIGHTS	13	0	2	11
347.413(1) - Ignition Interlock Device Tam	6	0	6	0
7.09 - Display of Power Prohibited	1	1	0	0
9.041 - 254.92 TOB\NICOTINE\VAPE PROD PROHIB AGE 12-17 1ST	1	1	0	0
9.045(3) - 3390900253	1	1	0	0
943.50(1m)(b) - Retail Theft-Intent\ Take	32	32	0	0
943.50(1m)(d) - Retail Theft-Intent Conceal <	1	1	0	0
946.41(1) - Resisting/Obstructing Officer	3	3	0	0
947.01(1) - DISORDERLY CONDUCT - COUNTY/MUNICIPALITY	1	1	0	0
961.41(3g)(e) - Marijuana Possession Prohib	2	2	0	0
TR305.32(4)(b)2 - VENT/SIDE WINDOW EXCESSIVE TIN	1	0	0	1
Total	175	49	78	48



Germantown Police Department
N112W16877 Mequon Rd | Germantown, WI 53022 | Phone: (262) 253-7780

Monthly Calls for Service

Wednesday, May 24, 2023
10:43:37 am

** For official use only **

Column1: 04/01/23 - 04/30/23

Column2: 04/01/22 - 04/30/22

Germantown

	2023	2022	%Change
51 - Chapter 51	2	1	100.00%
911 - 911 Hang up/Abandoned/Misdial	135	59	128.81%
A - Alarm - Automated	54	33	63.64%
AC - Animal Complaints	10	15	-33.33%
AF - Alarm-Fire	18	7	157.14%
AO - All Others	0	1	-
ASTV - Assist Village Dept	4	2	100.00%
AV - Abandoned Vehicle	1	3	-66.67%
B - Burglary	3	2	50.00%
BC - Building Checks	112	64	75.00%
BITE - Animal Bite	2	0	-
BUS - School Bus Violation	0	4	-
CHILD - Child Abuse/Neglect	1	2	-50.00%
CIV - Civil Matter	0	6	-
CKD - Car-Deer Accident	5	5	0.00%
CP - Community Policing	296	217	36.41%
CSUB - Controlled Substance	8	9	-11.11%
CW - Check on the Welfare	27	21	28.57%
D - Death	2	5	-60.00%
DC - Disorderly Conduct	20	28	-28.57%
DIS - Disabled Vehicle	32	23	39.13%
DRONE - Drone Deployment	2	0	-
DRONETR - Drone Training	2	0	-
DV - Domestic Violence	1	4	-75.00%
F - Follow Up Investigation	0	1	-
FAMT - Family Trouble	7	6	16.67%
FIRE - Fire	4	6	-33.33%
FLOC - Flock Activation	13	4	225.00%
FP - Found Property	11	18	-38.89%
FRAU - Fraud	13	14	-7.14%
FW - Fireworks	1	0	-
HARA - Harassment	7	7	0.00%
JUV - Juvenile Complaint	7	6	16.67%
K9ASrch - K9 Area Search Deployment	2	1	100.00%



Germantown Police Department
N112W16877 Mequon Rd | Germantown, WI 53022 | Phone: (262) 253-7780

Monthly Calls for Service

Wednesday, May 24, 2023
10:43:37 am

** For official use only **

Column1: 04/01/23 - 04/30/23

Column2: 04/01/22 - 04/30/22

K9Drug - K9 Drug Deployment	18	13	38.46%
K9Other - K9 Deployment - Other	1	1	0.00%
K9Track - K9 Track Deployment	1	3	-66.67%
K9Train - K9 Training	1	0	-
LP - Lost Property	1	0	-
LPC - License Premise Check	11	13	-15.38%
MA - Mutual Aid Given	20	29	-31.03%
MISS - Missing	1	0	-
MUVI - Municipal Violation	9	5	80.00%
MVTH - Motor Vehicle Theft	0	2	-
NC - Noise Complaint	1	4	-75.00%
OPEN - Unlocked Buildings	3	3	0.00%
OWI - Operating while Intoxicated	9	5	80.00%
PARK - Parking Complaint	19	13	46.15%
PC - Positive Contact	152	150	1.33%
PDO - Accident/PDO	29	27	7.41%
PI - Accident/PI	8	4	100.00%
POWER - Power Outage Reports	1	2	-50.00%
PR - Public Relations/Education	30	24	25.00%
PRINT - Fingerprinting	3	5	-40.00%
Q1 - Public Records Request	58	59	-1.69%
R - Radar	0	1	-
RBOD - Request By Other Dept	6	4	50.00%
RCAL - Rescue Call	136	141	-3.55%
RFAS - Request For Assistance	28	27	3.70%
RH - Road Hazard	22	20	10.00%
RO - Restraining Order Violation	4	0	-
RR - Report For Record	22	25	-12.00%
SA - Suspicious Activity	39	25	56.00%
SC - School Check	55	32	71.88%
SOFF - Sex Offense	0	2	-
SOL - Soliciting	0	1	-
SP - Stolen Property	0	1	-
SS - Special Assignment	2	0	-
SUSO - Speak Up Speak Out	3	0	-
SWAT - SWAT Call Out	1	0	-
T - Theft	58	33	75.76%



Germantown Police Department
N112W16877 Mequon Rd | Germantown, WI 53022 | Phone: (262) 253-7780

Monthly Calls for Service

Wednesday, May 24, 2023
10:43:37 am

** For official use only **

Column1: 04/01/23 - 04/30/23

Column2: 04/01/22 - 04/30/22

TA - Traffic Assignment	16	8	100.00%
TRUA - Truancy	2	6	-66.67%
TS - Traffic Stop	291	256	13.67%
V - Vandalism	1	2	-50.00%
VAP - Vaping Device	5	0	-
VC - Vehicle Check	5	6	-16.67%
VDC - Vehicle Complaint	50	47	6.38%
VEN - Entry into Vehicle	1	5	-80.00%
VID - Vehicle in Ditch-no Damage	1	2	-50.00%
VLO - Vehicle Lock Out	17	10	70.00%
WA - Warrant Arrest	9	7	28.57%
WEAP - Weapons	2	3	-33.33%
XPAT - Extra Patrol/Watch	94	118	-20.34%
Total	2,048	1,718	



Arrests by Statute Report

Printed On: 05/24/23 10:44

Reporting Period: 04/01/23 - 04/30/23

This report contains all arrest charges.

	Total	Felony	Misdemeanor	Non-Criminal	Ordinance
343.05(3)(a) - OPERATE W/O VALID LICENSE	3			3	
343.44(1)(b) - Operating While Revoked / OWI	6		6		
346.63(1)(a) - OPERATING WHILE UNDER THE INFLUENCE	3				3
346.63(1)(a) - OPERATING WHILE UNDER THE INFLUENCE (2ND)	2		2		
346.63(1)(a) - OPERATING WHILE UNDER THE INFLUENCE (4TH+)	2	2			
346.63(1)(b) - OPERATING W/PAC (1ST)	1				1
346.63(1)(b) - OPERATING W/PAC (2ND)	3		3		
346.935(2) - POSSESS OPEN INTOXICANTS IN MV-DRIVER	1			1	
347.413(1) - Ignition Interlock Device Tampering	6		6		
450.11(7)(a) - Obtain Prescription Drug w/ Fraud	1		1		
813.12(8) - Knowingly Violate a Domestic Abuse Order	1		1		
9.01(115) - POSSESSION OF MARIJUANA	3				3
9.01(63)A - SHOPLIFTING - TAKE MERCHANDISE	16				16
9.01(75) - Resisting/Obstructing Officer	3		2		1
9.041 - 254.92 TOB\NICOTINE\VAPE PROD PROHIB AGE 12-17 1ST	4				4
9.041 - 254.92 TOBACCO NICOTINE VAPE PROD PROHIB (AGE 12-17)-2ND	2				2
9.043 - TOBACCO\NICOTINE\VAPE PROD USE ON SCHOOL PREM (JUV)	1				1
9.045(3) - 961.573(1) POSSESSION OF DRUG PARAPHERNALIA	3				3
9.047(1) - 118.163(1)(d) TRUANCY (JUVENILE)	1				1
9.943.50 - Shoplifting	29		12		17
9.946.41 - 946.41 RESISTING OR OBSTRUCTING-1ST OFF	2				2
9.947.01 - Disorderly Conduct	2		1		1
90Z3 - Warrant/Hold - Probation & Parole	8				8
90Z4 - Warrant - Other Dept Pickup	15				15
90Z5 - Warrant Pickup - GTPD	1				1
939.32(1g) - Attempt Theft	1		1		
940.19(1) - Battery	1		1		
941.20 - Reckless Use of Weapon	1			1	
941.23 - Carrying a Concealed Weapon	1		1		
943.10(1)(a) - Burglary-Building or Dwelling	1	1			
943.50(1m)(a) - Retail Theft-Alter Price <=\$2,500	1		1		
943.50(1m)(d) - Retail Theft-Intent Conceal <=\$2,500	1		1		
946.49(1)(a) - Bail Jumping-Misdemeanor	2		2		
946.49(1)(b) - Bail Jumping-Felony	1	1			
961.41(3g)(am) - Possession of Narcotic Drugs	1	1			
961.41(3g)(c) - Possession of Cocaine/Coca	1		1		
961.41(3g)(e) - Marijuana Possession Prohibited	3		3		
961.41(3g)(g) - Possess Methamphetamine	1	1			



Arrests by Statute Report

Printed On: 05/24/23 10:44

Reporting Period: 04/01/23 - 04/30/23

This report contains all arrest charges.

	Total	Felony	Misdemeanor	Non-Criminal	Ordinance
961.573(1) - Possess Drug Paraphernalia	4		4		
Total	139	6	49	5	79



Germantown Police Department
N112W16877 Mequon Rd | Germantown, WI 53022 | Phone: (262) 253-7780

Monthly Accidents

Wednesday, May 24, 2023
10:47:03 am

**** For official use only ****

ACCIDENTS

Column1: 04/01/23 - 04/30/23

Column2: 04/01/22 - 04/30/22

Germantown

	2023	2022	%Change
CKD - Car-Deer Accident	3	5	-40.00%
PDO - Accident/PDO	17	23	-26.09%
PI - Accident/PI	7	2	250.00%
Total	27	30	

Germantown Police Department



Roll Call Log 1

23-005626	Public Relations/Education	Disposition	Police Assist Given
04/01/23 16:1009	N112W16877 Mequon Rd	Unit	752
		Officer	ARA1061

School Project Police Department Tour

23-005784	Public Relations/Education	Disposition	Police Assist Given
04/03/23 12:4625	N104W13840 Donges Bay Rd	Unit	736
		Officer	KCL088

Germantown School District

23-005833	Public Relations/Education	Disposition	Police Assist Given
04/04/23 09:1957	3294 Willow Creek Rd	Unit	731
		Officer	TEO138

Amy Bell Dare

23-005841	Public Relations/Education	Disposition	Police Assist Given
04/04/23 11:4944	W188N10963 Maple Rd	Unit	732
		Officer	JR098

Kwik Trip

23-005920	Public Relations/Education	Disposition	Police Assist Given
04/05/23 12:2755	W185N11300 Whitney Dr	Unit	707
		Officer	PAS117

Gehl's Foods

23-005994	Public Relations/Education	Disposition	Cleared/No Report
04/06/23 09:0734	N132W18473 Rockfield Rd	Unit	736
		Officer	KCL088

DARE

23-006259	Public Relations/Education	Disposition	Police Assist Given
04/10/23 08:1817	W159N9939 Butternut Rd	Unit	745
		Officer	JLS084

County Line Dare

23-006268	Public Relations/Education	Disposition	Cleared/No Report
04/10/23 10:0102	W159N9939 Butternut Rd	Unit	736
		Officer	KCL088

County Line School

23-006338	Public Relations/Education	Disposition	Police Assist Given
04/11/23 08:1354	W159N9939 Butternut Rd	Unit	745
		Officer	JLS084

Germantown Police Department



Roll Call Log 1

23-006350	Public Relations/Education	Disposition	Cleared/No Report
04/11/23 10:4829	W204N13125 Goldendale Rd	Unit	732
		Officer	JR098

Present "Crime Prevention Through Environmental Design" (CPTED) report to Illing Corporation.

23-006363	Public Relations/Education	Disposition	Police Assist Given
04/11/23 12:5633	3294 Willow Creek Rd	Unit	731
		Officer	TE0138

Amy Belle School - Dare

23-006425	Public Relations/Education	Disposition	Cleared/No Report
04/12/23 08:1754	W159N9939 Butternut Rd	Unit	745
		Officer	JLS084

23-006509	Public Relations/Education	Disposition	Cleared/No Report
04/13/23 08:5824	W180N11501 River Ln	Unit	731
		Officer	TE0138

K-9 Search

23-006599	Public Relations/Education	Disposition	Police Assist Given
04/14/23 09:1539	N132W18473 Rockfield Rd	Unit	736
		Officer	KCL088

Rockfield School - Dare

23-006607	Public Relations/Education	Disposition	Cleared/No Report
04/14/23 10:2056	W180N11501 River Ln	Unit	731
		Officer	TE0138

SRO conducted a car seat check for Jennifer J Rogers (fw/dob: 02-17-64).
WI Reg 743LEP

23-006837	Public Relations/Education	Disposition	Cleared/No Report
04/18/23 08:1326	W159N9939 Butternut Rd	Unit	745
		Officer	JLS084

23-006849	Public Relations/Education	Disposition	Cleared/No Report
04/18/23 11:4639	3294 Willow Creek Rd	Unit	731
		Officer	TE0138

DARE

Germantown Police Department



Roll Call Log 1

23-006873	Public Relations/Education	Disposition	Police Assist Given
04/18/23 18:2837	N112W16877 Mequon Rd	Unit	744
		Officer	BEM126

Keenan M Horness fw/04-08-88 brought her son to the PD to meet an officer with his school's classroom officer bear.

23-006908	Public Relations/Education	Disposition	Cleared/No Report
04/19/23 08:4009	W159N9939 Butternut Rd	Unit	745
		Officer	JLS084

23-006973	Public Relations/Education	Disposition	Police Assist Given
04/20/23 09:0933	W180N11501 River Ln	Unit	731
		Officer	TEO138

Kimberly A Van Den Berg (f/w 11/08/87) had two car seats installed in her vehicle.

23-006974	Public Relations/Education	Disposition	Cleared/No Report
04/20/23 09:1429	N132W18473 Rockfield Rd	Unit	736
		Officer	KCL088

DARE

23-006993	Public Relations/Education	Disposition	Police Assist Given
04/20/23 14:1816	W180N11501 River Ln	Unit	731
		Officer	TEO138

SRO transported a GHS student home following a call to ACS from the school counselor. A safety plan was already put in place from the suicide hotline and ACS approved SRO releasing the student to her parents who were unable to pick her up from school due to health issues.

23-007108	Public Relations/Education	Disposition	Police Assist Given
04/22/23 08:4004	N112W16957 Mequon Rd	Unit	732
		Officer	JR098

Germantown Library - Fraud Presentation

23-007231	Public Relations/Education	Disposition	Cleared/No Report
04/24/23 10:5429	N112W16877 Mequon Rd	Unit	732
		Officer	JR098

Drug Take Back drop off at Waukesha County Expo Center

23-007297	Public Relations/Education	Disposition	Cleared/No Report
04/25/23 08:2755	W159N9939 Butternut Rd	Unit	745
		Officer	JLS084

23-007302	Public Relations/Education	Disposition	Cleared/No Report
04/25/23 09:2300	3294 Willow Creek Rd	Unit	731
		Officer	TEO138

Germantown Police Department

Roll Call Log 1



DARE

23-007332	Public Relations/Education	Disposition	Cleared/No Report
04/25/23 16:5206	N122W17177 Fond du Lac Ave	Unit	732
		Officer	JR098

Park N Rec Home Alone class at DPW

23-007363	Public Relations/Education	Disposition	Cleared/No Report
04/26/23 08:5601	W159N9939 Butternut Rd	Unit	745
		Officer	JLS084

DARE

23-007437	Public Relations/Education	Disposition	Cleared/No Report
04/27/23 08:2403	W159N9939 Butternut Rd	Unit	745
		Officer	JLS084

DARE

23-007438	Public Relations/Education	Disposition	Cleared/No Report
04/27/23 09:1323	N132W18473 Rockfield Rd	Unit	736
		Officer	KCL088

DARE

Germantown Police Department



Roll Call Log 1

23-005737	K9 Drug Deployment	Disposition	Police Assist Given
04/03/23 00:1844	N I 41 N/Holy Hill Rd	Unit	713
		Officer	JLP137

Sgt conducted a K9 drug sniff on WI Reg. ATB8145 ref GPD traffic stop #23-5734. The K9 indicated for drugs by scratching the front driver side door seam of the vehicle. Drug paraphernalia and 126.92 grams of marijuana were located inside of the vehicle.

23-005744	K9 Drug Deployment	Disposition	Police Assist Given
04/03/23 02:0155	2900 Sth 167	Unit	713
		Officer	JLP137

WASO #466 requested a K9 for a vehicle drug sniff of WI Reg. ASR2857 at Kwik Trip Richfield. Probable cause was developed before the K9 sniff was conducted.

23-005950	K9 Drug Deployment	Disposition	Cleared/No Report
04/05/23 19:0117	N I 41 Off/Lannon Rd	Unit	713
		Officer	JLP137

As a result of a K9 drug sniff on WI Reg. ALK6742 ref GPD traffic stop #23-5949, the K9 indicated for drugs by scratching the front driver side door of the vehicle. Drug paraphernalia, 0.83 grams of crack cocaine, and 0.36 grams of marijuana were located inside of the vehicle.

23-006124	K9 Drug Deployment	Disposition	Incident Report
04/08/23 03:5318	500 Rolfs Ave	Unit	713
		Officer	JLP137

Sgt assisted WASO #476 with a K9 drug sniff of WI Reg. ANB7049 on Hwy 175, north of Pioneer Road. The K9 indicated for drugs by scratching the front driver side door handle of the vehicle. Officers located 38.1 grams of methamphetamine and trace cocaine.

23-006126	K9 Deployment - Other	Disposition	Police Assist Given
04/08/23 06:4016	500 Rolfs Ave	Unit	713
		Officer	JLP137

WASO requested a K9 for an article search of the ditch line west from Pioneer Plaza, to Hwy 175, then north on 175 approx 1/8 mile. The vehicle occupants, ref K9 drug sniff #23-6124, admitted to throwing drugs out of the window prior to the traffic stop. The K9 located no drug evidence.

23-006171	K9 Drug Deployment	Disposition	Incident Report
04/08/23 22:0559	S I 41 N/County Line Rd	Unit	714
		Officer	DTV099

Washington County requested assistance on a traffic stop at the above location. Sgt responded and deployed K9 on the vehicle. K9 alerted to the vehicle and heroin and paraphernalia were located. The scene was turned over to WASO.

23-006448	K9 Drug Deployment	Disposition	Incident Report
04/12/23 13:0906	110 N Johnson St	Unit	713
		Officer	JLP137

Germantown Police Department

Roll Call Log 1



Sgt assisted WASO drug unit with a K9 drug sniff of a residence and vehicle.

23-006502	K9 Track Deployment	Disposition	Police Assist Given
04/13/23 05:3456	Freistadt Rd E/River Ln	Unit	713
		Officer	JLP137

Sgt conducted a K9 track of a subject who crashed a vehicle and fled on foot. The K9 tracked to Gehl Foods on Freistadt Road. The suspect, Heather M. Uhlman (fw/05-18-1979), was confirmed to work at Gehl Foods along with her boyfriend, Edgar. Staff checked for Heather at the business and she could not be located.

23-006510	K9 Drug Deployment	Disposition	Police Assist Given
04/13/23 09:0725	W180N11501 River Ln	Unit	713
		Officer	JLP137

K9 drug sniff at the Germantown High School

23-006511	K9 Drug Deployment	Disposition	Police Assist Given
04/13/23 09:0745	W180N11501 River Ln	Unit	714
		Officer	DTV099

Germantown High School K9 sniff

23-006586	K9 Drug Deployment	Disposition	Police Assist Given
04/14/23 03:1826	Lannon Rd/Appleton Ave	Unit	713
		Officer	JLP137

Sgt conducted a K9 drug sniff on WI Reg. XD64884 ref GPD traffic stop #23-6581. The K9 indicated for drugs by scratching the front passenger side door seam of the vehicle. A THC vape cartridge was located inside of the vehicle.

23-006821	K9 Drug Deployment	Disposition	Incident Report
04/18/23 01:5648	N I 41 N/Hwy 144	Unit	713
		Officer	JLP137

WASO #476 requested a K9 for a vehicle drug sniff of WI Reg. AHY9181 on I-41 northbound at Hwy 144. The K9 indicated for drugs by scratching the front passenger side door seam of the vehicle. A digital scale with trace cocaine and a baggy with trace cocaine was located inside the vehicle.

23-006828	K9 Drug Deployment	Disposition	Cleared/No Report
04/18/23 06:0803	N168W20733 Main St	Unit	713
		Officer	JLP137

Jackson PD requested a K9 for a vehicle drug sniff of WI Reg. ADA4345 on Industrial Drive at Tower Drive. The K9 indicated for drugs by scratching the front driver side door handle of the vehicle. No drugs were located and Sgt was unable to speak to the driver due to a language barrier.

23-006882	K9 Drug Deployment	Disposition	Incident Report
04/18/23 23:1649	11300 N Buntrock Ave	Unit	713
		Officer	JLP137

Germantown Police Department

Roll Call Log 1



Mequon PD requested a K9 for a vehicle drug sniff of WI Reg. 60313E on Mequon Road at N Lilac Lane. The K9 indicated for drugs by scratching the front driver side door handle. Numerous pieces of drug paraphernalia and an electric weapon was located.

23-006936	K9 Training	Disposition	Police Assist Given
04/19/23 20:0022	N112W16877 Mequon Rd	Unit	714
		Officer	DTV099

Sgt performed multiple training exercises in and around the police department with K9 Partner.

23-007023	K9 Drug Deployment	Disposition	Police Assist Given
04/21/23 01:3212	S I 41 Off/Lannon Rd	Unit	713
		Officer	JLP137

Officer conducted a K9 drug sniff on WI Reg. ASU2844 ref WASO #484 traffic stop. The K9 indicated for drugs by scratching the front passenger side door seam of the vehicle. No drug evidence was located inside of the vehicle however, the driver admitted to smoking marijuana inside of the vehicle two days ago.

23-007253	K9 Drug Deployment	Disposition	Police Assist Given
04/24/23 17:0346	N I 41 N/Mequon Rd	Unit	713
		Officer	JLP137

WASO #466 requested a K9 for a vehicle drug sniff of WI Reg. ADZ2697. The K9 indicated for drugs by scratching the rear driver side door seam of the vehicle. The driver admitted to smoking marijuana in the vehicle one hour earlier and marijuana roaches were located inside of the vehicle.

23-007256	K9 Drug Deployment	Disposition	Police Assist Given
04/24/23 17:2031	S I 41 N/Holy Hill Rd	Unit	713
		Officer	JLP137

Sgt conducted a K9 drug sniff on WSP #251's traffic stop on VIN: JHMCN36415C002354. The K9 indicated for drugs by scratching the front driver side door seam of the vehicle and the front passenger side door handle of the vehicle. No drug evidence was located inside of the vehicle however, open intoxicants was located under front driver seat.

23-007263	K9 Drug Deployment	Disposition	Police Assist Given
04/24/23 19:0026	S I 41 S/County Line Rd	Unit	713
		Officer	JLP137

WASO D87 requested a K9 for a vehicle drug sniff on WI Reg. WH1520D. The K9 indicated for drugs by scratching the front driver side door handle of the vehicle. The driver stated a passenger recently smoked marijuana inside of the vehicle.

23-007265	K9 Drug Deployment	Disposition	Police Assist Given
04/24/23 19:3958	S I 41 S/Freistadt Rd	Unit	713
		Officer	JLP137

Germantown Police Department

Roll Call Log 1



Sgt conducted a K9 drug sniff on WASO #476's traffic stop. The K9 indicated on the front passenger door seam of the vehicle and on the rear of a boat in which the vehicle was hauling. A small amount of marijuana shake was located inside of the vehicle.

23-007271

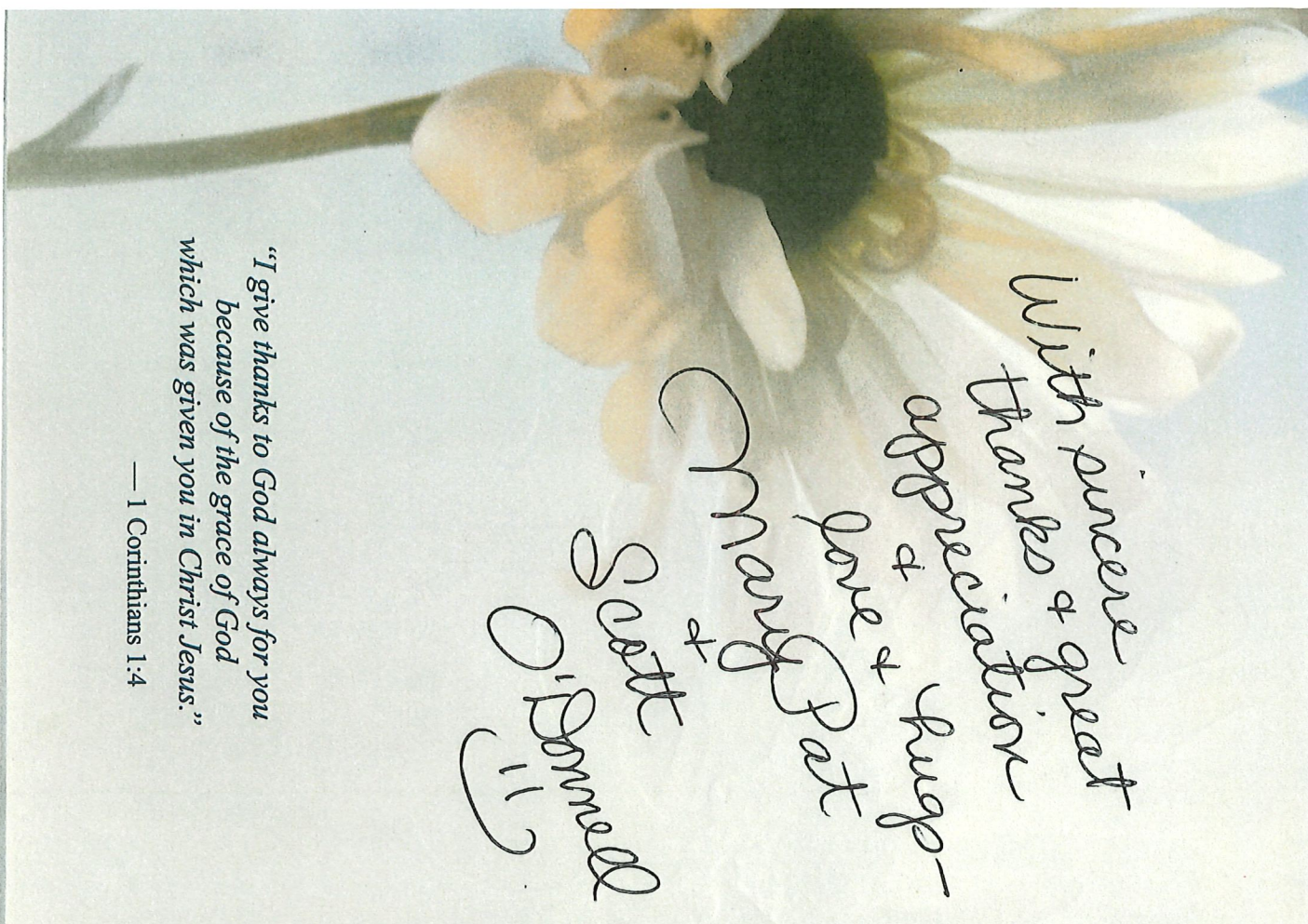
K9 Drug Deployment

Disposition **Police Assist Given**
Unit **714**
Officer **DTV099**

04/24/23 21:3836

N I 41 N/Holy Hill Rd

WASO requested K9 for a vehicle sniff on HWY 45 northbound, south of 145. Sgt. responded and K9 alerted to the passenger side of the vehicle. No drugs located.



With sincere
thanks & great
appreciation
Love & Hug-

Mary Pat
&
Scott
O'Donnell
(11)

"I give thanks to God always for you
because of the grace of God
which was given you in Christ Jesus."

— 1 Corinthians 1:4

Dear Officer Block, Officer
Brock, Officer Darrin, Officer
Terante, Sgt. Dave, Ladies in
the office and all the Herman-
ton Police Dept — (11)

Thank You!

Thank you all for your wonder-
ful help in getting my phone
back and finding our truck —
you all are truly our —
"Blue Guardian Angels" —
God's blessings upon you all —
May His Hands of Protection
Be around you all and May He
Smile upon you with all His
Legions of Angels (11)

(2023)

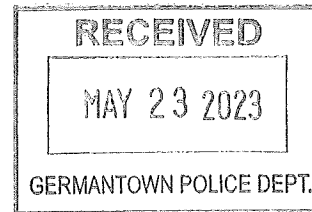


Hartford Police Department

SCOTT MACFARLAN
Chief of Police

109 N. MAIN STREET
HARTFORD, WI 53027
Phone (262) 673-2600
Fax: (262) 673-8302
www.ci.hartford.wi.us/Police

May 18, 2023



Chief Mike Snow
Germantown Police Department
N112W16877 Mequon Rd.
Germantown, WWI 53022

Dear Mike:

Thank you for allowing the Germantown Honor Guard to participate in the 2023 Washington County Law Enforcement Memorial Service held at Washington County Fair Park on May 17, 2023.

They represented your department in a very professional manner. I am grateful that they were able to join us to honor the law enforcement officers who gave the ultimate sacrifice.

As president of the Washington County Chiefs of Police Association, it was my pleasure to host this year's event. The honor guard brings solemnity to the ceremony and your efforts reinforced what this event is all about. I am sure the audience appreciated it as well.

Thank you!

Sincerely,

Scott MacFarlan
Chief of Police

SM/pm

2023 FIRE OT

	OT HRS	OT PAID	COMP HRS	OT COMP
JAN	491.25	\$ 17,672.00	323.75	\$ 12,011.34
FEB	254.75	\$ 9,423.52	214.75	\$ 7,244.49
MAR	371.25	\$ 13,542.14	250.50	\$ 8,612.90
APR	396.75	\$ 14,854.94	132.00	\$ 4,239.42
MAY	364.50	\$ 13,528.82	267.25	\$ 8,786.39
JUN	-	\$ -	-	\$ -
JUL	-	\$ -	-	\$ -
AUG	-	\$ -	-	\$ -
SEP	-	\$ -	-	\$ -
OCT	-	\$ -	-	\$ -
NOV	-	\$ -	-	\$ -
DEC	-	\$ -	-	\$ -
	1,878.50	\$ 69,021.41	1,188.25	\$ 40,894.54

2023 POLICE OT

	OT HRS	OT PAID	COMP HRS	OT COMP
JAN	380.50	\$ 23,393.46	262.25	\$ 16,082.25
FEB	222.50	\$ 13,877.89	142.25	\$ 8,741.94
MAR	307.25	\$ 18,907.64	129.25	\$ 7,874.04
APR	283.00	17,977.01	161.63	9,487.09
MAY	307.25	18,907.64	129.25	7,874.04
JUN				
JUL				
AUG				
SEP				
OCT				
NOV				
DEC				
	1,500.50	\$ 93,063.64	824.63	\$ 50,059.37
		36,884.66		\$ 17,361.13

BUSINESS OF THE PUBLIC SAFETY COMMITTEE

MEETING DATE: June 5, 2023

PLACEMENT: Presentation

ITEM TITLE: Alternatives for Funding Additional Public Safety Positions

SUBMITTED BY:

SUMMARY EXPLANATION:

ATTACHMENT:

1. 230605 Public Safety Committee - Alternatives for Funding Additional Public Safety Positions
2. Handout J. Miller

RECOMMENDATION:

ACTION BY Committee:

Alternatives for Funding Additional Public Safety Positions

Public Safety Committee

June 5, 2023

Cost for Additional Public Safety Positions

4 Police
Officers =
\$415,000

12
Firefighters =
\$1,425,000

Total Cost =
\$1,575,000

Possible Budget Adjustments

Potential Budget Adjustment	Dollar Amount
Shift Public Fire Protection Fee to Utility Bill	\$537,000
Shift Crack Filling/Seal Coating to Wheel Tax	\$350,000
Levy Limit Carryover	\$100,000
Total	\$987,000

\$600,000 Additional Budget Adjustments

6.1% Cut to all non-Public Safety Departments

-OR-

12.13% Cut to all non-Public Safety/Public
Works Departments

Additional State Shared Revenue

- Legislative Fiscal Bureau report estimates Germantown would see and increase of \$498,000.
- Shared revenue would be tied to sales taxes so future growth would be built into system.
- Intended to address 20+ years of zero increases.



Recommendation

- Only viable option to achieve staffing levels needed for Police and Fire Departments is a referendum.
- Direct staff begin work to hold a referendum on funding additional police and fire staffing in April 2024.

Questions/Discussion

4/5/2023

GOAL - FIND FULL FUNDING FOR THE Police and Firefighters 2023/2024

Proposal: Use Public Fire Protection Fee:

Step 1: Apply to PSC to switch the PFP Fund from General Fund to Water Utility = \$537,000 current.

Step 2: With PSC approval/ Village Board approval the \$537,000 is redesignated to the Water Utility Fund the Village of Germantown. The Village of Germantown will need to raise the PFP Fee from \$2.13 to about \$15.00 = @\$13,00 Quarterly increase on the Utility Bill. The approximate increase is \$52.00 per year per user.

The PSC determines the PFP charge and then that charge is split between the water utility users based on meter size. The current PFP total is roughly \$600,000 with \$537,000 being paid from the General Fund to the Water Utility. The PFP fee will increase once the water tower is completed. The PSC determines the PFP charge and then that charge is split between the water utility users based on meter size.

Objectives from Chief Snow and Chief Delain:

- a. Raise Morale
- b. Keep Germantown Residents Safe
- c. Keep the Police & Firefighters Safe

Immediate Need:

- a. Police 2 + 1 Squad Car = @\$270,000
- b. Firefighters 3 = \$300,000

Create a WIN – WIN situation for the Community and Police & Firefighters:

- a. This Proposal for PFP does not cut any services to anyone.
- b. Guarantees the P&F will obtain the help that they need now.
- c. Look for 2024 Budget cuts.

Q&A - ???

Respectfully submitted by Jan Miller – Germantown Village Trustee – District #4

~~~~~



## **BUSINESS OF THE PUBLIC SAFETY COMMITTEE**

MEETING DATE: June 5, 2023

PLACEMENT: Action Item

ITEM TITLE: The following have applied to the Village Board of the Village of Germantown, Washington County, Wisconsin, for **RENEWAL** of a "Class B" Fermented Malt Beverage and Intoxicating Liquor License for the period commencing July 1, 2023, and ending June 30, 2024:

SUBMITTED BY:

SUMMARY EXPLANATION:

ATTACHMENT:

RECOMMENDATION:

ACTION BY Committee:

## **BUSINESS OF THE PUBLIC SAFETY COMMITTEE**

MEETING DATE: June 5, 2023

PLACEMENT: Action Item

ITEM TITLE: **Barley Pop Brew Haus, LLC**, Jodi Kanzenbach, Agent, W4535 County Road A, Fredonia, d/b/a **Barley Pop Pub & Restaurant**, N116W16137 Church St First Floor, Basement Storage, outside beer garden located on North Side of Building and an additional 35'x39.10' on the Western Side of business. During July 4 parade beginning at 11 am outside extension from east end of building to western end to sidewalk.

SUBMITTED BY:

SUMMARY EXPLANATION:

ATTACHMENT:

1. Barley Pop

RECOMMENDATION:

ACTION BY Committee:

# Renewal Alcohol Beverage License Application

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

For the license period beginning: 07 01 2023 ending: 06 30 2024  
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: ☐ Town of ☒ Village of ☐ City of } GERMANTOWN  
(if required by ordinance)

County of WASHINGTON Aldermanic Dist. No. \_\_\_\_\_

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

Complete A or B. All must complete C.

## A. Individual or Partnership:

|                  |         |               |                                                        |
|------------------|---------|---------------|--------------------------------------------------------|
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |

## B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company Address of Corporation / Limited Liability Company (if different from licensed premises)  
BARLEY POP BRENNHAUS 1101 N 11th St, GERMANTOWN

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

|                 |         |               |                                                        |
|-----------------|---------|---------------|--------------------------------------------------------|
| Agent Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
|-----------------|---------|---------------|--------------------------------------------------------|

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

|                                   |         |               |                                                        |
|-----------------------------------|---------|---------------|--------------------------------------------------------|
| President / Member Last Name      | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| KANZENBACH                        | JODI    |               | W4535 COUNTY RD A FREDONIA, 53021                      |
| Vice President / Member Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| KANZENBACH                        | CORY    | DALE          | W4535 COUNTY RD A FREDONIA, 53021                      |
| Secretary / Member Last Name      | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Treasurer / Member Last Name      | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Directors / Managers Last Name    | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Directors / Managers Last Name    | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |

## C. Business Information

1. Trade Name BARLEY-POP PUB & RESTAURANT Business Phone Number 262-255-2086

2. Address of Premises 1114 N 11th St Post Office & Zip Code GERMANTOWN, 53021

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.) FIRST FLOOR BASEMENT

STORAGE, OUTSIDE BEER GARDEN LOCATED ~~BEHIND~~ NORTH SIDE OF BUILDING TO BE OPENED AS LATE AS ALLOWED BY VILLAGE. DURING 4th of JULY PARADE, BEGINNING AT 11AM & OUTSIDE EXTENSION FROM EAST END OF BUILDING TO WEST ALL THE WAY TO SIDEWALK.

|                                                      |            |
|------------------------------------------------------|------------|
| Applicant's Wisconsin Seller's Permit Number         |            |
| FEIN Number                                          | 27-0184273 |
| TYPE OF LICENSE REQUESTED                            | FEE        |
| <input type="checkbox"/> Class A beer                | \$ 1.00    |
| <input type="checkbox"/> Class B beer                | \$ 1.00    |
| <input type="checkbox"/> Class C wine                | \$ 1.00    |
| <input type="checkbox"/> Class A liquor              | \$ 5.00    |
| <input type="checkbox"/> Class A liquor (cider only) | N/A        |
| <input type="checkbox"/> Class B liquor              | \$ 5.00    |
| <input type="checkbox"/> Reserve Class B liquor      | \$         |
| <input type="checkbox"/> Class B (wine only) winery  | \$ 5.00    |
| Publication fee                                      | \$ 20      |
| TOTAL FEE                                            | \$ 600     |

5. Legal description (omit if street address is given on previous page):

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3.** ..... ☐ Yes ☒ No

b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** ..... ☐ Yes ☒ No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** ..... ☐ Yes ☒ No

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** ..... ☒ Yes ☐ No

9. Does the applicant understand they must hold a Wisconsin Seller's Permit? ..... ☒ Yes ☐ No  
[phone (608) 266-2776]

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

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

12. Does the applicant owe municipal property taxes, assessments, or other fees? ..... ☐ Yes ☒ No  
(**Note:** Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

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

|                                                                                                |                                     |                                               |
|------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------------------|
| Contain Person's Name (Last, First, M.I.)<br><b>KANZENBACH, Jodi J</b>                         | Title / Member<br><b>PRESIDENT</b>  | Date<br><b>5-11-23</b>                        |
| Signature<br> | Phone Number<br><b>262-339-0403</b> | Email Address<br><b>cheffanisse@gmail.com</b> |

**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 |



## Instructions for Renewal Alcohol Beverage License Application

### THIS RENEWAL FORM CANNOT BE USED IF:

1. There is a change in business entity (i.e., individual has changed to partnership or corporation/limited liability company; partnership changed to individual or corporation/limited liability company; corporation changed to individual, partnership or limited liability company) and if limited liability company has been dissolved.
2. Partners are added or dropped.
3. Application is made in a different municipality.

### PARTNERSHIPS:

Indicate full name and home address of each partner. One partner must sign application. **Reminder:** If partners have been added or dropped since your last application, you must use Form AT-106 (Original Beverage License Application).

### CORPORATIONS:

One officer must sign application. Be sure to answer Question No. 7 by indicating any change of officers, directors, and/or changes in home address. If there are any changes in officers and/or directors each must complete Form AT-103 (Auxiliary Questionnaire). If there has been a change in agent since your last approved agent, he/she must complete Forms AT-104 (Schedule for Appointment of Agent) **AND** AT-103 (Auxiliary Questionnaire) in addition to this (AT-115) form.

### LIMITED LIABILITY COMPANY:

One member/manager must sign application. Follow procedure under Corporations for any change of members or agent.

**NOTE:** Use ink or typewriter when filling in applications. Be sure to answer all questions fully and accurately. 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.

### DISCRIMINATION CLAUSE – (City of Milwaukee only)

The applicant shall not willfully refuse to provide those services offered under this license or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry, the applicant shall not seek information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion solely on the basis of such information. The applicant also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

Complete, sign and return this form to the clerk.

If answer to Questions No. 6a and/or 6b on page 2 are "YES," outline details below:

### CONVICTIONS

- |               |                                                                      |
|---------------|----------------------------------------------------------------------|
| 1. NAME _____ | STATUTE NO./LOCAL ORDINANCE _____                                    |
| CHARGE _____  | WHERE CONVICTED _____                                                |
| DATE _____    | <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> FELONY |
| 2. NAME _____ | STATUTE NO./LOCAL ORDINANCE _____                                    |
| CHARGE _____  | WHERE CONVICTED _____                                                |
| DATE _____    | <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> FELONY |
| 3. NAME _____ | STATUTE NO./LOCAL ORDINANCE _____                                    |
| CHARGE _____  | WHERE CONVICTED _____                                                |
| DATE _____    | <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> FELONY |

### PENDING CHARGE

- |                      |                                   |
|----------------------|-----------------------------------|
| 1. NAME _____        | STATUTE NO./LOCAL ORDINANCE _____ |
| PENDING CHARGE _____ | DATE _____                        |





## **BUSINESS OF THE PUBLIC SAFETY COMMITTEE**

MEETING DATE: June 5, 2023

PLACEMENT: Action Item

ITEM TITLE: WI Bier Stube LLC, Charles Hastings, Agent, N116W15841 Main Street, d/b/a **Von Rothenburg Bier Stube**, N116 W15863 Main Street. Basement keg cooler, 1<sup>st</sup> floor bar, includes outside fenced beer garden and garage extended to parking lot open until 10:00 p.m.

SUBMITTED BY:

SUMMARY EXPLANATION:

ATTACHMENT:

1. Bier Stub

RECOMMENDATION:

ACTION BY Committee:

# Renewal Alcohol Beverage License Application

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

For the license period beginning: 07 01 2023 ending: 06 30 2024  
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: ☐ Town of ☒ Village of ☐ City of GERMANTOWN

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

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

Complete A or B. All must complete C.

## A. Individual or Partnership:

| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
|------------------|---------|---------------|--------------------------------------------------------|
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |

## B. LLC or Corporation (and Agent):

| Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company | Address of Corporation / Limited Liability Company (if different from licensed premises) |
|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| WI Bier Shop LLC                                                                    |                                                                                          |

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

| Agent Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
|-----------------|---------|---------------|--------------------------------------------------------|
| Hestings        | Charles | Brian         | 1116 W15841 Ave 53022                                  |

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

| President / Member Last Name      | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
|-----------------------------------|---------|---------------|--------------------------------------------------------|
| HASTINGS                          | Charles | Brian         | 1116 W15841 Ave Germantown 53022                       |
| Vice President / Member Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Secretary / Member Last Name      | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Treasurer / Member Last Name      | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Directors / Managers Last Name    | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Directors / Managers Last Name    | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |

## C. Business Information

- Trade Name Von Rothenberg Business Phone Number 414-334-9363
- Address of Premises 1116 W15841 Ave Shop Post Office & Zip Code 53022
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ..... Yes ☒ No ☐
- 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 area Garden garage Basement

| Applicant's Wisconsin Seller's Permit Number         |            |
|------------------------------------------------------|------------|
| 456-105792-2831-02                                   |            |
| FEIN Number                                          |            |
| 46-1972107                                           |            |
| TYPE OF LICENSE REQUESTED                            | FEE        |
| <input type="checkbox"/> Class A beer                | \$ 1.00    |
| <input type="checkbox"/> Class B beer                | \$ 1.00    |
| <input type="checkbox"/> Class C wine                | \$ 1.00    |
| <input type="checkbox"/> Class A liquor              | \$ 5.00    |
| <input type="checkbox"/> Class A liquor (cider only) | \$ N/A     |
| <input type="checkbox"/> Class B liquor              | \$ 5.00    |
| <input type="checkbox"/> Reserve Class B liquor      | \$         |
| <input type="checkbox"/> Class B (wine only) winery  | \$ 5.00    |
| Publication fee                                      | \$ (20) pd |
| <b>TOTAL FEE</b>                                     | <b>\$</b>  |

5. Legal description (omit if street address is given on previous page):

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** .....

☐ Yes ☒ No

b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this licensee? **If yes, explain fully on page 3**. ....

☐ Yes ☒ No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** .....

☐ Yes ☒ No

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** .....

☒ Yes ☐ No

9. Does the applicant understand they must hold a Wisconsin Seller's Permit? .....  
[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

12. Does the applicant owe municipal property taxes, assessments, or other fees? .....  
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

☐ Yes ☒ No

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

|                                           |                              |                                      |
|-------------------------------------------|------------------------------|--------------------------------------|
| Contact Person's Name (Last, First, M.I.) | Title / Member               | Date                                 |
| Charles Hastings                          | President                    | 5/10/93                              |
| Signature<br>Chae                         | Phone Number<br>414-334-9363 | Email Address<br>chae@hastingswi.com |

**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 |



## **BUSINESS OF THE PUBLIC SAFETY COMMITTEE**

MEETING DATE: June 5, 2023

PLACEMENT: Action Item

ITEM TITLE: BSC Wisconsin LLC, Eric D Schroeder, Agent, N132W17573 Rockfield Road, Richfield, d/b/a **Big Sky Country Bar & Grill**, W204N11498 Goldendale Rd, Bar Area, Dining Area on First Floor, Banquet / Dining Area in basement, Office and 8' x 55' outside patio on side open until 10:00 p.m.

SUBMITTED BY:

SUMMARY EXPLANATION:

ATTACHMENT:

1. Big Sky

RECOMMENDATION:

ACTION BY Committee:

# Renewal Alcohol Beverage License Application

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

For the license period beginning: 07 01 2023 ending: 06 30 2024  
(mm dd yyyy) (mm dd yyyy)

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

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

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

Complete A or B. All must complete C.

## A. Individual or Partnership:

|                  |         |               |                                                        |
|------------------|---------|---------------|--------------------------------------------------------|
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |

## B. LLC or Corporation (and Agent):

|                                                                                     |                                                                                          |
|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company | Address of Corporation / Limited Liability Company (if different from licensed premises) |
| BSC Wisconsin LLC                                                                   | N132 W17573 Rockfield Rd, Rockfield, WI 53076                                            |

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

|                 |         |               |                                                        |
|-----------------|---------|---------------|--------------------------------------------------------|
| Agent Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Schroeder       | Eric    | Douglas       | N132 W17573 Rockfield Rd, Rockfield, WI 53076          |

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

|                                   |         |               |                                                        |
|-----------------------------------|---------|---------------|--------------------------------------------------------|
| President / Member Last Name      | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Schroeder                         | Eric    | Douglas       | N132 W17573 Rockfield Rd, Rockfield, WI 53076          |
| Vice President / Member Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Secretary / Member Last Name      | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Treasurer / Member Last Name      | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Directors / Managers Last Name    | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Directors / Managers Last Name    | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |

## C. Business Information

1. Trade Name BIG SKY LAUNDRY BAR & Grill Business Phone Number 262-415-7633

2. Address of Premises W204N11498 Goldendale Rd Post Office & Zip Code GERMANTOWN, WI 53022

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 AREA & DINING ROOMS ON FIRST FLOOR, BANQUET/DINING ROOM IN BASEMENT, OFFICE, BACKS' OUTSIDE PATIO ON SIDE OF BUILDING.

|                                                                          |         |
|--------------------------------------------------------------------------|---------|
| Applicant's Wisconsin Seller's Permit Number<br><u>456-1-29278918-02</u> |         |
| FEIN Number<br><u>81-5144881</u>                                         |         |
| TYPE OF LICENSE REQUESTED                                                | FEE     |
| <input type="checkbox"/> Class A beer                                    | \$ 1.00 |
| <input checked="" type="checkbox"/> Class B beer                         | \$ 1.00 |
| <input type="checkbox"/> Class C wine                                    | \$ 1.00 |
| <input type="checkbox"/> Class A liquor                                  | \$ 5.00 |
| <input type="checkbox"/> Class A liquor (cider only)                     | \$ N/A  |
| <input checked="" type="checkbox"/> Class B liquor                       | \$ 5.00 |
| <input type="checkbox"/> Reserve Class B liquor                          | \$      |
| <input type="checkbox"/> Class B (wine only) winery                      | \$ 5.00 |
| Publication fee                                                          | \$ 20   |
| TOTAL FEE                                                                | \$      |

5. Legal description (omit if street address is given on previous page):

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** . . . . . ☐ Yes ☒ No

- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this licensee? **If yes, explain fully on page 3**. . . . . ☐ Yes ☒ No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this licensee? **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

IN PROCESS. EXTENSION Applied. Monthly Sales & Usage TAXES  
UP TO DATE AND PAID.

9. Does the applicant understand they must hold a Wisconsin Seller's Permit? . . . . . ☒ Yes ☐ No  
[phone (608) 266-2776]

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

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

12. Does the applicant owe municipal property taxes, assessments, or other fees? . . . . . ☐ Yes ☒ No  
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

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

|                                                                                                |                                           |                                                   |
|------------------------------------------------------------------------------------------------|-------------------------------------------|---------------------------------------------------|
| Contact Person's Name (Last, First, M.I.)<br><b>Schroeder, Eric D.</b>                         | Title / Member<br><b>MANAGER'S MEMBER</b> | Date<br><b>05-11-2023</b>                         |
| Signature<br> | Phone Number<br><b>414-331-9191</b>       | Email Address<br><b>eric.schroeder@wi.rtc.com</b> |

**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 |



## Page 57 of 228

One member/manager must sign application. Follow procedure under Corporations for any change of members or agent.

- NOTE:** Use ink or typewriter when filling in applications. Be sure to answer all questions fully and accurately. 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.

The applicant shall not willfully refuse to provide those services offered under this license or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry, the applicant shall not seek information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion solely on the basis of such information. The applicant also shall not discriminate against any member of the military service dressed in uniform willfully refusing services offered under this license.

If answer to Questions No. 6a and/or 6b on page 2 are "YES," outline details below:

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FO DVA 09/16  
MADISON, WI 53708-8902

2135 RIMROCK RD PO BOX 8902  
MADISON, WI 53708-8902  
ph: 608-268-2776 fax: 608-264-6884  
email: DORBusinessTax@wisconsin.gov  
website: revenue.wi.gov

Latter ID L1838758624

ERIC D SCHROEDER  
BSC WISCONSIN LLC  
4619 W BLUE MOUND CT  
MILWAUKEE WI 53208-3607

## Wisconsin Department of Revenue Seller's Permit

**Legal/real name:** BSC WISCONSIN LLC

**Business name:** BIG SKY COUNTRY BAR & GRILL  
W204N11498 GOLDENDALE RD  
BUILDING RESTAURANT  
GERMANTOWN WI 53022-2906

- This certificate confirms you are registered with the Wisconsin Department of Revenue and authorized in the business of selling tangible personal property and taxable services.
- You may not transfer this permit.
- This permit must be displayed at the place of business and is not valid at any other location.
- If your business is not operated from a fixed location, you must carry or display this permit at all events.

| Tax Type        | Account Type    | Account Number    |
|-----------------|-----------------|-------------------|
| Sales & Use Tax | Seller's Permit | 458-1028278818-02 |

## **BUSINESS OF THE PUBLIC SAFETY COMMITTEE**

MEETING DATE: June 5, 2023

PLACEMENT: Action Item

ITEM TITLE: Black Dog Hospitality LLC, Jake Woller, Agent, N112W21209 Mequon Road, d/b/a **Bixenberg Tavern**, N112W21209 Mequon Road, NE Room of Building, 1<sup>st</sup> floor; East Patio; SE of Building on First Floor, and South Deck. Stored in Basement and Northeast side of Building on First Floor.

SUBMITTED BY:

SUMMARY EXPLANATION:

ATTACHMENT:

1. Bixenberg

RECOMMENDATION:

ACTION BY Committee:

# Renewal Alcohol Beverage License Application

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

For the license period beginning: 07 01 2023 ending: 06 30 2024  
(mm dd yyyy) (mm dd yyyy)

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

County of WASHINGTON

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

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

Complete A or B. All must complete C.

## A. Individual or Partnership:

|                  |         |               |                                                        |
|------------------|---------|---------------|--------------------------------------------------------|
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |

## B. LLC or Corporation (and Agent):

|                                                                                     |                                                                                          |
|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company | Address of Corporation / Limited Liability Company (if different from licensed premises) |
| Black Dog Hospitality LLC                                                           | 1112 Walnut St, Germantown, WI 53022                                                     |

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

|                 |         |               |                                                        |
|-----------------|---------|---------------|--------------------------------------------------------|
| Agent Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Woller          | Jake    | Robert        | 1112 Walnut St, Germantown, WI 53022                   |

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

|                                   |         |               |                                                        |
|-----------------------------------|---------|---------------|--------------------------------------------------------|
| President / Member Last Name      | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Woller                            | Jake    | Robert        |                                                        |
| Vice President / Member Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Secretary / Member Last Name      | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Treasurer / Member Last Name      | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Directors / Managers Last Name    | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Directors / Managers Last Name    | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |

## C. Business Information

1. Trade Name Bixenberg Tavern Business Phone Number 262-293-3303  
2. Address of Premises 1112 Walnut St, Germantown, WI 53022 Post Office & Zip Code 53022

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.)

- Northeast room of building, 1st floor
- East patio of building
- SE room of building, 1st floor

AT-115 (R. 5-19)

Wisconsin Department of Revenue

- South deck of building
- Storage in basement
- Storage in NE side of building, 1st floor

5. Legal description (omit if street address is given on previous page): \_\_\_\_\_

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** ..... ☐ Yes ☒ No

b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** ..... ☐ Yes ☒ No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** ..... ☐ Yes ☒ No

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** ..... ☒ Yes ☐ No

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Does the applicant understand they must hold a Wisconsin Seller's Permit? ..... ☒ Yes ☐ No  
[phone (608) 266-2776]

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

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

12. Does the applicant owe municipal property taxes, assessments, or other fees? ..... ☐ Yes ☒ No  
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

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

|                                                                     |                                     |                                             |
|---------------------------------------------------------------------|-------------------------------------|---------------------------------------------|
| Contact Person's Name (Last, First, M.I.)<br><b>Woller, Jake, R</b> | Title / Member<br><b>Owner</b>      | Date<br><b>4/20/23</b>                      |
| Signature<br><b>[Signature]</b>                                     | Phone Number<br><b>262-391-3332</b> | Email Address<br><b>bixenberg@gmail.com</b> |

**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 |

OK 2/6/23  
05/03/23



# Instructions for Renewal Alcohol Beverage License Application

## THIS RENEWAL FORM CANNOT BE USED IF:

1. There is a change in business entity (i.e., individual has changed to partnership or corporation/limited liability company; partnership changed to individual or corporation/limited liability company; corporation changed to individual, partnership or limited liability company) and if limited liability company has been dissolved.
2. Partners are added or dropped.
3. Application is made in a different municipality.

## PARTNERSHIPS:

Indicate full name and home address of each partner. One partner must sign application. **Reminder:** If partners have been added or dropped since your last application, you must use Form AT-106 (Original Beverage License Application).

## CORPORATIONS:

One officer must sign application. Be sure to answer Question No. 7 by indicating any change of officers, directors, and/or changes in home address. If there are any changes in officers and/or directors each must complete Form AT-103 (Auxiliary Questionnaire). If there has been a change in agent since your last approved agent, he/she must complete Forms AT-104 (Schedule for Appointment of Agent) **AND** AT-103 (Auxiliary Questionnaire) in addition to this (AT-115) form.

## LIMITED LIABILITY COMPANY:

One member/manager must sign application. Follow procedure under Corporations for any change of members or agent.

**NOTE:** Use ink or typewriter when filling in applications. Be sure to answer all questions fully and accurately. 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.

## DISCRIMINATION CLAUSE – (City of Milwaukee only)

The applicant shall not willfully refuse to provide those services offered under this license or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry, the applicant shall not seek information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion solely on the basis of such information. The applicant also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

Complete, sign and return this form to the clerk.

If answer to Questions No. 6a and/or 6b on page 2 are "YES," outline details below:

## CONVICTIONS

1. NAME \_\_\_\_\_ STATUTE NO./LOCAL ORDINANCE \_\_\_\_\_  
CHARGE \_\_\_\_\_ WHERE CONVICTED \_\_\_\_\_  
DATE \_\_\_\_\_ PENALTY \_\_\_\_\_ ☐ MISDEMEANOR ☐ FELONY
2. NAME \_\_\_\_\_ STATUTE NO./LOCAL ORDINANCE \_\_\_\_\_  
CHARGE \_\_\_\_\_ WHERE CONVICTED \_\_\_\_\_  
DATE \_\_\_\_\_ PENALTY \_\_\_\_\_ ☐ MISDEMEANOR ☐ FELONY
3. NAME \_\_\_\_\_ STATUTE NO./LOCAL ORDINANCE \_\_\_\_\_  
CHARGE \_\_\_\_\_ WHERE CONVICTED \_\_\_\_\_  
DATE \_\_\_\_\_ PENALTY \_\_\_\_\_ ☐ MISDEMEANOR ☐ FELONY

## PENDING CHARGE

1. NAME \_\_\_\_\_ STATUTE NO./LOCAL ORDINANCE \_\_\_\_\_  
PENDING CHARGE \_\_\_\_\_ DATE \_\_\_\_\_



WISCONSIN DEPARTMENT OF REVENUE  
PO BOX 8902  
MADISON, WI 53708-8902

**Contact Information:**

2135 RIMROCK RD PO BOX 8902  
MADISON, WI 53708-8902  
ph: 608-266-2776 fax: 608-224-5761  
email: DORBusinessTax@wisconsin.gov  
website: revenue.wi.gov

Letter ID L0637690192

BLACK DOG HOSPITALITY LLC  
19690 W LINCOLN AVE  
NEW BERLIN WI 53146-1717

### Wisconsin Department of Revenue Seller's Permit

**Legal/real name:** BLACK DOG HOSPITALITY LLC  
**Business name:** BIXENBERG TAVERN  
N112W21209 MEQUON RD  
GERMANTOWN WI 53022-2835

- This certificate confirms you are registered with the Wisconsin Department of Revenue and authorized in the business of selling tangible personal property and taxable services.
- You may not transfer this permit.
- This permit must be displayed at the place of business and is not valid at any other location.
- If your business is not operated from a fixed location, you must carry or display this permit at all events.

**Tax Type**

Sales & Use Tax

**Account Type**

Seller's Permit

**Account Number**

456-1030704531-04

## **BUSINESS OF THE PUBLIC SAFETY COMMITTEE**

MEETING DATE: June 5, 2023

PLACEMENT: Action Item

ITEM TITLE: Blackstone Creek Golf Club Ltd, Troy Schmidt, Agent,  
N105W14467 Wilson Circle, d/b/a **Blackstone Creek Golf Club**,  
N112W17300 Mequon Rd, Clubhouse bar, golf shop, includes golf  
course property of 156 acres.

SUBMITTED BY:

SUMMARY EXPLANATION:

ATTACHMENT:

1. Blackstone Creek Golf Club

RECOMMENDATION:

ACTION BY Committee:

# Renewal Alcohol Beverage License Application

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

For the license period beginning: 07 01 2023 ending: 06 30 2024  
(mm dd yyyy) (mm dd yyyy)

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

County of Washington

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

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

Complete A or B. All must complete C.

## A. Individual or Partnership:

|                  |         |               |                                                        |
|------------------|---------|---------------|--------------------------------------------------------|
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |

## B. LLC or Corporation (and Agent):

|                                                                                     |                                                                                          |
|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company | Address of Corporation / Limited Liability Company (If different from licensed premises) |
| Blackstone Creek Golf Club, Ltd.                                                    |                                                                                          |

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

|                 |         |               |                                                        |
|-----------------|---------|---------------|--------------------------------------------------------|
| Agent Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Schmidt         | Troy    | David         | N105W14467 Wilson Cir., Germantown, WI 53022           |

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

|                                   |         |               |                                                        |
|-----------------------------------|---------|---------------|--------------------------------------------------------|
| President / Member Last Name      | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Schmidt                           | Troy    | David         | N105W14467 Wilson Cir., Germantown, WI 53022           |
| Vice President / Member Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Romano                            | Frank   | John          | 4455 Club Drive, Slinger, WI 53086                     |
| Secretary / Member Last Name      | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Treasurer / Member Last Name      | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Directors / Managers Last Name    | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Directors / Managers Last Name    | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |

## C. Business Information

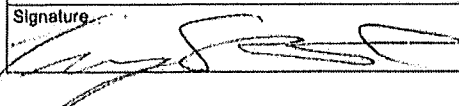
- Trade Name Blackstone Creek Golf Club, Ltd. Business Phone Number 262-255-4200
- Address of Premises N112W17300 Mequon Road Post Office & Zip Code Germantown, 53022
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes ☒ No ☐
- 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.) Clubhouse, Bar, golf shop,  
entire property using beverage carts on the entire course layout (156 acres)

| Applicant's Wisconsin Seller's Permit Number<br>456102003171903 |               |
|-----------------------------------------------------------------|---------------|
| FEIN Number<br>204928847                                        |               |
| TYPE OF LICENSE REQUESTED                                       | 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 (cider only)            | \$ N/A        |
| <input checked="" type="checkbox"/> Class B liquor              | \$ 500        |
| <input type="checkbox"/> Reserve Class B liquor                 | \$            |
| <input type="checkbox"/> Class B (wine only) winery             | \$            |
| Publication fee                                                 | \$ 20         |
| <b>TOTAL FEE</b>                                                | <b>\$ 620</b> |



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

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

|                                                                                                  |                              |                                  |
|--------------------------------------------------------------------------------------------------|------------------------------|----------------------------------|
| Contact Person's Name (Last, First, M.I.)<br>Schmidt, Troy, D                                    | Title / Member<br>Owner      | Date<br>04/26/2023               |
| Signature<br> | Phone Number<br>262-510-7710 | Email Address<br>backtee@pga.com |

**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 |

Troy Schmidt



WISCONSIN DEPARTMENT OF REVENUE  
PO BOX 8902  
MADISON, WI 53708-8902

**Contact Information:**

2135 RIMROCK RD PO BOX 8902  
MADISON, WI 53708-8902  
ph: 608-265-2776 fax: 608-264-6884  
e-mail: DORBusinessTax@revenue.wi.gov  
website: revenue.wi.gov

Letter ID L1643268960

BLACKSTONE CREEK GOLF CLUB, LTD.  
PO BOX 226  
GERMANTOWN WI 53022-0226

**Wisconsin Department of Revenue Seller's Permit**

**Legal/real name:** BLACKSTONE CREEK GOLF CLUB, LTD.  
**Business name:** BLACKSTONE CREEK GOLF CLUB, LTD.  
W175N11163 STONEWOOD DR STE 226  
GERMANTOWN WI 53022-6503

- This certificate confirms you are registered with the Wisconsin Department of Revenue and authorized in the business of selling tangible personal property and taxable services.
- You may not transfer this permit.
- This permit must be displayed at the place of business and is not valid at any other location.
- If your business is not operated from a fixed location, you must carry or display this permit at all events.

**Tax Type****Account Type****Account Number**

Sales &amp; Use Tax

Seller's Permit

456-1020031719-03

VENDOR - 461070 (R 12/11)

## **BUSINESS OF THE PUBLIC SAFETY COMMITTEE**

MEETING DATE: June 5, 2023

PLACEMENT: Action Item

ITEM TITLE: Blazin Wings, Inc, Allen Hart, Agent, d/b/a **Buffalo Wild Wings**,  
N96 W17990 County Line Rd Patio, dining, bar, and beer cooler in  
kitchen. Attached patio with hours restricted between 10:00 pm  
and 8:00 am Reserve.

SUBMITTED BY:

SUMMARY EXPLANATION:

ATTACHMENT:

1. Blazen Wings

RECOMMENDATION:

ACTION BY Committee:

# Renewal Alcohol Beverage License Application

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

For the license period beginning: 07 01 2023 ending: 06 30 2024  
(mm dd yyyy) (mm dd yyyy)

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

County of Washington

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

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

Complete A or B. All must complete C.

## A. Individual or Partnership:

|                  |         |               |                                                        |
|------------------|---------|---------------|--------------------------------------------------------|
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
|                  |         |               |                                                        |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
|                  |         |               |                                                        |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
|                  |         |               |                                                        |

## B. LLC or Corporation (and Agent):

|                                                                                     |                                                                                          |
|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company | Address of Corporation / Limited Liability Company (if different from licensed premises) |
| <u>Blazin Wings, Inc.</u>                                                           | <u>3 Glenlake Parkway, Atlanta, GA 30328</u>                                             |

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

|                 |              |                |                                                        |
|-----------------|--------------|----------------|--------------------------------------------------------|
| Agent Last Name | (First)      | (Middle Name)  | Home Address (Street, City or Post Office, & Zip Code) |
| <u>Hart</u>     | <u>Allan</u> | <u>Michael</u> | <u>18435 W. Lisbon Road, Brookfield, WI 53045</u>      |

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

|                                   |                  |               |                                                        |
|-----------------------------------|------------------|---------------|--------------------------------------------------------|
| President / Member Last Name      | (First)          | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| <u>Jones, Jr.</u>                 | <u>Robert</u>    | <u>Q</u>      | <u>6875 Lisa Lane, Dunwoody, GA 30338</u>              |
| Vice President / Member Last Name | (First)          | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| <u>Okeon</u>                      | <u>Nils</u>      | <u>H</u>      | <u>259 Broadland Rd NW, Atlanta, GA 30342</u>          |
| Secretary / Member Last Name      | (First)          | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| <u>Jaspon</u>                     | <u>Katherine</u> | <u>D</u>      | <u>5110 Marbury Circle, Sandy Springs, GA 30327</u>    |
| Treasurer / Member Last Name      | (First)          | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
|                                   |                  |               |                                                        |
| Directors / Managers Last Name    | (First)          | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
|                                   |                  |               |                                                        |
| Directors / Managers Last Name    | (First)          | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
|                                   |                  |               |                                                        |

## C. Business Information

- Trade Name Buffalo Wild Wings Business Phone Number 252-251-1780
- Address of Premises N96 W17990 County Line Road Post Office & Zip Code Germantown, WI 53022
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes ☒ No ☐
- 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.) Alcohol will be served and consumed in the following areas: patio, dining and bar. All alcohol will be stored in bar area, in locked storage and beer cooler in kitchen. All receipts will be stored in manager's office. Restaurant is single story bldg with attached enclosed patio.

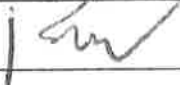
| Applicant's Wisconsin Seller's Permit Number<br><u>45600042176803</u> |                      |
|-----------------------------------------------------------------------|----------------------|
| FEIN Number<br><u>41-1957107</u>                                      |                      |
| TYPE OF LICENSE REQUESTED                                             | 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)                  | \$ <u>N/A</u>        |
| <input checked="" type="checkbox"/> Class B liquor                    | \$ <u>500</u>        |
| <input type="checkbox"/> Reserve Class B liquor                       | \$                   |
| <input type="checkbox"/> Class B (wine only) winery                   | \$                   |
| Publication fee                                                       | \$ <u>20</u>         |
| <b>TOTAL FEE</b>                                                      | <b>\$ <u>620</u></b> |





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

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

|                                                                                     |                |                      |
|-------------------------------------------------------------------------------------|----------------|----------------------|
| Contact Person's Name (Last, First, M.I.)                                           | Title / Member | Date                 |
| Jones, Jr., Robert Q                                                                | Vice President | 4/26/13              |
| Signature                                                                           | Phone Number   | Email Address        |
|  | 952-516-8175   | BWWLicensing@Inspire |

**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 |



# Instructions for Renewal Alcohol Beverage License Application

## THIS RENEWAL FORM CANNOT BE USED IF:

1. There is a change in business entity (i.e., individual has changed to partnership or corporation/limited liability company; partnership changed to individual or corporation/limited liability company; corporation changed to individual, partnership or limited liability company) and if limited liability company has been dissolved.
2. Partners are added or dropped.
3. Application is made in a different municipality.

## PARTNERSHIPS:

Indicate full name and home address of each partner. One partner must sign application. **Reminder:** If partners have been added or dropped since your last application, you must use Form AT-106 (Original Beverage License Application).

## CORPORATIONS:

One officer must sign application. Be sure to answer Question No. 7 by indicating any change of officers, directors, and/or changes in home address. If there are any changes in officers and/or directors each must complete Form AT-103 (Auxiliary Questionnaire). If there has been a change in agent since your last approved agent, he/she must complete Forms AT-104 (Schedule for Appointment of Agent) AND AT-103 (Auxiliary Questionnaire) in addition to this (AT-115) form.

## LIMITED LIABILITY COMPANY:

One member/manager must sign application. Follow procedure under Corporations for any change of members or agent.

**NOTE:** Use ink or typewriter when filling in applications. Be sure to answer all questions fully and accurately. 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.

## DISCRIMINATION CLAUSE – (City of Milwaukee only)

The applicant shall not willfully refuse to provide those services offered under this license or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry, the applicant shall not seek information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion solely on the basis of such information. The applicant also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

Complete, sign and return this form to the clerk.

If answer to Questions No. 6a and/or 6b on page 2 are "YES," outline details below:

## CONVICTIONS

- |                                  |                                                                      |
|----------------------------------|----------------------------------------------------------------------|
| 1. NAME <u>See attached list</u> | STATUTE NO./LOCAL ORDINANCE _____                                    |
| CHARGE _____                     | WHERE CONVICTED _____                                                |
| DATE _____ PENALTY _____         | <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> FELONY |
| 2. NAME _____                    | STATUTE NO./LOCAL ORDINANCE _____                                    |
| CHARGE _____                     | WHERE CONVICTED _____                                                |
| DATE _____ PENALTY _____         | <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> FELONY |
| 3. NAME _____                    | STATUTE NO./LOCAL ORDINANCE _____                                    |
| CHARGE _____                     | WHERE CONVICTED _____                                                |
| DATE _____ PENALTY _____         | <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> FELONY |

## PENDING CHARGE

- |                      |                                   |
|----------------------|-----------------------------------|
| 1. NAME _____        | STATUTE NO./LOCAL ORDINANCE _____ |
| PENDING CHARGE _____ | DATE _____                        |



| Violation Status Name | Violation Date | Violation Level Code | Violation Type Name                         | Site Code | Site Code Name          | State (2 Char Abr) | Agency            | Responsible Party     | Fine              |
|-----------------------|----------------|----------------------|---------------------------------------------|-----------|-------------------------|--------------------|-------------------|-----------------------|-------------------|
| Resolved              | 08/12/2022     | FINE                 | Failure to follow ID process/Serve Minor    | 0159      | 0159 (Oswego)           | IL                 | City of Oswego    | Restaurant & Employee | \$250             |
| Resolved              | 02/16/2022     | FINE                 | Failure to Display properly or renew timely | 0394      | 0394 (Johnson City, TN) | TN                 | ABC               | Restaurant            | 200               |
| Resolved              | 12/31/2021     | FINE                 | Failure to follow ID process/Serve Minor    | 0118      | 0118 (Maplewood, MN)    | MN                 | City of Maplewood | Restaurant & Employee | \$500             |
| Resolved              | 05/12/2022     | FINE                 | Failure to follow ID process/Serve Minor    | 0658      | 0658 (Dickson, TN)      | TN                 | ABC               | Restaurant & Employee | \$1,000           |
| Resolved              |                | FINE                 | Failure to follow ID process/Serve Minor    | 0173      | 0173 (Smyrna, TN)       | TN                 | ABC               | Employee & Restaurant | \$1000 plus class |
| Resolved              | 02/09/2022     | FINE                 | Failure to follow ID process/Serve Minor    | 0582      | 0582 (Tullahoma, TN)    | TN                 | ABC               | Restaurant & Employee | \$1,500           |
| Resolved              | 06/25/2022     | FINE                 | Failure to follow ID process/Serve Minor    | 0529      | 0529 (Monroe)           | NC                 | ABC               | Restaurant & Employee | \$3,500           |





## **BUSINESS OF THE PUBLIC SAFETY COMMITTEE**

MEETING DATE: June 5, 2023

PLACEMENT: Action Item

ITEM TITLE: Bubs on Main LLC, Scott Pecor Agent, 10908 N Essex Drive, d/b/a  
**Bubs Irish Pub**, N116W16218 Main Street, Bar and Banquet,  
South Side Entry Ramp and Two Triangle Grassy Areas on  
Southeast side of building

SUBMITTED BY:

SUMMARY EXPLANATION:

ATTACHMENT:

1. Bubs

RECOMMENDATION:

ACTION BY Committee:

# Renewal Alcohol Beverage License Application

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

For the license period beginning: 07 01 2023 ending: 06 30 2024  
(mm dd yyyy) (mm dd yyyy)

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

County of Washington

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

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

Complete A or B. All must complete C.

## A. Individual or Partnership:

|                  |         |               |                                                        |
|------------------|---------|---------------|--------------------------------------------------------|
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
|                  |         |               |                                                        |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
|                  |         |               |                                                        |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
|                  |         |               |                                                        |

## B. LLC or Corporation (and Agent):

|                                                                                     |                                                                                          |
|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company | Address of Corporation / Limited Liability Company (if different from licensed premises) |
| <u>Blazin Wings, Inc.</u>                                                           | <u>3 Glenlake Parkway, Atlanta, GA 30328</u>                                             |

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

|                 |              |                |                                                        |
|-----------------|--------------|----------------|--------------------------------------------------------|
| Agent Last Name | (First)      | (Middle Name)  | Home Address (Street, City or Post Office, & Zip Code) |
| <u>Hart</u>     | <u>Allan</u> | <u>Michael</u> | <u>18435 W. Lisbon Road, Brookfield, WI 53045</u>      |

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

|                                   |                  |               |                                                        |
|-----------------------------------|------------------|---------------|--------------------------------------------------------|
| President / Member Last Name      | (First)          | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| <u>Jones, Jr.</u>                 | <u>Robert</u>    | <u>Q</u>      | <u>6875 Lisa Lane, Dunwoody, GA 30338</u>              |
| Vice President / Member Last Name | (First)          | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| <u>Okeon</u>                      | <u>Nils</u>      | <u>H</u>      | <u>259 Broadland Rd NW, Atlanta, GA 30342</u>          |
| Secretary / Member Last Name      | (First)          | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| <u>Jaspon</u>                     | <u>Katherine</u> | <u>D</u>      | <u>5110 Marbury Circle, Sandy Springs, GA 30327</u>    |
| Treasurer / Member Last Name      | (First)          | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
|                                   |                  |               |                                                        |
| Directors / Managers Last Name    | (First)          | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
|                                   |                  |               |                                                        |
| Directors / Managers Last Name    | (First)          | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
|                                   |                  |               |                                                        |

## C. Business Information

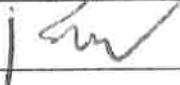
- Trade Name Buffalo Wild Wings Business Phone Number 252-251-1780
- Address of Premises N96 W17990 County Line Road Post Office & Zip Code Germantown, WI 53022
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes ☒ No ☐
- 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.) Alcohol will be served and consumed in the following areas: patio, dining and bar. All alcohol will be stored in bar area, in locked storage and beer cooler in kitchen. All receipts will be stored in manager's office. Restaurant is single story bldg with attached enclosed patio.

|                                                      |               |
|------------------------------------------------------|---------------|
| Applicant's Wisconsin Seller's Permit Number         |               |
| <u>45600042176803</u>                                |               |
| FEIN Number                                          |               |
| <u>41-1957107</u>                                    |               |
| TYPE OF LICENSE REQUESTED                            | 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) | \$ <u>N/A</u> |
| <input checked="" type="checkbox"/> Class B liquor   | \$ <u>500</u> |
| <input type="checkbox"/> Reserve Class B liquor      | \$            |
| <input type="checkbox"/> Class B (wine only) winery  | \$            |
| Publication fee                                      | \$ <u>20</u>  |
| TOTAL FEE                                            | \$ <u>620</u> |



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

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

|                                                                                                  |                                  |                                       |
|--------------------------------------------------------------------------------------------------|----------------------------------|---------------------------------------|
| Contact Person's Name (Last, First, M.I.)<br>Jones, Jr., Robert Q                                | Title / Member<br>Vice President | Date<br>4/26/13                       |
| Signature<br> | Phone Number<br>952-516-8175     | Email Address<br>BWWLicensing@Inspire |

**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 |





# Instructions for Renewal Alcohol Beverage License Application

## THIS RENEWAL FORM CANNOT BE USED IF:

1. There is a change in business entity (i.e., individual has changed to partnership or corporation/limited liability company; partnership changed to individual or corporation/limited liability company; corporation changed to individual, partnership or limited liability company) and if limited liability company has been dissolved.
2. Partners are added or dropped.
3. Application is made in a different municipality.

## PARTNERSHIPS:

Indicate full name and home address of each partner. One partner must sign application. **Reminder:** If partners have been added or dropped since your last application, you must use Form AT-106 (Original Beverage License Application).

## CORPORATIONS:

One officer must sign application. Be sure to answer Question No. 7 by indicating any change of officers, directors, and/or changes in home address. If there are any changes in officers and/or directors each must complete Form AT-103 (Auxiliary Questionnaire). If there has been a change in agent since your last approved agent, he/she must complete Forms AT-104 (Schedule for Appointment of Agent) AND AT-103 (Auxiliary Questionnaire) in addition to this (AT-115) form.

## LIMITED LIABILITY COMPANY:

One member/manager must sign application. Follow procedure under Corporations for any change of members or agent.

**NOTE:** Use ink or typewriter when filling in applications. Be sure to answer all questions fully and accurately. 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.

## DISCRIMINATION CLAUSE – (City of Milwaukee only)

The applicant shall not willfully refuse to provide those services offered under this license or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry, the applicant shall not seek information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion solely on the basis of such information. The applicant also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

Complete, sign and return this form to the clerk.

If answer to Questions No. 6a and/or 6b on page 2 are "YES," outline details below:

## CONVICTIONS

1. NAME See attached list STATUTE NO./LOCAL ORDINANCE \_\_\_\_\_  
CHARGE \_\_\_\_\_ WHERE CONVICTED \_\_\_\_\_  
DATE \_\_\_\_\_ PENALTY \_\_\_\_\_ ☐ MISDEMEANOR ☐ FELONY
2. NAME \_\_\_\_\_ STATUTE NO./LOCAL ORDINANCE \_\_\_\_\_  
CHARGE \_\_\_\_\_ WHERE CONVICTED \_\_\_\_\_  
DATE \_\_\_\_\_ PENALTY \_\_\_\_\_ ☐ MISDEMEANOR ☐ FELONY
3. NAME \_\_\_\_\_ STATUTE NO./LOCAL ORDINANCE \_\_\_\_\_  
CHARGE \_\_\_\_\_ WHERE CONVICTED \_\_\_\_\_  
DATE \_\_\_\_\_ PENALTY \_\_\_\_\_ ☐ MISDEMEANOR ☐ FELONY

## PENDING CHARGE

1. NAME \_\_\_\_\_ STATUTE NO./LOCAL ORDINANCE \_\_\_\_\_  
PENDING CHARGE \_\_\_\_\_ DATE \_\_\_\_\_



| Violation Status Name | Violation Date | Violation Level Code | Violation Type Name                         | Site Code | Site Code Name          | State (2 Char Abr) | Agency            | Responsible Party     | Fine              |
|-----------------------|----------------|----------------------|---------------------------------------------|-----------|-------------------------|--------------------|-------------------|-----------------------|-------------------|
| Resolved              | 08/12/2022     | FINE                 | Failure to follow ID process/Serve Minor    | 0159      | 0159 (Oswego)           | IL                 | City of Oswego    | Restaurant & Employee | \$250             |
| Resolved              | 02/16/2022     | FINE                 | Failure to Display properly or renew timely | 0394      | 0394 (Johnson City, TN) | TN                 | ABC               | Restaurant            | 200               |
| Resolved              | 12/31/2021     | FINE                 | Failure to follow ID process/Serve Minor    | 0118      | 0118 (Maplewood, MN)    | MN                 | City of Maplewood | Restaurant & Employee | \$500             |
| Resolved              | 05/12/2022     | FINE                 | Failure to follow ID process/Serve Minor    | 0658      | 0658 (Dickson, TN)      | TN                 | ABC               | Restaurant & Employee | \$1,000           |
| Resolved              |                | FINE                 | Failure to follow ID process/Serve Minor    | 0173      | 0173 (Smyrna, TN)       | TN                 | ABC               | Employee & Restaurant | \$1000 plus class |
| Resolved              | 02/09/2022     | FINE                 | Failure to follow ID process/Serve Minor    | 0582      | 0582 (Tullahoma, TN)    | TN                 | ABC               | Restaurant & Employee | \$1,500           |
| Resolved              | 06/25/2022     | FINE                 | Failure to follow ID process/Serve Minor    | 0529      | 0529 (Monroe)           | NC                 | ABC               | Restaurant & Employee | \$3,500           |





## **BUSINESS OF THE PUBLIC SAFETY COMMITTEE**

MEETING DATE: June 5, 2023

PLACEMENT: Action Item

ITEM TITLE: Brinker Restaurant Corporation, James Linderman, 142 N Western Ave #J, Neenah, d/b/a **Chili's Grill & Bar**, N96W18640 County Line Rd; dining area and bar area, storage and five to go parking areas.

SUBMITTED BY:

SUMMARY EXPLANATION:

ATTACHMENT:

1. Chilis

RECOMMENDATION:

ACTION BY Committee:

# Renewal Alcohol Beverage License Application

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

For the license period beginning: 07 01 2023 ending: 06 30 2023  
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: ☐ Town of ☒ Village of } Germantown  
County of Washington }  
(if required by ordinance)

Aldermanic Dist. No. \_\_\_\_\_

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

Complete A or B. All must complete C.

## A. Individual or Partnership:

|                  |         |               |                                                        |
|------------------|---------|---------------|--------------------------------------------------------|
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |

## B. LLC or Corporation (and Agent):

|                                                                                                                       |                                                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|
| Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company<br>BRINKER RESTAURANT CORPORATION | Address of Corporation / Limited Liability Company (if different from licensed premises)<br>3000 OLYMPUS BLVD, DALLAS, TX 75019 |
|-----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|

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

|                           |                      |                    |                                                                                                  |
|---------------------------|----------------------|--------------------|--------------------------------------------------------------------------------------------------|
| Agent Last Name<br>Mather | (First)<br>Alexandra | (Middle Name)<br>W | Home Address (Street, City or Post Office, & Zip Code)<br>7793 W Margaret Ln, Franklin, WI 53132 |
|---------------------------|----------------------|--------------------|--------------------------------------------------------------------------------------------------|

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

|                                                        |         |               |                                                        |
|--------------------------------------------------------|---------|---------------|--------------------------------------------------------|
| President / Member Last Name                           | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| SEE ATTACHED LIST<br>Vice President / Member Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Secretary / Member Last Name                           | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Treasurer / Member Last Name                           | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Directors / Managers Last Name                         | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Directors / Managers Last Name                         | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Directors / Managers Last Name                         | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |

## C. Business Information

1. Trade Name CHILI'S GRILL & BAR Business Phone Number (262) 250-1254

2. Address of Premises N96W18640 County Line Rd Post Office & Zip Code Germantown WI 53022

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 and bar areas; locked storage and 5 To-Go parking spaces next to To-Go door.

| Applicant's Wisconsin Seller's Permit Number<br>456-1027003390-04 |         |
|-------------------------------------------------------------------|---------|
| FEIN Number<br>75-2340559                                         |         |
| TYPE OF LICENSE REQUESTED                                         | FEE     |
| <input type="checkbox"/> Class A beer                             | \$      |
| <input checked="" type="checkbox"/> Class B beer                  | \$ 1.00 |
| <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                | \$ 5.00 |
| <input type="checkbox"/> Reserve Class B liquor                   | \$      |
| <input type="checkbox"/> Class B (wine only) winery               | \$      |
| Publication fee                                                   | \$ 20   |
| TOTAL FEE                                                         | \$ 6.20 |

**BRINKER RESTAURANT CORPORATION,**  
**a Virginia corporation**

3000 Olympus Boulevard  
Dallas, Texas 75019

Federal ID No. 75-2340559

Date of Incorporation: 06/29/1990

Re-domiciled in VA: 6/28/2017

SHARES:      Authorized:      10,000 Common, \$.10 par value  
                         Issued:      1,000 Common, \$.10 par value  
                         (Sole Shareholder - Brinker International, Inc., a Delaware corporation)

OFFICERS AND DIRECTORS

\* Denotes Director

Christopher L. Green\*

President and Secretary

2831 Seven Shields Ln.  
Lewisville, TX 75056  
469-387-2091  
SS#: 514-94-8899

DOB: 11/20/75  
TX DL#: 03326997

Daniel S. Fuller\*

Vice President, Treasurer and Assistant Secretary

120 Hollywood Dr.  
Coppell, TX 75019  
602-885-2561  
SS#: 601-58-1744

DOB: 5/12/1982  
TX DL#: 40401396

## **BUSINESS OF THE PUBLIC SAFETY COMMITTEE**

MEETING DATE: June 5, 2023

PLACEMENT: Action Item

ITEM TITLE: Das Barrel Room LLC, Mark Brooks, Agent, N52W14018  
Aberdeen Dr, Menomonee Falls, d/b/a **Das Barrel Room**,  
W201N10466 Appleton Ave, Main Building Basement Bar, Storage  
Room, Dining Areas, Deck and Lawn off back of building.

SUBMITTED BY:

SUMMARY EXPLANATION:

ATTACHMENT:

1. Das Barrel

RECOMMENDATION:

ACTION BY Committee:



# Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 7/1/2023 ending: 6/30/2024  
(month dd yyyy) (month dd yyyy)

To the Governing Body of the: ☒ Town of } German town  
☐ Village of }  
☐ City of }

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

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

| Applicant's Wisconsin Seller's Permit Number<br><u>456103046256802</u> |                         |
|------------------------------------------------------------------------|-------------------------|
| FEIN Number <u>88-4411081</u>                                          |                         |
| TYPE OF LICENSE REQUESTED                                              | 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>500.00</u>        |
| <input type="checkbox"/> Reserve Class B liquor                        | \$                      |
| <input type="checkbox"/> Class B (wine only) winery                    | \$                      |
| Publication fee                                                        | \$ <u>20.00</u>         |
| <b>TOTAL FEE</b>                                                       | <b>\$ <u>620.00</u></b> |

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)  
Das Barrel Room LLC

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 full name and place of residence of each person.

|                                   |             |               |                                                        |
|-----------------------------------|-------------|---------------|--------------------------------------------------------|
| President / Member Last Name      | (First)     | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| <u>Brooks</u>                     | <u>Mark</u> | <u>Steven</u> | <u>NSA W14018 Aberdeen Dr. Men Falls, WI</u>           |
| Vice President / Member Last Name | (First)     | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Secretary / Member Last Name      | (First)     | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Treasurer / Member Last Name      | (First)     | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Agent Last Name                   | (First)     | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Directors / Managers Last Name    | (First)     | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |

1. Trade Name Das Barrel Room LLC Business Phone Number 262-252-9118

2. Address of Premises WAO110466 Appleton Ave Post Office & Zip Code German town 53022

3. 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.)  
Main Building - Basement, Bar, Storage Room off the Bar, Dining Areas, Deck and Lawn off the Back of Building.

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

5. (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? Das Barrel Room LLC

6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? **If yes, explain** ..... ☐ Yes ☒ No

7. Is the applicant an employee or agent of, or acting on behalf of anyone except the named applicant? ..... ☐ Yes ☒ No  
**If yes, explain.**

8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? **If yes, explain** ..... ☐ Yes ☒ No

9. (a) **Corporate/limited liability company applicants only:** Insert state Wisconsin and date 5/8/19 of registration.

- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? **If yes, explain** ..... ☐ 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? **If yes, explain.** ..... ☐ Yes ☒ No

10. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277] ..... ☒ Yes ☐ No

11. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ..... ☒ Yes ☐ No

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

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000. Signer agrees 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, or one member of a partnership applicant must sign, one corporate officer, one member/manager 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.

|                                                                     |                                     |                                                 |
|---------------------------------------------------------------------|-------------------------------------|-------------------------------------------------|
| Contact Person's Name (Last, First, M.I.)<br><u>Brooks, Mark, S</u> | Title/Member<br><u>owner</u>        | Date<br><u>5/12/23</u>                          |
| Signature<br><u>Mark S. Brooks</u>                                  | Phone Number<br><u>414-507-8653</u> | Email Address<br><u>dasbarrelroom@gmail.com</u> |

**TO BE COMPLETED BY CLERK**

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





WISCONSIN DEPARTMENT OF REVENUE  
PO BOX 8902  
MADISON, WI 53708-8902

Contact Information:  
2135 RIMROCK RD PO BOX 8902  
MADISON, WI 53708-8902  
ph: 608-268-2776 fax: 608-264-6884  
email: DORBusinessTax@wisconsin.gov  
website: revenue.wi.gov

Letter ID L1641308816

MARK S BROOKS  
DAS BARREL ROOM LLC  
W201N10466 APPLETON AVE  
GERMANTOWN WI 53022-3706

### Wisconsin Department of Revenue Seller's Permit

Legal/real name: DAS BARREL ROOM LLC

Business name: DAS BARREL ROOM LLC  
N52W14018 ABERDEEN DR  
MENOMONEE FALLS WI 53051-6829

- This certificate confirms you are registered with the Wisconsin Department of Revenue and authorized in the business of selling tangible personal property and taxable services.
- You may not transfer this permit.
- This permit must be displayed at the place of business and is not valid at any other location.
- If your business is not operated from a fixed location, you must carry or display this permit at all events.

| Tax Type        | Account Type    | Account Number    |
|-----------------|-----------------|-------------------|
| Sales & Use Tax | Seller's Permit | 456-1030460568-02 |

## **BUSINESS OF THE PUBLIC SAFETY COMMITTEE**

MEETING DATE: June 5, 2023

PLACEMENT: Action Item

ITEM TITLE: Eastern Kettle Moraine Moose Lodge 1238, William Numrich, Agent, N88W17521 Christman Road, Menomonee Falls, d/b/a **E.K.M. Moose Lodge**, W198N10217 Appleton Ave, includes main building, kitchen, hall, and outside pavilion 22' x 20', and open area for Lodge picnics including buildings to be open until 10:00 pm, 480' x 525' grounds area.

SUBMITTED BY:

SUMMARY EXPLANATION:

ATTACHMENT:

1. EKM Moose Lodge

RECOMMENDATION:

ACTION BY Committee:

# Renewal Alcohol Beverage License Application

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

For the license period beginning: 07 01 2023 ending: 06 30 2024  
(mm dd yyyy) (mm dd yyyy)

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

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

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

Complete A or B. All must complete C.

## A. Individual or Partnership:

|                  |         |               |                                                        |
|------------------|---------|---------------|--------------------------------------------------------|
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |

## B. LLC or Corporation (and Agent):

|                                                                                     |                                                                                          |
|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company | Address of Corporation / Limited Liability Company (if different from licensed premises) |
| EASTERN KETTLE MORAIN Ledge                                                         | W198 N10217 APPLETON AVE                                                                 |

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

|                 |         |               |                                                        |
|-----------------|---------|---------------|--------------------------------------------------------|
| Agent Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| NUMRICH         | WILLIAM | F.            | N88 W17521 CHRISTMAN RD M. FALLS 53051                 |

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

|                                   |         |               |                                                        |
|-----------------------------------|---------|---------------|--------------------------------------------------------|
| President / Member Last Name      | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| HALVERSON                         | PAMELA  | A.            | W160 N10934 MEADOW DR G. TOWN 53218                    |
| Vice President / Member Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Secretary / Member Last Name      | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Treasurer / Member Last Name      | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| NUMRICH                           | WILLIAM |               | N88 W17521 CHRISTMAN RD M. FALLS 53051                 |
| Directors / Managers Last Name    | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Directors / Managers Last Name    | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |

## C. Business Information

- Trade Name EKM moose Lodge Business Phone Number 262-255-5055
- Address of Premises W198 N10217 APPLETON AVE Post Office & Zip Code G.TOWN 53022
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes ☒ No ☐
- 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.) 45x60 MAIN BLD - KITCHEN - HALL - 22x20 PAUILLION - GROUNDS AREA 480x525

| Applicant's Wisconsin Seller's Permit Number<br><u>456-0000530072-02</u> |           |
|--------------------------------------------------------------------------|-----------|
| FEIN Number<br><u>23-7143464</u>                                         |           |
| TYPE OF LICENSE REQUESTED                                                | FEE       |
| <input type="checkbox"/> Class A beer                                    | \$ 100    |
| <input checked="" type="checkbox"/> Class B beer                         | \$ 100    |
| <input type="checkbox"/> Class C wine                                    | \$ 100    |
| <input checked="" type="checkbox"/> Class A liquor                       | \$ 500    |
| <input type="checkbox"/> Class A liquor (cider only)                     | \$ N/A    |
| <input type="checkbox"/> Class B liquor                                  | \$ 500    |
| <input type="checkbox"/> Reserve Class B liquor                          | \$        |
| <input type="checkbox"/> Class B (wine only) winery                      | \$ 500    |
| Publication fee                                                          | \$ 20     |
| <b>TOTAL FEE</b>                                                         | <b>\$</b> |

5. Legal description (omit if street address is given on previous page): \_\_\_\_\_

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** . . . . . ☐ Yes ☒ No

b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** . . . . . ☐ Yes ☒ No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** . . . . . ☐ Yes ☒ No

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** . . . . . ☐ Yes ☐ No

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Does the applicant understand they must hold a Wisconsin Seller's Permit? . . . . . ☒ Yes ☐ No  
[phone (608) 266-2776]

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

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

12. Does the applicant owe municipal property taxes, assessments, or other fees? . . . . . ☐ Yes ☒ No  
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

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

|                                                                     |                                     |                        |
|---------------------------------------------------------------------|-------------------------------------|------------------------|
| Contact Person's Name (Last, First, M.I.)<br><b>NUMRICH WILLIAM</b> | Title / Member<br><b>Admin.</b>     | Date<br><b>4-23-23</b> |
| Signature<br><b>William Numrich</b>                                 | Phone Number<br><b>414-573-5585</b> | Email Address          |

**TO BE COMPLETED BY CLERK**

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

## Instructions for Renewal Alcohol Beverage License Application

### THIS RENEWAL FORM CANNOT BE USED IF:

1. There is a change in business entity (i.e., individual has changed to partnership or corporation/limited liability company; partnership changed to individual or corporation/limited liability company; corporation changed to individual, partnership or limited liability company) and if limited liability company has been dissolved.
2. Partners are added or dropped.
3. Application is made in a different municipality.

### PARTNERSHIPS:

Indicate full name and home address of each partner. One partner must sign application. **Reminder:** If partners have been added or dropped since your last application, you must use Form AT-106 (Original Beverage License Application).

### CORPORATIONS:

One officer must sign application. Be sure to answer Question No. 7 by indicating any change of officers, directors, and/or changes in home address. If there are any changes in officers and/or directors each must complete Form AT-103 (Auxiliary Questionnaire). If there has been a change in agent since your last approved agent, he/she must complete Forms AT-104 (Schedule for Appointment of Agent) **AND** AT-103 (Auxiliary Questionnaire) in addition to this (AT-115) form.

### LIMITED LIABILITY COMPANY:

One member/manager must sign application. Follow procedure under Corporations for any change of members or agent.

**NOTE:** Use ink or typewriter when filling in applications. Be sure to answer all questions fully and accurately. 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.

### DISCRIMINATION CLAUSE – (City of Milwaukee only)

The applicant shall not willfully refuse to provide those services offered under this license or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry, the applicant shall not seek information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion solely on the basis of such information. The applicant also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

Complete, sign and return this form to the clerk.

If answer to Questions No. 6a and/or 6b on page 2 are "YES," outline details below:

### CONVICTIONS

1. NAME \_\_\_\_\_ STATUTE NO./LOCAL ORDINANCE \_\_\_\_\_  
CHARGE \_\_\_\_\_ WHERE CONVICTED \_\_\_\_\_  
DATE \_\_\_\_\_ PENALTY \_\_\_\_\_ ☐ MISDEMEANOR ☐ FELONY
2. NAME \_\_\_\_\_ STATUTE NO./LOCAL ORDINANCE \_\_\_\_\_  
CHARGE \_\_\_\_\_ WHERE CONVICTED \_\_\_\_\_  
DATE \_\_\_\_\_ PENALTY \_\_\_\_\_ ☐ MISDEMEANOR ☐ FELONY
3. NAME \_\_\_\_\_ STATUTE NO./LOCAL ORDINANCE \_\_\_\_\_  
CHARGE \_\_\_\_\_ WHERE CONVICTED \_\_\_\_\_  
DATE \_\_\_\_\_ PENALTY \_\_\_\_\_ ☐ MISDEMEANOR ☐ FELONY

### PENDING CHARGE

1. NAME \_\_\_\_\_ STATUTE NO./LOCAL ORDINANCE \_\_\_\_\_  
PENDING CHARGE \_\_\_\_\_ DATE \_\_\_\_\_



## **BUSINESS OF THE PUBLIC SAFETY COMMITTEE**

MEETING DATE: June 5, 2023

PLACEMENT: Action Item

ITEM TITLE: Fawn Lane, LLC, Boro Buzdum, Agent, 7697 County Highway  
WW, West Bend, d/b/a **Buzdum's Pub & Grill**, W188N10515  
Maple Rd First Floor and basement and patio and field.

SUBMITTED BY:

SUMMARY EXPLANATION:

ATTACHMENT:

1. Buzdums

RECOMMENDATION:

ACTION BY Committee:

# Renewal Alcohol Beverage License Application

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

For the license period beginning: 07 01 2023 ending: 06 30 2024  
(mm dd yyyy) (mm dd yyyy)

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

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

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

Complete A or B. All must complete C.

## A. Individual or Partnership:

|                  |         |               |                                                        |
|------------------|---------|---------------|--------------------------------------------------------|
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |

## B. LLC or Corporation (and Agent):

|                                                                                     |                                                                                          |
|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company | Address of Corporation / Limited Liability Company (if different from licensed premises) |
| Maple Road LLC                                                                      |                                                                                          |

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

|                 |         |               |                                                        |
|-----------------|---------|---------------|--------------------------------------------------------|
| Agent Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| BORDUM          | BORO    |               | 828 Church St Allenton WI 53002                        |

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

|                                   |         |               |                                                        |
|-----------------------------------|---------|---------------|--------------------------------------------------------|
| President / Member Last Name      | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| BORDUM                            | BORO    |               | 828 Church St Allenton WI 53002                        |
| Vice President / Member Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
|                                   |         |               |                                                        |
| Secretary / Member Last Name      | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
|                                   |         |               |                                                        |
| Treasurer / Member Last Name      | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
|                                   |         |               |                                                        |
| Directors / Managers Last Name    | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
|                                   |         |               |                                                        |
| Directors / Managers Last Name    | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
|                                   |         |               |                                                        |

## C. Business Information

1. Trade Name BORDUM'S Pub Grill Business Phone Number 262 416 3131

2. Address of Premises 1185 N10515 MAPLE RD Post Office & Zip Code Germantown 53022

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, brewers 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.) 1st floor area back patio, back yard, also basement storage

|                                                      |          |
|------------------------------------------------------|----------|
| Applicant's Wisconsin Seller's Permit Number         |          |
| FEIN Number 843 182 884                              |          |
| TYPE OF LICENSE REQUESTED                            | FEE      |
| <input type="checkbox"/> Class A beer                | \$ 1.00  |
| <input type="checkbox"/> Class B beer                | \$ 1.00  |
| <input type="checkbox"/> Class C wine                | \$ 1.00  |
| <input type="checkbox"/> Class A liquor              | \$ 5.00  |
| <input type="checkbox"/> Class A liquor (cider only) | N/A      |
| <input type="checkbox"/> Class B liquor              | \$ 5.00  |
| <input type="checkbox"/> Reserve Class B liquor      | \$       |
| <input type="checkbox"/> Class B (wine only) winery  | \$ 5.00  |
| Publication fee                                      | \$       |
| TOTAL FEE                                            | \$ 20.00 |

5. Legal description (omit if street address is given on previous page): \_\_\_\_\_

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** ..... ☐ Yes ☒ No

b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this licensee? **If yes, explain fully on page 3.** ..... ☐ Yes ☒ No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** ..... ☐ Yes ☒ No

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** ..... ☒ Yes ☐ No

9. Does the applicant understand they must hold a Wisconsin Seller's Permit? ..... ☒ Yes ☐ No  
[phone (608) 266-2776]

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

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

12. Does the applicant owe municipal property taxes, assessments, or other fees? ..... ☐ Yes ☒ No  
**(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).**

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

|                                                                 |                                     |                                              |
|-----------------------------------------------------------------|-------------------------------------|----------------------------------------------|
| Contact Person's Name (Last, First, M.I.)<br><i>Buzdum Borg</i> | Title / Member<br><i>owner</i>      | Date<br><i>5-10-2025</i>                     |
| Signature<br><i>Borg</i>                                        | Phone Number<br><i>202-844-9429</i> | Email Address<br><i>borgbuzdum@gmail.com</i> |

**TO BE COMPLETED BY CLERK**

|                                                                |                                  |                                   |
|----------------------------------------------------------------|----------------------------------|-----------------------------------|
| Date received and filed with municipal clerk<br><i>5/10/25</i> | Date reported to council / board | Date license granted              |
| License number issued                                          | Date license issued              | Signature of Clerk / Deputy Clerk |

015 24  
05/10/2025



## Instructions for Renewal Alcohol Beverage License Application

### THIS RENEWAL FORM CANNOT BE USED IF:

1. There is a change in business entity (i.e., individual has changed to partnership or corporation/limited liability company; partnership changed to individual or corporation/limited liability company; corporation changed to individual, partnership or limited liability company) and if limited liability company has been dissolved.
2. Partners are added or dropped.
3. Application is made in a different municipality.

### PARTNERSHIPS:

Indicate full name and home address of each partner. One partner must sign application. **Reminder:** If partners have been added or dropped since your last application, you must use Form AT-106 (Original Beverage License Application).

### CORPORATIONS:

One officer must sign application. Be sure to answer Question No. 7 by indicating any change of officers, directors, and/or changes in home address. If there are any changes in officers and/or directors each must complete Form AT-103 (Auxiliary Questionnaire). If there has been a change in agent since your last approved agent, he/she must complete Forms AT-104 (Schedule for Appointment of Agent) **AND** AT-103 (Auxiliary Questionnaire) in addition to this (AT-115) form.

### LIMITED LIABILITY COMPANY:

One member/manager must sign application. Follow procedure under Corporations for any change of members or agent.

**NOTE:** Use ink or typewriter when filling in applications. Be sure to answer all questions fully and accurately. 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.

### DISCRIMINATION CLAUSE – (City of Milwaukee only)

The applicant shall not willfully refuse to provide those services offered under this license or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry, the applicant shall not seek information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion solely on the basis of such information. The applicant also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

Complete, sign and return this form to the clerk.

If answer to Questions No. 6a and/or 6b on page 2 are "YES," outline details below:

### CONVICTIONS

- |               |                                                                      |
|---------------|----------------------------------------------------------------------|
| 1. NAME _____ | STATUTE NO./LOCAL ORDINANCE _____                                    |
| CHARGE _____  | WHERE CONVICTED _____                                                |
| DATE _____    | <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> FELONY |
| 2. NAME _____ | STATUTE NO./LOCAL ORDINANCE _____                                    |
| CHARGE _____  | WHERE CONVICTED _____                                                |
| DATE _____    | <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> FELONY |
| 3. NAME _____ | STATUTE NO./LOCAL ORDINANCE _____                                    |
| CHARGE _____  | WHERE CONVICTED _____                                                |
| DATE _____    | <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> FELONY |

### PENDING CHARGE

- |                      |                                   |
|----------------------|-----------------------------------|
| 1. NAME _____        | STATUTE NO./LOCAL ORDINANCE _____ |
| PENDING CHARGE _____ | DATE _____                        |

## **BUSINESS OF THE PUBLIC SAFETY COMMITTEE**

MEETING DATE: June 5, 2023

PLACEMENT: Action Item

ITEM TITLE: Florian Park, Inc., Ryan Rahl, Agent, 311 Preserve Way, Colgate, d/b/a **The Florian**, N111 W18611 Mequon Rd three interior bars in two ballrooms, liquor storage room, beer cooler, includes outside premise Willow Path, Willow Gardens, and Willow Point on south end of Willow Pond to be open until 10:00 p.m. and outdoor designated smoking area to the north of property.

SUBMITTED BY:

SUMMARY EXPLANATION:

ATTACHMENT:

1. Florian

RECOMMENDATION:

ACTION BY Committee:

to begin and tab throughout. Use mouse to check appropriate boxes, spacebar or enter.

# Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 7/1/2023 ending: 6/30/2023  
(mm dd yyyy) (mm dd yyyy)

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

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

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

**Save** **Print** **Clear**

| Applicant's Wisconsin Seller's Permit Number<br>456102818058502 |                  |
|-----------------------------------------------------------------|------------------|
| FEIN Number<br>46-3654796                                       |                  |
| TYPE OF LICENSE REQUESTED                                       | FEE              |
| <input checked="" type="checkbox"/> Class A beer                | \$ 100.00        |
| <input type="checkbox"/> Class B beer                           | \$               |
| <input type="checkbox"/> Class C wine                           | \$               |
| <input checked="" type="checkbox"/> Class A liquor              | \$ 500.00        |
| <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                                                 | \$ 20.00         |
| <b>TOTAL FEE</b>                                                | <b>\$ 620.00</b> |

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)

Florian Park Inc.

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

|                                   |             |                |                                                        |
|-----------------------------------|-------------|----------------|--------------------------------------------------------|
| President / Member Last Name      | (First)     | (Middle Name)  | Home Address (Street, City or Post Office, & Zip Code) |
| <u>Rahl</u>                       | <u>Ryan</u> | <u>Jeffrey</u> | <u>311 Preserve Way Colgate WI 53017</u>               |
| Vice President / Member Last Name | (First)     | (Middle Name)  | Home Address (Street, City or Post Office, & Zip Code) |
| Secretary / Member Last Name      | (First)     | (Middle Name)  | Home Address (Street, City or Post Office, & Zip Code) |
| Treasurer / Member Last Name      | (First)     | (Middle Name)  | Home Address (Street, City or Post Office, & Zip Code) |
| Agent Last Name                   | (First)     | (Middle Name)  | Home Address (Street, City or Post Office, & Zip Code) |
| <u>Rahl</u>                       | <u>Ryan</u> | <u>Jeffrey</u> | <u>311 Preserve Way Colgate WI 53017</u>               |
| Directors / Managers Last Name    | (First)     | (Middle Name)  | Home Address (Street, City or Post Office, & Zip Code) |

1. Trade Name The Florian Event Venue Business Phone Number 262-257-9181  
2. Address of Premises N111W18611 Mequon Rd Post Office & Zip Code Germantown 53022

3. 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 main building with 3 separate bars, 1 locked walk in beer cooler, and 1  
key locked liquor room. Beverages are sold at one of 3 bars and includes  
an outside premise extension to include an attached deck, walking path to  
grounds and pond on the South of building.

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

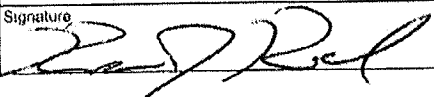
5. (a) Was this premises licensed for the sale of liquor or beer during the past license year? ..... ☒ Yes ☐ No

(b) If yes, under what name was license issued? Florian Park Inc



6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? If yes, explain ..... ☐ Yes ☒ No
7. Is the applicant an employee or agent of, or acting on behalf of anyone except the named applicant? ..... ☐ Yes ☒ No  
If yes, explain.
8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? If yes, explain ..... ☐ Yes ☒ No
9. (a) Corporate/limited liability company applicants only: Insert state Wisconsin and date 9/2/2013 of registration.
- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? If yes, explain ..... ☐ 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? If yes, explain. .... ☐ Yes ☒ No
10. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277] ..... ☒ Yes ☐ No
11. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ..... ☒ Yes ☐ No
12. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ..... ☒ Yes ☐ No

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000. Signer agrees 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, or one member of a partnership applicant must sign; one corporate officer, one member/manager 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.

|                                                                                                  |                                     |                                                         |
|--------------------------------------------------------------------------------------------------|-------------------------------------|---------------------------------------------------------|
| Contact Person's Name (Last, First, M.I.)<br><b>Rahl, Ryan J</b>                                 | Title/Member<br><b>President</b>    | Date<br><b>5/5/2023</b>                                 |
| Signature<br> | Phone Number<br><b>262-327-0505</b> | Email Address<br><b>ryan.rahl@rahlandassociates.com</b> |

**TO BE COMPLETED BY CLERK**

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

AT-106 (R. 3-19)



WISCONSIN DEPARTMENT OF REVENUE  
PO BOX 8902  
MADISON, WI 53708-8902

**Contact Information:**

2135 RIMROCK RD PO BOX 8902  
MADISON, WI 53708-8902  
ph: 608-266-2776 fax: 608-264-6884  
email: DORBusinessTax@revenue.wi.gov  
website: revenue.wi.gov

Letter ID L0864327840

FLORIAN PARK INC  
W6120 ROCK FALLS ROAD  
EAU CLAIRE WI 54701

## Wisconsin Department of Revenue Seller's Permit

**Legal/real name:** FLORIAN PARK INC

**Business name:**  
N111W18611 MEQUEN ROAD  
GERMANTOWN WI 53022

- This certificate confirms you are registered with the Wisconsin Department of Revenue and authorized in the business of selling tangible personal property and taxable services.
- You may not transfer this permit.
- This permit must be displayed at the place of business and is not valid at any other location.
- If your business is not operated from a fixed location, you must carry or display this permit at all events.

| <b>Tax Type</b> | <b>Account Type</b> | <b>Account Number</b> |
|-----------------|---------------------|-----------------------|
| Sales & Use Tax | Seller's Permit     | 456-1028180585-02     |

## **BUSINESS OF THE PUBLIC SAFETY COMMITTEE**

MEETING DATE: June 5, 2023

PLACEMENT: Action Item

ITEM TITLE: Germantown American Legion Post #1, Inc, James A. Heimann, Agent, 2584 Country Aire, Cedarburg, d/b/a **Germantown American Legion Post #1**, N120 W15932 Freistadt Rd, Hall, bar, lounge, walk in cooler, office storage.

SUBMITTED BY:

SUMMARY EXPLANATION:

ATTACHMENT:

1. American Legion

RECOMMENDATION:

ACTION BY Committee:

# Renewal Alcohol Beverage License Application

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

For the license period beginning: 07 01 2023 ending: 06 30 2024  
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: ☐ Town of ☒ Village of ☐ City of } GERMAN TOWN  
(if required by ordinance)

County of WASHINGTON Aldermanic Dist. No. \_\_\_\_\_

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

Complete A or B. All must complete C.

## A. Individual or Partnership:

|                  |         |               |                                                        |
|------------------|---------|---------------|--------------------------------------------------------|
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |

## B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company: GERMAN TOWN AMERICAN LEGION POST 5302  
Address of Corporation / Limited Liability Company (if different from licensed premises): 1532 FRIESTADT RD. PO. BOX 3214 TOWN OF GERMAN, WI 53022  
All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

|                                                                                                |           |               |                                                        |
|------------------------------------------------------------------------------------------------|-----------|---------------|--------------------------------------------------------|
| Agent Last Name                                                                                | (First)   | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| HELMANN                                                                                        | JAMES     | ALLEN         | 2584 Country Aire Dr De Pere, WI 53012                 |
| All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company: |           |               |                                                        |
| President / Member Last Name                                                                   | (First)   | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| BONWELL                                                                                        | Kristi    | B             | 1122 W 11283 Wrenwood Pass, Town WI 53022              |
| Vice President / Member Last Name                                                              | (First)   | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| YATEHAK                                                                                        | CHRISTINA | J             | 1116 W 15041 Brownsstone Ct, Town WI 53022             |
| Secretary / Member Last Name                                                                   | (First)   | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| SCHULDT                                                                                        | DALE      | J             | 3049 BARKLAKE RD THE BETHLE, WI 53023                  |
| Treasurer / Member Last Name                                                                   | (First)   | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| HELMANN                                                                                        | JAMES     | ALLEN         | 3584 Country Aire Dr GERMAN, WI 53022                  |
| Directors / Managers Last Name                                                                 | (First)   | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| KELSER                                                                                         | AMY       | S             | 1002 S 15TH AVE WEST BEND, WI 53095                    |
| Directors / Managers Last Name                                                                 | (First)   | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |

## C. Business Information

1. Trade Name: GERMAN TOWN AMERICAN LEGION POST 1 Business Phone Number: 262-251-5470  
2. Address of Premises: 1532 FRIESTADT RD Post Office & Zip Code: 53022, WI 53022 P.O. Box 3214  
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 record 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.)

HALL, BAR, lounge, WALKIN CODER, STORAGE



5. Legal description (omit if street address is given on previous page):

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** . . . . . ☐ Yes ☒ No

- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** . . . . . ☐ Yes ☒ No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** . . . . . ☒ Yes ☒ No

*President was changed to Kristina Powell*  
*Secretary was changed to Dale Schuchert*

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** . . . . . ☐ Yes ☒ No

9. Does the applicant understand they must hold a Wisconsin Seller's Permit? . . . . . ☒ Yes ☒ No  
[phone (608) 266-2776]

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

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

12. Does the applicant owe municipal property taxes, assessments, or other fees? . . . . . ☐ Yes ☒ No  
**(Note:** Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

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

|                                                                       |                                          |                                           |
|-----------------------------------------------------------------------|------------------------------------------|-------------------------------------------|
| Contact Person's Name (Last, First, M.I.)<br><b>HEIMANUS JAMES A,</b> | Title / Member<br><b>FINANCE OFFICER</b> | Date<br><b>5/9/23</b>                     |
| Signature<br><i>James Heimann</i>                                     | Phone Number<br><b>414-667-0007</b>      | Email Address<br><b>brdag@510yaho.com</b> |

**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 |

AT-115 (R, 5-19)



## **BUSINESS OF THE PUBLIC SAFETY COMMITTEE**

MEETING DATE: June 5, 2023

PLACEMENT: Action Item

ITEM TITLE: Goldendale Legacy LLC, Emily Schaefer, Agent, 1510 Greentree Road, d/b/a **Broken Chandelier**, W204 N11912 Goldendale Rd. (First Floor, basement, includes horseshoe courts, path, outside fenced area to be open until 10:00 p.m., and outside front porch area)

SUBMITTED BY:

SUMMARY EXPLANATION:

ATTACHMENT:

1. Goldendale The Broken Chandelier

RECOMMENDATION:

ACTION BY Committee:

# Renewal Alcohol Beverage License Application

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

For the license period beginning: 07 01 2023 ending: 06 30 2024  
(mm dd yyyy) (mm dd yyyy)

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

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

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

Complete A or B. All must complete C.

## A. Individual or Partnership:

|                  |         |               |                                                        |
|------------------|---------|---------------|--------------------------------------------------------|
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |

## B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company Address of Corporation / Limited Liability Company (if different from licensed premises)  
Goldendale Legacy LLC aka The Broken Chandeliers W 204 N 11912 Goldendale Rd Germantown, WI 53022

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

8/29/86 Agent Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code)  
Schaefer Emily S 1510 Greentree Rd West Bend, WI 53090

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

|                                   |         |               |                                                        |
|-----------------------------------|---------|---------------|--------------------------------------------------------|
| President / Member Last Name      | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Vice President / Member Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Secretary / Member Last Name      | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Treasurer / Member Last Name      | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Directors / Managers Last Name    | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Directors / Managers Last Name    | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |

## C. Business Information

- Trade Name The Broken Chandeliers Business Phone Number 262-685-7202
- Address of Premises W 204 N 11912 Goldendale Rd Post Office & Zip Code Germantown, WI 53022
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes ☒ No ☐
- 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.) The basement, entire 1st floor, front porch, and horseshoe pits

| Applicant's Wisconsin Seller's Permit Number<br>456-1030824637-04 |           |
|-------------------------------------------------------------------|-----------|
| FEIN Number<br>87-349479                                          |           |
| TYPE OF LICENSE REQUESTED                                         | FEE       |
| <input type="checkbox"/> Class A beer                             | \$ 100    |
| <input type="checkbox"/> Class B beer                             | \$ 100    |
| <input type="checkbox"/> Class C wine                             | \$ 100    |
| <input type="checkbox"/> Class A liquor                           | \$ 500    |
| <input type="checkbox"/> Class A liquor (cider only)              | \$ N/A    |
| <input checked="" type="checkbox"/> Class B liquor                | \$ 500    |
| <input type="checkbox"/> Reserve Class B liquor                   | \$        |
| <input type="checkbox"/> Class B (wine only) winery               | \$ 500    |
| Publication fee                                                   | \$ 20     |
| <b>TOTAL FEE</b>                                                  | <b>\$</b> |

5. Legal description (omit if street address is given on previous page): \_\_\_\_\_

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** ..... ☐ Yes ☒ No

b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** ..... ☐ Yes ☒ No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** ..... ☐ Yes ☒ No

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** ..... ☒ Yes ☐ No

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Does the applicant understand they must hold a Wisconsin Seller's Permit? ..... ☒ Yes ☐ No  
[phone (608) 266-2776]

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

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

12. Does the applicant owe municipal property taxes, assessments, or other fees? ..... ☐ Yes ☒ No  
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

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

|                                                                       |                                     |                                               |
|-----------------------------------------------------------------------|-------------------------------------|-----------------------------------------------|
| Contact Person's Name (Last, First, M.I.)<br><i>Schaefer, Emily S</i> | Title / Member<br><i>owner</i>      | Date<br><i>5/12/23</i>                        |
| Signature                                                             | Phone Number<br><i>262-685-7282</i> | Email Address<br><i>nelimitem@hotmail.com</i> |

**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 |

*OK*  
*5/12/23*

# Instructions for Renewal Alcohol Beverage License Application

## THIS RENEWAL FORM CANNOT BE USED IF:

1. There is a change in business entity (i.e., individual has changed to partnership or corporation/limited liability company; partnership changed to individual or corporation/limited liability company; corporation changed to individual, partnership or limited liability company) and if limited liability company has been dissolved.
2. Partners are added or dropped.
3. Application is made in a different municipality.

## PARTNERSHIPS:

Indicate full name and home address of each partner. One partner must sign application. **Reminder:** If partners have been added or dropped since your last application, you must use Form AT-106 (Original Beverage License Application).

## CORPORATIONS:

One officer must sign application. Be sure to answer Question No. 7 by indicating any change of officers, directors, and/or changes in home address. If there are any changes in officers and/or directors each must complete Form AT-103 (Auxiliary Questionnaire). If there has been a change in agent since your last approved agent, he/she must complete Forms AT-104 (Schedule for Appointment of Agent) **AND** AT-103 (Auxiliary Questionnaire) in addition to this (AT-115) form.

## LIMITED LIABILITY COMPANY:

One member/manager must sign application. Follow procedure under Corporations for any change of members or agent.

**NOTE:** Use ink or typewriter when filling in applications. Be sure to answer all questions fully and accurately. 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.

## DISCRIMINATION CLAUSE – (City of Milwaukee only)

The applicant shall not willfully refuse to provide those services offered under this license or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry, the applicant shall not seek information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion solely on the basis of such information. The applicant also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

Complete, sign and return this form to the clerk.

If answer to Questions No. 6a and/or 6b on page 2 are "YES," outline details below:

## CONVICTIONS

1. NAME \_\_\_\_\_ STATUTE NO./LOCAL ORDINANCE \_\_\_\_\_  
CHARGE \_\_\_\_\_ WHERE CONVICTED \_\_\_\_\_  
DATE \_\_\_\_\_ PENALTY \_\_\_\_\_ ☐ MISDEMEANOR ☐ FELONY
2. NAME \_\_\_\_\_ STATUTE NO./LOCAL ORDINANCE \_\_\_\_\_  
CHARGE \_\_\_\_\_ WHERE CONVICTED \_\_\_\_\_  
DATE \_\_\_\_\_ PENALTY \_\_\_\_\_ ☐ MISDEMEANOR ☐ FELONY
3. NAME \_\_\_\_\_ STATUTE NO./LOCAL ORDINANCE \_\_\_\_\_  
CHARGE \_\_\_\_\_ WHERE CONVICTED \_\_\_\_\_  
DATE \_\_\_\_\_ PENALTY \_\_\_\_\_ ☐ MISDEMEANOR ☐ FELONY

## PENDING CHARGE

1. NAME \_\_\_\_\_ STATUTE NO./LOCAL ORDINANCE \_\_\_\_\_  
PENDING CHARGE \_\_\_\_\_ DATE \_\_\_\_\_



WISCONSIN DEPARTMENT OF REVENUE  
PO BOX 8902  
MADISON, WI 53708-8902

**Contact Information:**

2135 RIMROCK RD PO BOX 8902  
MADISON, WI 53708-8902  
ph: 608-266-2776 fax: 608-224-5761  
email: DORBusinessTax@wisconsin.gov  
website: revenue.wi.gov

Letter ID L1452245840

EMILY SCHAEFER  
GOLDENDALE LEGACY LLC  
1510 GREEN TREE RD  
WEST BEND WI 53090-1722

## Wisconsin Department of Revenue Seller's Permit

**Legal/real name:** GOLDENDALE LEGACY LLC  
**Business name:** THE BROKEN CHANDELIER  
W204N11912 GOLDENDALE RD  
GERMANTOWN WI 53022-2322

- This certificate confirms you are registered with the Wisconsin Department of Revenue and authorized in the business of selling tangible personal property and taxable services.
- You may not transfer this permit.
- This permit must be displayed at the place of business and is not valid at any other location.
- If your business is not operated from a fixed location, you must carry or display this permit at all events.

| Tax Type        | Account Type    | Account Number    |
|-----------------|-----------------|-------------------|
| Sales & Use Tax | Seller's Permit | 456-1030824637-04 |



**We are here to serve you**

Wisconsin Department of Revenue  
PO Box 8902  
Madison, WI 53708-8902

Ph: 608-266-2776

Fax: 608-264-6884

Email: [dorbusinessstax@revenue.wi.gov](mailto:dorbusinessstax@revenue.wi.gov)

Web: [www.revenue.wi.gov](http://www.revenue.wi.gov)

Main office: 2135 Rimrock Rd., Madison



**State of Wisconsin • DEPARTMENT OF REVENUE**

Personal Wallet Copy

Seller's Permit: 456-1030824637-04

Legal/Real Name: GOLDENDALE LEGACY LLC

Signature \_\_\_\_\_

## **BUSINESS OF THE PUBLIC SAFETY COMMITTEE**

MEETING DATE: June 5, 2023

PLACEMENT: Action Item

ITEM TITLE: Northridge Automotive Enterprises, Inc, David L Iverson, Agent,  
N166W19523 Ravens Way, Jackson, d/b/a **Ivee's at Main**,  
W157N11618 Fond du Lac Ave, 2300 square foot restaurant, and  
outside patio in front of building until 10:00 pm

SUBMITTED BY:

SUMMARY EXPLANATION:

ATTACHMENT:

1. Ivees

RECOMMENDATION:

ACTION BY Committee:

# Renewal Alcohol Beverage License Application

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

For the license period beginning: 07 01 2023 ending: 06 30 2024  
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: ☐ Town of ☒ Village of ☐ City of Germantown

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

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

Complete A or B. All must complete C.

## A. Individual or Partnership:

|                  |         |               |                                                        |
|------------------|---------|---------------|--------------------------------------------------------|
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |

## B. LLC or Corporation (and Agent):

|                                                                                                                         |                                                                                                                                            |
|-------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company<br>Northridge Automotive Ent., Inc. | Address of Corporation / Limited Liability Company (if different from licensed premises)<br>W157N11618 Fond Du Lac Ave. Germantown, WI 530 |
|-------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|

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

|                            |                  |                           |                                                                                                    |
|----------------------------|------------------|---------------------------|----------------------------------------------------------------------------------------------------|
| Agent Last Name<br>Iverson | (First)<br>David | (Middle Name)<br>Lawrence | Home Address (Street, City or Post Office, & Zip Code)<br>N166W195232 Ravens Way Jackson, WI 53037 |
|----------------------------|------------------|---------------------------|----------------------------------------------------------------------------------------------------|

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

|                                         |                  |                           |                                                                                                   |
|-----------------------------------------|------------------|---------------------------|---------------------------------------------------------------------------------------------------|
| President / Member Last Name<br>Iverson | (First)<br>David | (Middle Name)<br>Lawrence | Home Address (Street, City or Post Office, & Zip Code)<br>N166W19523 Ravens Way Jackson, WI 53037 |
| Vice President / Member Last Name       | (First)          | (Middle Name)             | Home Address (Street, City or Post Office, & Zip Code)                                            |
| Secretary / Member Last Name            | (First)          | (Middle Name)<br>M.       | Home Address (Street, City or Post Office, & Zip Code)<br>N166W19523 Ravens Way Jackson, WI 53037 |
| Treasurer / Member Last Name<br>Iverson | (First)<br>David | (Middle Name)<br>Lawrence | Home Address (Street, City or Post Office, & Zip Code)<br>N166W19523 Ravens Way Jackson, WI 53037 |
| Directors / Managers Last Name          | (First)          | (Middle Name)             | Home Address (Street, City or Post Office, & Zip Code)                                            |
| Directors / Managers Last Name          | (First)          | (Middle Name)             | Home Address (Street, City or Post Office, & Zip Code)                                            |

## C. Business Information

- Trade Name Ivey's at Main Business Phone Number 262-502-0484
- Address of Premises W157N11618 Fond Du Lac Ave. Post Office & Zip Code Germantown, WI 53022
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes ☒ No ☐
- 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.)  
2300 sq. ft. Restaurant & patio area

|                                                                   |     |
|-------------------------------------------------------------------|-----|
| Applicant's Wisconsin Seller's Permit Number<br>456-0000302071-03 |     |
| FEIN Number<br>398-1345705                                        |     |
| TYPE OF LICENSE REQUESTED                                         | FEE |
| <input type="checkbox"/> Class A beer                             | \$  |
| <input type="checkbox"/> Class B beer                             | \$  |
| <input type="checkbox"/> Class C wine                             | \$  |
| <input type="checkbox"/> Class A liquor                           | \$  |
| <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                                                   | \$  |
| TOTAL FEE                                                         | \$  |

5. Legal description (omit if street address is given on previous page): \_\_\_\_\_
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3.** ..... ☐ Yes ☒ No

- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** ..... ☐ Yes ☒ No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** ..... ☐ Yes ☒ No

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** ..... ☒ Yes ☐ No

9. Does the applicant understand they must hold a Wisconsin Seller's Permit? ..... ☒ Yes ☐ No  
[phone (608) 266-2776]

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

11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ..... ☐ Yes ☒ No
12. Does the applicant owe municipal property taxes, assessments, or other fees? ..... ☐ Yes ☒ No  
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

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

|                                                                                                |                                            |                                           |
|------------------------------------------------------------------------------------------------|--------------------------------------------|-------------------------------------------|
| Contact Person's Name (Last, First, M.I.)<br><b>WILSON, David L.</b>                           | Title / Member<br><b>President / Owner</b> | Date<br><b>5-8-23</b>                     |
| Signature<br> | Phone Number<br><b>414-732-6032</b>        | Email Address<br><b>dave55a570@ac.com</b> |

**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 |



# Instructions for Renewal Alcohol Beverage License Application

## THIS RENEWAL FORM CANNOT BE USED IF:

1. There is a change in business entity (i.e., individual has changed to partnership or corporation/limited liability company; partnership changed to individual or corporation/limited liability company; corporation changed to individual, partnership or limited liability company) and if limited liability company has been dissolved.
2. Partners are added or dropped.
3. Application is made in a different municipality.

## PARTNERSHIPS:

Indicate full name and home address of each partner. One partner must sign application. **Reminder:** If partners have been added or dropped since your last application, you must use Form AT-106 (Original Beverage License Application).

## CORPORATIONS:

One officer must sign application. Be sure to answer Question No. 7 by indicating any change of officers, directors, and/or changes in home address. If there are any changes in officers and/or directors each must complete Form AT-103 (Auxiliary Questionnaire). If there has been a change in agent since your last approved agent, he/she must complete Forms AT-104 (Schedule for Appointment of Agent) AND AT-103 (Auxiliary Questionnaire) in addition to this (AT-115) form.

## LIMITED LIABILITY COMPANY:

One member/manager must sign application. Follow procedure under Corporations for any change of members or agent.

**NOTE:** Use ink or typewriter when filling in applications. Be sure to answer all questions fully and accurately. 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.

## DISCRIMINATION CLAUSE – (City of Milwaukee only)

The applicant shall not willfully refuse to provide those services offered under this license or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry, the applicant shall not seek information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion solely on the basis of such information. The applicant also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

Complete, sign and return this form to the clerk.

If answer to Questions No. 6a and/or 6b on page 2 are "YES," outline details below:

## CONVICTIONS

- |               |                                                                      |
|---------------|----------------------------------------------------------------------|
| 1. NAME _____ | STATUTE NO./LOCAL ORDINANCE _____                                    |
| CHARGE _____  | WHERE CONVICTED _____                                                |
| DATE _____    | <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> FELONY |
| 2. NAME _____ | STATUTE NO./LOCAL ORDINANCE _____                                    |
| CHARGE _____  | WHERE CONVICTED _____                                                |
| DATE _____    | <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> FELONY |
| 3. NAME _____ | STATUTE NO./LOCAL ORDINANCE _____                                    |
| CHARGE _____  | WHERE CONVICTED _____                                                |
| DATE _____    | <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> FELONY |

## PENDING CHARGE

- |                      |                                   |
|----------------------|-----------------------------------|
| 1. NAME _____        | STATUTE NO./LOCAL ORDINANCE _____ |
| PENDING CHARGE _____ | DATE _____                        |

## **BUSINESS OF THE PUBLIC SAFETY COMMITTEE**

MEETING DATE: June 5, 2023

PLACEMENT: Action Item

ITEM TITLE: Matteos AC LLC, Karla Coites, Agent, 761 S River Road #8, West Bend, **Matteo's**, W156 N11058 Pilgrim Rd, Bar Area, Dine In Area, Patio, Office, Hall and Kitchen

SUBMITTED BY:

SUMMARY EXPLANATION:

ATTACHMENT:

1. Matteos

RECOMMENDATION:

ACTION BY Committee:

# Renewal Alcohol Beverage License Application

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

For the license period beginning: July 1 2022 ending: June 30 2023  
(mm/dd/yyyy) (mm dd yyyy)

To the Governing Body of the: ☐ Town of ☐ Village of ☐ City of Germania

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

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

Complete A or B. All must complete C.

## A. Individual or Partnership:

|                  |              |               |                                                        |
|------------------|--------------|---------------|--------------------------------------------------------|
| Full Name (Last) | (First)      | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| <u>Cortes</u>    | <u>Karla</u> | <u>M</u>      | <u>761 S River Rd #8 Wb WI 53095</u>                   |
| Full Name (Last) | (First)      | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| <u>Ordonez</u>   | <u>Celsa</u> | <u>A</u>      | <u>2000 Sylvan way #8 Wb WI 53095</u>                  |
| Full Name (Last) | (First)      | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
|                  |              |               |                                                        |

## B. LLC or Corporation (and Agent):

|                                                                                     |                                                                                          |
|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company | Address of Corporation / Limited Liability Company (if different from licensed premises) |
| <u>Matteo's LLC</u>                                                                 | <u>W156 N11058 Pilgrum Rd Germania WI 53022</u>                                          |

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

|                 |              |               |                                                        |
|-----------------|--------------|---------------|--------------------------------------------------------|
| Agent Last Name | (First)      | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| <u>Cortes</u>   | <u>Karla</u> | <u>M</u>      | <u>761 S River Rd #8 Wb WI 53095</u>                   |

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

|                                   |         |               |                                                        |
|-----------------------------------|---------|---------------|--------------------------------------------------------|
| President / Member Last Name      | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
|                                   |         |               |                                                        |
| Vice President / Member Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
|                                   |         |               |                                                        |
| Secretary / Member Last Name      | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
|                                   |         |               |                                                        |
| Treasurer / Member Last Name      | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
|                                   |         |               |                                                        |
| Directors / Managers Last Name    | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
|                                   |         |               |                                                        |
| Directors / Managers Last Name    | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
|                                   |         |               |                                                        |

## C. Business Information

- Trade Name Matteo's Business Phone Number 262-293-3015
- Address of Premises W156 N11058 Pilgrum Rd Post Office & Zip Code Germania WI 53022
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes ☒ No ☐
- 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 Area, Dance in Area, patio, office, Hall  
Kitchen

| Applicant's Wisconsin Seller's Permit Number<br><u>600103087 480003</u> |                      |
|-------------------------------------------------------------------------|----------------------|
| FEIN Number<br><u>87-4681771</u>                                        |                      |
| TYPE OF LICENSE REQUESTED                                               | FEE                  |
| <input type="checkbox"/> Class A beer                                   | \$                   |
| <input checked="" type="checkbox"/> Class B beer <u>160</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>500</u>           | \$                   |
| <input type="checkbox"/> Reserve Class B liquor                         | \$                   |
| <input type="checkbox"/> Class B (wine only) winery                     | \$                   |
| <input checked="" type="checkbox"/> Publication fee <u>20</u>           | \$                   |
| <b>TOTAL FEE</b>                                                        | <b>\$ <u>620</u></b> |

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

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

|                                                                   |                                          |                         |
|-------------------------------------------------------------------|------------------------------------------|-------------------------|
| Contact Person's Name (Last, First, M.I.)<br><b>Celso Ordoñez</b> | Title / Member<br><b>General Manager</b> | Date<br><b>05/11/22</b> |
| Signature<br><i>[Signature]</i>                                   | Phone Number<br><b>262-277-6753</b>      | Email Address           |

**TO BE COMPLETED BY CLERK**

|                                                                |                                  |                                   |
|----------------------------------------------------------------|----------------------------------|-----------------------------------|
| Date received and filed with municipal clerk<br><b>5/11/22</b> | Date reported to council / board | Date license granted              |
| License number issued                                          | Date license issued              | Signature of Clerk / Deputy Clerk |



# Instructions for Renewal Alcohol Beverage License Application

## THIS RENEWAL FORM CANNOT BE USED IF:

1. There is a change in business entity (i.e., individual has changed to partnership or corporation/limited liability company; partnership changed to individual or corporation/limited liability company; corporation changed to individual, partnership or limited liability company) and if limited liability company has been dissolved.
2. Partners are added or dropped.
3. Application is made in a different municipality.

## PARTNERSHIPS:

Indicate full name and home address of each partner. One partner must sign application. **Reminder:** If partners have been added or dropped since your last application, you must use Form AT-106 (Original Beverage License Application).

## CORPORATIONS:

One officer must sign application. Be sure to answer Question No. 7 by indicating any change of officers, directors, and/or changes in home address. If there are any changes in officers and/or directors each must complete Form AT-103 (Auxiliary Questionnaire). If there has been a change in agent since your last approved agent, he/she must complete Forms AT-104 (Schedule for Appointment of Agent) **AND** AT-103 (Auxiliary Questionnaire) in addition to this (AT-115) form.

## LIMITED LIABILITY COMPANY:

One member/manager must sign application. Follow procedure under Corporations for any change of members or agent.

**NOTE:** Use ink or typewriter when filling in applications. Be sure to answer all questions fully and accurately. 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.

## DISCRIMINATION CLAUSE – (City of Milwaukee only)

The applicant shall not willfully refuse to provide those services offered under this license or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry, the applicant shall not seek information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion solely on the basis of such information. The applicant also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

Complete, sign and return this form to the clerk.

If answer to Questions No. 6a and/or 6b on page 2 are "YES," outline details below:

## CONVICTIONS

1. NAME \_\_\_\_\_ STATUTE NO./LOCAL ORDINANCE \_\_\_\_\_  
CHARGE \_\_\_\_\_ WHERE CONVICTED \_\_\_\_\_  
DATE \_\_\_\_\_ PENALTY \_\_\_\_\_ ☐ MISDEMEANOR ☐ FELONY
2. NAME \_\_\_\_\_ STATUTE NO./LOCAL ORDINANCE \_\_\_\_\_  
CHARGE \_\_\_\_\_ WHERE CONVICTED \_\_\_\_\_  
DATE \_\_\_\_\_ PENALTY \_\_\_\_\_ ☐ MISDEMEANOR ☐ FELONY
3. NAME \_\_\_\_\_ STATUTE NO./LOCAL ORDINANCE \_\_\_\_\_  
CHARGE \_\_\_\_\_ WHERE CONVICTED \_\_\_\_\_  
DATE \_\_\_\_\_ PENALTY \_\_\_\_\_ ☐ MISDEMEANOR ☐ FELONY

## PENDING CHARGE

1. NAME \_\_\_\_\_ STATUTE NO./LOCAL ORDINANCE \_\_\_\_\_  
PENDING CHARGE \_\_\_\_\_ DATE \_\_\_\_\_





WISCONSIN DEPARTMENT OF REVENUE  
PO BOX 8902  
MADISON, WI 53708-8902

**Contact Information:**

2135 RIMROCK RD PO BOX 8902  
MADISON, WI 53708-8902  
ph: 608-266-2776 fax: 608-224-5761  
email: DORBusinessTax@wisconsin.gov  
website: revenue.wi.gov

Letter ID L0308760400

MATTEO'S AC LLC  
W156N11058 PILGRIM RD  
GERMANTOWN WI 53022-4247

### Wisconsin Department of Revenue Seller's Permit

**Legal/real name:** MATTEO'S AC LLC  
**Business name:** MATTEO'S AC  
W156N11058 PILGRIM RD  
GERMANTOWN WI 53022-4247

- This certificate confirms you are registered with the Wisconsin Department of Revenue and authorized in the business of selling tangible personal property and taxable services.
- You may not transfer this permit.
- This permit must be displayed at the place of business and is not valid at any other location.
- If your business is not operated from a fixed location, you must carry or display this permit at all events.

**Tax Type**

Sales & Use Tax

**Account Type**

Seller's Permit

**Account Number**

458-1030874800-04

## **BUSINESS OF THE PUBLIC SAFETY COMMITTEE**

MEETING DATE: June 5, 2023

PLACEMENT: Action Item

ITEM TITLE: Barley Pop Brew Haus, LLC, Jodi Kazenbach, Agent, 709 S 2<sup>nd</sup> Ave, West Bend, d/b/a **The Precinct**, W161N11629 Church St  
Includes outside patio and additional 23'x35.9' beyond patio.

SUBMITTED BY:

SUMMARY EXPLANATION:

ATTACHMENT:

1. Barley Pop

RECOMMENDATION:

ACTION BY Committee:



# Renewal Alcohol Beverage License Application

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

For the license period beginning: 07 01 2023 ending: 06 30 2024  
(mm dd yyyy) (mm dd yyyy)

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

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

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

Complete A or B. All must complete C.

## A. Individual or Partnership:

|                  |         |               |                                                        |
|------------------|---------|---------------|--------------------------------------------------------|
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |

## B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company Address of Corporation / Limited Liability Company (if different from licensed premises)  
BARLEY POP BRENNHAUS 1101 N 11th St, GERMANTOWN

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

|                 |         |               |                                                        |
|-----------------|---------|---------------|--------------------------------------------------------|
| Agent Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
|-----------------|---------|---------------|--------------------------------------------------------|

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

|                                   |         |               |                                                        |
|-----------------------------------|---------|---------------|--------------------------------------------------------|
| President / Member Last Name      | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| KANZENBACH                        | JODI    |               | W4535 COUNTY RD A FREDONIA, 53021                      |
| Vice President / Member Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| KANZENBACH                        | CORY    | DALE          | W4535 COUNTY RD A FREDONIA, 53021                      |
| Secretary / Member Last Name      | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Treasurer / Member Last Name      | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Directors / Managers Last Name    | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Directors / Managers Last Name    | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |

## C. Business Information

- Trade Name BARLEY-POP PUB & RESTAURANT Business Phone Number 262-255-2086
- Address of Premises 1114 N 11th St Post Office & Zip Code GERMANTOWN, 53021
- 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.) FIRST FLOOR BASEMENT

STORAGE, OUTSIDE BEER GARDEN LOCATED ~~BEHIND~~ NORTH SIDE OF BUILDING TO BE OPENED AS LATE AS ALLOWED BY VILLAGE. DURING 4th of JULY PARADE, BEGINNING AT 11AM & OUTSIDE EXTENSION FROM EAST END OF BUILDING TO WEST ALL THE WAY TO SIDEWALK.

|                                                      |            |
|------------------------------------------------------|------------|
| Applicant's Wisconsin Seller's Permit Number         |            |
| FEIN Number                                          | 27-0184273 |
| TYPE OF LICENSE REQUESTED                            | FEE        |
| <input type="checkbox"/> Class A beer                | \$ 1.00    |
| <input type="checkbox"/> Class B beer                | \$ 1.00    |
| <input type="checkbox"/> Class C wine                | \$ 1.00    |
| <input type="checkbox"/> Class A liquor              | \$ 5.00    |
| <input type="checkbox"/> Class A liquor (cider only) | N/A        |
| <input type="checkbox"/> Class B liquor              | \$ 5.00    |
| <input type="checkbox"/> Reserve Class B liquor      | \$         |
| <input type="checkbox"/> Class B (wine only) winery  | \$ 5.00    |
| Publication fee                                      | \$ 20      |
| TOTAL FEE                                            | \$ 600     |

5. Legal description (omit if street address is given on previous page):

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3.** ..... ☐ Yes ☒ No

b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** ..... ☐ Yes ☒ No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** ..... ☐ Yes ☒ No

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** ..... ☒ Yes ☐ No

9. Does the applicant understand they must hold a Wisconsin Seller's Permit? ..... ☒ Yes ☐ No  
[phone (608) 266-2776]

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

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

12. Does the applicant owe municipal property taxes, assessments, or other fees? ..... ☐ Yes ☒ No  
(**Note:** Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

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

|                                                                                                |                                     |                                               |
|------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------------------|
| Contain Person's Name (Last, First, M.I.)<br><b>KANZENBACH, Jodi J</b>                         | Title / Member<br><b>PRESIDENT</b>  | Date<br><b>5-11-23</b>                        |
| Signature<br> | Phone Number<br><b>262-339-0403</b> | Email Address<br><b>cheffanisse@gmail.com</b> |

**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 |



## Instructions for Renewal Alcohol Beverage License Application

### THIS RENEWAL FORM CANNOT BE USED IF:

1. There is a change in business entity (i.e., individual has changed to partnership or corporation/limited liability company; partnership changed to individual or corporation/limited liability company; corporation changed to individual, partnership or limited liability company) and if limited liability company has been dissolved.
2. Partners are added or dropped.
3. Application is made in a different municipality.

### PARTNERSHIPS:

Indicate full name and home address of each partner. One partner must sign application. **Reminder:** If partners have been added or dropped since your last application, you must use Form AT-106 (Original Beverage License Application).

### CORPORATIONS:

One officer must sign application. Be sure to answer Question No. 7 by indicating any change of officers, directors, and/or changes in home address. If there are any changes in officers and/or directors each must complete Form AT-103 (Auxiliary Questionnaire). If there has been a change in agent since your last approved agent, he/she must complete Forms AT-104 (Schedule for Appointment of Agent) **AND** AT-103 (Auxiliary Questionnaire) in addition to this (AT-115) form.

### LIMITED LIABILITY COMPANY:

One member/manager must sign application. Follow procedure under Corporations for any change of members or agent.

**NOTE:** Use ink or typewriter when filling in applications. Be sure to answer all questions fully and accurately. 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.

### DISCRIMINATION CLAUSE – (City of Milwaukee only)

The applicant shall not willfully refuse to provide those services offered under this license or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry, the applicant shall not seek information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion solely on the basis of such information. The applicant also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

Complete, sign and return this form to the clerk.

If answer to Questions No. 6a and/or 6b on page 2 are "YES," outline details below:

### CONVICTIONS

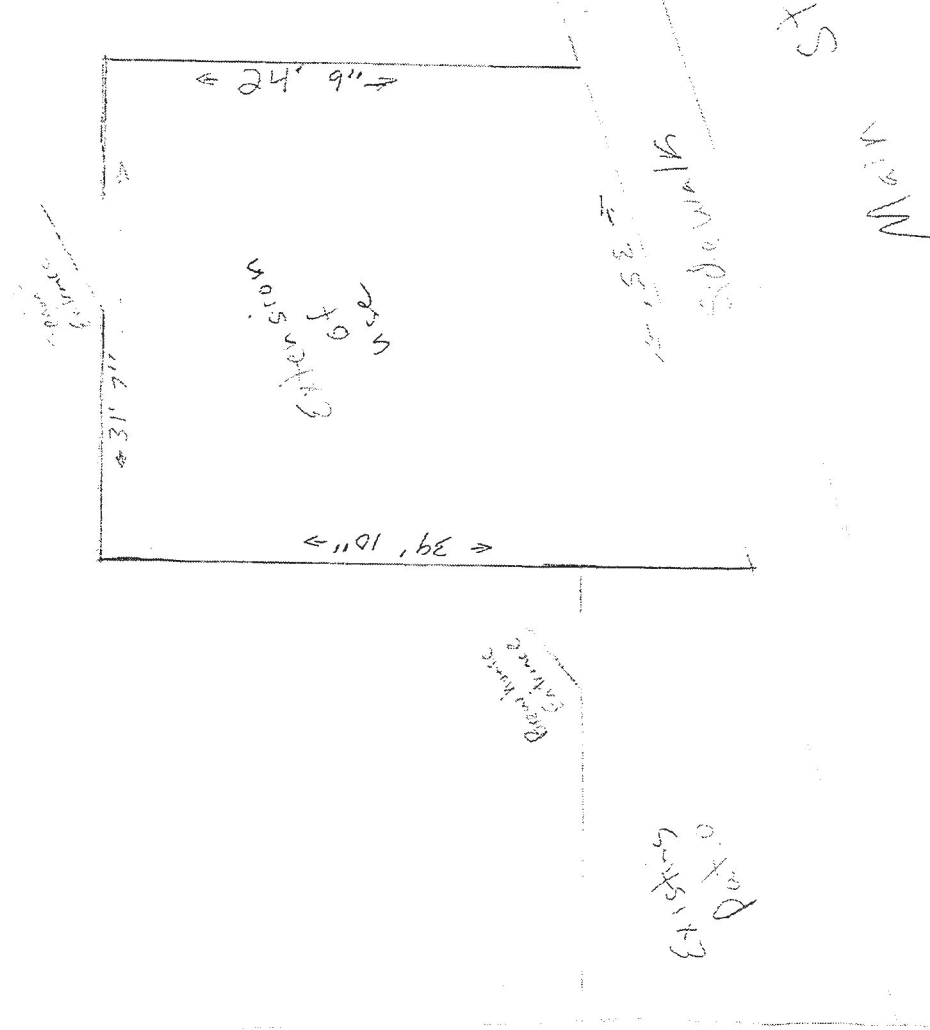
- |               |                                                                      |
|---------------|----------------------------------------------------------------------|
| 1. NAME _____ | STATUTE NO./LOCAL ORDINANCE _____                                    |
| CHARGE _____  | WHERE CONVICTED _____                                                |
| DATE _____    | <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> FELONY |
| 2. NAME _____ | STATUTE NO./LOCAL ORDINANCE _____                                    |
| CHARGE _____  | WHERE CONVICTED _____                                                |
| DATE _____    | <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> FELONY |
| 3. NAME _____ | STATUTE NO./LOCAL ORDINANCE _____                                    |
| CHARGE _____  | WHERE CONVICTED _____                                                |
| DATE _____    | <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> FELONY |

### PENDING CHARGE

- |                      |                                   |
|----------------------|-----------------------------------|
| 1. NAME _____        | STATUTE NO./LOCAL ORDINANCE _____ |
| PENDING CHARGE _____ | DATE _____                        |



Barley Pop



## **BUSINESS OF THE PUBLIC SAFETY COMMITTEE**

MEETING DATE: June 5, 2023

PLACEMENT: Action Item

ITEM TITLE: Robin L. Bird, LLC, Robin L. Bird, Agent, W188N13367 Maple Rd, Richfield, d/b/a **Sports Corner Bar & Grill**, W187N12793 Fond du Lac Ave includes main floor, basement, outside volleyball courts and smoking room to be open until 10:00 pm

SUBMITTED BY:

SUMMARY EXPLANATION:

ATTACHMENT:

1. Sports Corner

RECOMMENDATION:

ACTION BY Committee:

**Renewal Alcohol Beverage License Application**

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

For the license period beginning: 07 01 2023 ending: 06 30 2024  
(mm dd yyyy) (mm dd yyyy)To the Governing Body of the: ☐ Town of }  
☒ Village of } GERMANTOWN  
☐ City of }County of WASHINGTON Aldermanic Dist. No. \_\_\_\_\_  
(if required by ordinance)Check one: ☐ Individual ☐ Limited Liability Company  
☐ Partnership ☐ Corporation/Nonprofit Organization**Complete A or B. All must complete C.****A. Individual or Partnership:**

|                  |         |               |                                                        |
|------------------|---------|---------------|--------------------------------------------------------|
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |

**B. LLC or Corporation (and Agent):**

|                                                                                     |                                                                                          |
|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company | Address of Corporation / Limited Liability Company (if different from licensed premises) |
| ROBIN L BIRD, LLC                                                                   | W188N13367 MAPLE RD, RICHFIELD, WI 53076                                                 |

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

|                 |         |               |                                                        |
|-----------------|---------|---------------|--------------------------------------------------------|
| Agent Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| BIRD            | ROBIN   | L             | W188N13367 MAPLE RD, RICHFIELD, WI 53076               |

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

|                                   |         |               |                                                        |
|-----------------------------------|---------|---------------|--------------------------------------------------------|
| President / Member Last Name      | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| BIRD                              | ROBIN   | L             | W188N13367 MAPLE RD, RICHFIELD WI 53076                |
| Vice President / Member Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| BIRD                              | TERRI   | M             | W188N13367 MAPLE RD, RICHFIELD WI 53076                |
| Secretary / Member Last Name      | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Treasurer / Member Last Name      | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Directors / Managers Last Name    | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Directors / Managers Last Name    | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |

**C. Business Information**

1. Trade Name SPORTS CORNER BAR & GRILL Business Phone Number 262-677-1994

2. Address of Premises W187N12793 FOND DU LAC AVE Post Office & Zip Code GERMANTOWN WI 53022

3. 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.)

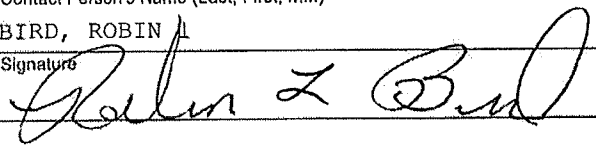
MAIN FLOOR, BASEMENT, VOLLEY BALL COURTS, SMOKING ROOM

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

| Applicant's Wisconsin Seller's Permit Number         |               |
|------------------------------------------------------|---------------|
| FEIN Number                                          |               |
| TYPE OF LICENSE REQUESTED                            | 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 (cider only) | \$ N/A        |
| <input checked="" type="checkbox"/> Class B liquor   | \$ 500        |
| <input type="checkbox"/> Reserve Class B liquor      | \$            |
| <input type="checkbox"/> Class B (wine only) winery  | \$            |
| Publication fee                                      | \$ 20         |
| <b>TOTAL FEE</b>                                     | <b>\$ 620</b> |

5. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** ..... ☐ Yes ☒ No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** ..... ☐ Yes ☒ No
6. 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
7. 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
8. Does the applicant understand they must hold a Wisconsin Seller's Permit? ..... ☒ Yes ☐ No  
[phone (608) 266-2776]
9. 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
10. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ..... ☐ Yes ☒ No
11. Does the applicant owe municipal property taxes, assessments, or other fees? ..... ☐ Yes ☒ No  
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

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

|                                                                                                  |                              |                                         |
|--------------------------------------------------------------------------------------------------|------------------------------|-----------------------------------------|
| Contact Person's Name (Last, First, M.I.)<br>BIRD, ROBIN A                                       | Title / Member<br>OWNER      | Date<br>05/02/2023                      |
| Signature<br> | Phone Number<br>414-651-8573 | Email Address<br>sportscornergt@aol.com |

**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 |

*all 5/5/23  
PAM*

## **BUSINESS OF THE PUBLIC SAFETY COMMITTEE**

MEETING DATE: June 5, 2023

PLACEMENT: Action Item

ITEM TITLE: ST1X Golf Entertainment Bar LLC, Robert Stafford, Agent, 13985  
N Pine Bluff Rd, Mequon, d/b/a **Stix Golf**, W164N11271 Squire  
Dr

SUBMITTED BY:

SUMMARY EXPLANATION:

ATTACHMENT:

1. Stix

RECOMMENDATION:

ACTION BY Committee:



# Renewal Alcohol Beverage License Application

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

For the license period beginning: 07 01 2023 ending: 06 30 2024  
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: ☐ Town of ☒ Village of } GERMANTOWN  
☐ City of (if required by ordinance)

County of WASHINGTON Aldermanic Dist. No. \_\_\_\_\_

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

Complete A or B. All must complete C.

## A. Individual or Partnership:

|                  |         |               |                                                        |
|------------------|---------|---------------|--------------------------------------------------------|
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |

## B. LLC or Corporation (and Agent):

|                                                                                     |                                                                                          |
|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company | Address of Corporation / Limited Liability Company (if different from licensed premises) |
| STIX Golf Entertainment Bar, LLC                                                    | 1014 N 112th Square Dr Germantown, WI 53022                                              |

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

|                 |         |               |                                                        |
|-----------------|---------|---------------|--------------------------------------------------------|
| Agent Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Hughes          | Don     | Shaferd       | 7001 W Springdale Ct. Mequon, WI 53092                 |

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

|                                   |         |               |                                                        |
|-----------------------------------|---------|---------------|--------------------------------------------------------|
| President / Member Last Name      | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Hughes                            | Ryan    | Christopher   | 1054 8th Ave Waukegan, WI 53024                        |
| Vice President / Member Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Secretary / Member Last Name      | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Treasurer / Member Last Name      | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Directors / Managers Last Name    | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Directors / Managers Last Name    | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |

## C. Business Information

1. Trade Name STIX Golf Business Phone Number (262) 415-7513

2. Address of Premises 1014 N 112th Square Dr Post Office & Zip Code Germantown, WI 53022

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.)

Alcohol is sold at our Bar, Dining Area, Back Room  
(Beer Garden) and stored in Storage Room, office, and  
Kitchen.

|                                                      |         |
|------------------------------------------------------|---------|
| Applicant's Wisconsin Seller's Permit Number         |         |
| 456-1029637596-02                                    |         |
| FEIN Number                                          |         |
| 82-2346310                                           |         |
| TYPE OF LICENSE REQUESTED                            | FEE     |
| <input type="checkbox"/> Class A beer                | \$ 1.00 |
| <input checked="" type="checkbox"/> Class B beer     | \$ 1.00 |
| <input type="checkbox"/> Class C wine                | \$ 1.00 |
| <input type="checkbox"/> Class A liquor              | \$ 5.00 |
| <input type="checkbox"/> Class A liquor (cider only) | \$ N/A  |
| <input checked="" type="checkbox"/> Class B liquor   | \$ 5.00 |
| <input type="checkbox"/> Reserve Class B liquor      | \$      |
| <input type="checkbox"/> Class B (wine only) winery  | \$ 5.00 |
| Publication fee                                      | \$ 2.0  |
| TOTAL FEE                                            | \$      |

5. Legal description (omit if street address is given on previous page):

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3.** ..... ☐ Yes ☒ No

b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this licensee? **If yes, explain fully on page 3.** ..... ☐ Yes ☒ No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** ..... ☐ Yes ☒ No

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** ..... ☒ Yes ☐ No

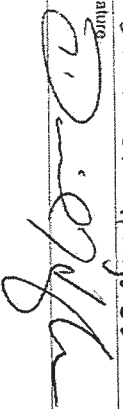
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? ..... ☒ Yes ☐ No  
[phone (608) 266-2776]

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

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

12. Does the applicant owe municipal property taxes, assessments, or other fees? ..... ☐ Yes ☒ No  
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

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

|                                                                                                |                                     |                                              |
|------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------------------------|
| Contact Person's Name (Last, First, M.I.)<br><b>Dan S. Hughes</b>                              | Title / Member<br><b>owner</b>      | Date<br><b>4/24/23</b>                       |
| Signature<br> | Phone Number<br><b>262 305 5569</b> | Email Address<br><b>Shxgolfbar@gmail.com</b> |

**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 |



## Instructions for Renewal Alcohol Beverage License Application

### THIS RENEWAL FORM CANNOT BE USED IF:

1. There is a change in business entity (i.e., individual has changed to partnership or corporation/limited liability company; partnership changed to individual or corporation/limited liability company; corporation changed to individual, partnership or limited liability company) and if limited liability company has been dissolved.
2. Partners are added or dropped.
3. Application is made in a different municipality.

### PARTNERSHIPS:

Indicate full name and home address of each partner. One partner must sign application. **Reminder:** If partners have been added or dropped since your last application, you must use Form AT-106 (Original Beverage License Application).

### CORPORATIONS:

One officer must sign application. Be sure to answer Question No. 7 by indicating any change of officers, directors, and/or changes in home address. If there are any changes in officers and/or directors each must complete Form AT-103 (Auxiliary Questionnaire). If there has been a change in agent since your last approved agent, he/she must complete Forms AT-104 (Schedule for Appointment of Agent) **AND** AT-103 (Auxiliary Questionnaire) in addition to this (AT-115) form.

### LIMITED LIABILITY COMPANY:

One member/manager must sign application. Follow procedure under Corporations for any change of members or agent.

**NOTE:** Use ink or typewriter when filling in applications. Be sure to answer all questions fully and accurately. 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.

### DISCRIMINATION CLAUSE – (City of Milwaukee only)

The applicant shall not willfully refuse to provide those services offered under this license or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry, the applicant shall not seek information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion solely on the basis of such information. The applicant also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

Complete, sign and return this form to the clerk.

If answer to Questions No. 6a and/or 6b on page 2 are "YES," outline details below:

### CONVICTIONS

- |               |                                                                      |
|---------------|----------------------------------------------------------------------|
| 1. NAME _____ | STATUTE NO./LOCAL ORDINANCE _____                                    |
| CHARGE _____  | WHERE CONVICTED _____                                                |
| DATE _____    | <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> FELONY |
| 2. NAME _____ | STATUTE NO./LOCAL ORDINANCE _____                                    |
| CHARGE _____  | WHERE CONVICTED _____                                                |
| DATE _____    | <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> FELONY |
| 3. NAME _____ | STATUTE NO./LOCAL ORDINANCE _____                                    |
| CHARGE _____  | WHERE CONVICTED _____                                                |
| DATE _____    | <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> FELONY |

### PENDING CHARGE

- |                      |                                   |
|----------------------|-----------------------------------|
| 1. NAME _____        | STATUTE NO./LOCAL ORDINANCE _____ |
| PENDING CHARGE _____ | DATE _____                        |

## **BUSINESS OF THE PUBLIC SAFETY COMMITTEE**

MEETING DATE: June 5, 2023

PLACEMENT: Action Item

ITEM TITLE: Tiny T's, Christine Brockman W156N11625 Pilgrim Road, W156  
N11638 Fond du lac, d/b/a **Tiny T's**, bar, basement, outside patio,  
4<sup>th</sup> of July, sand area backyard behind building and to the side of  
the garage for summer / fall bags

SUBMITTED BY:

SUMMARY EXPLANATION:

ATTACHMENT:

1. Tiny Ts

RECOMMENDATION:

ACTION BY Committee:

# Renewal Alcohol Beverage License Application

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

For the license period beginning: 07 01 2023 ending: 06 30 2024  
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: ☐ Town of ☒ Village of ☐ City of GERMANTOWN

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

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

Complete A or B. All must complete C.

## A. Individual or Partnership:

|                  |         |               |                                                        |
|------------------|---------|---------------|--------------------------------------------------------|
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |

| Applicant's Wisconsin Seller's Permit Number<br>456-1031191250-02 |          |
|-------------------------------------------------------------------|----------|
| FEIN Number 92-111559                                             |          |
| TYPE OF LICENSE REQUESTED                                         | FEE      |
| <input type="checkbox"/> Class A beer                             | \$ 1.00  |
| <input checked="" type="checkbox"/> Class B beer                  | \$ 1.00  |
| <input type="checkbox"/> Class C wine                             | \$ 1.00  |
| <input type="checkbox"/> Class A liquor                           | \$ 5.00  |
| <input type="checkbox"/> Class A liquor (cider only)              | \$ N/A   |
| <input checked="" type="checkbox"/> Class B liquor                | \$ 5.00  |
| <input type="checkbox"/> Reserve Class B liquor                   | \$       |
| <input type="checkbox"/> Class B (wine only) winery               | \$ 5.00  |
| Publication fee                                                   | \$ 2.00  |
| TOTAL FEE                                                         | \$ 10.00 |

## B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company Address of Corporation / Limited Liability Company (if different from licensed premises)  
TINY TS, LLC. 1157 W111038 Fordville Ave. Germantown, WI 53022

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

Agent Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code)  
FRANK SHAWN P. 2310 Skuman Rd. Singer, WI 53084

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

|                                                                                                                |                                                                          |
|----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| President / Member Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code)      | Brockman, W. William C. 1157 W111038 Fordville Ave. Germantown, WI 53022 |
| Vice President / Member Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) |                                                                          |
| Secretary / Member Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code)      |                                                                          |
| Treasurer / Member Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code)      |                                                                          |
| Directors / Managers Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code)    |                                                                          |
| Directors / Managers Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code)    |                                                                          |

## C. Business Information

1. Trade Name TINY TS, LLC. Business Phone Number 262-251-4994

2. Address of Premises 1157 W111038 Fordville Ave. Post Office & Zip Code Germantown, WI 53022

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 area and basement

is where alcohol beer is served. Backyard for summer/fall outside games (bags, corn holes), 4th of July celebration outside.



5. Legal description (omit if street address is given on previous page):

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3.** ..... ☐ Yes ☒ No

- b. Are charges for any offenses presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this licensee? **If yes, explain fully on page 3.** ..... ☐ Yes ☒ No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** ..... ☐ Yes ☒ No

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** ..... ☒ Yes ☐ No

9. Does the applicant understand they must hold a Wisconsin Seller's Permit? ..... ☒ Yes ☐ No  
[phone (608) 266-2776]

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

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

12. Does the applicant owe municipal property taxes, assessments, or other fees? ..... ☐ Yes ☒ No  
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

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

|                                                                     |                                     |                                            |
|---------------------------------------------------------------------|-------------------------------------|--------------------------------------------|
| Contact Person's Name (Last, First, M.I.)<br><b>Frank, Shaun P.</b> | Title / Member<br><b>owner</b>      | Date<br><b>5/10/23</b>                     |
| Signature<br><b>Shaun Frank</b>                                     | Phone Number<br><b>202-617-8116</b> | Email Address<br><b>Shaun.Frank@gn.com</b> |

**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 |

AT-115 (R. 5-19)

## Instructions for Renewal Alcohol Beverage License Application

### THIS RENEWAL FORM CANNOT BE USED IF:

1. There is a change in business entity (i.e., individual has changed to partnership or corporation/limited liability company; partnership changed to individual or corporation/limited liability company; corporation changed to individual, partnership or limited liability company) and if limited liability company has been dissolved.
2. Partners are added or dropped.
3. Application is made in a different municipality.

### PARTNERSHIPS:

Indicate full name and home address of each partner. One partner must sign application. **Reminder:** If partners have been added or dropped since your last application, you must use Form AT-106 (Original Beverage License Application).

### CORPORATIONS:

One officer must sign application. Be sure to answer Question No. 7 by indicating any change of officers, directors, and/or changes in home address. If there are any changes in officers and/or directors each must complete Form AT-103 (Auxiliary Questionnaire). If there has been a change in agent since your last approved agent, he/she must complete Forms AT-104 (Schedule for Appointment of Agent) **AND** AT-103 (Auxiliary Questionnaire) in addition to this (AT-115) form.

### LIMITED LIABILITY COMPANY:

One member/manager must sign application. Follow procedure under Corporations for any change of members or agent.

**NOTE:** Use ink or typewriter when filling in applications. Be sure to answer all questions fully and accurately. 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.

### DISCRIMINATION CLAUSE – (City of Milwaukee only)

The applicant shall not willfully refuse to provide those services offered under this license or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry, the applicant shall not seek information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion solely on the basis of such information. The applicant also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

Complete, sign and return this form to the clerk.

If answer to Questions No. 6a and/or 6b on page 2 are "YES," outline details below:

### CONVICTIONS

1. NAME \_\_\_\_\_ STATUTE NO./LOCAL ORDINANCE \_\_\_\_\_  
CHARGE \_\_\_\_\_ WHERE CONVICTED \_\_\_\_\_  
DATE \_\_\_\_\_ PENALTY \_\_\_\_\_ ☐ MISDEMEANOR ☐ FELONY
2. NAME \_\_\_\_\_ STATUTE NO./LOCAL ORDINANCE \_\_\_\_\_  
CHARGE \_\_\_\_\_ WHERE CONVICTED \_\_\_\_\_  
DATE \_\_\_\_\_ PENALTY \_\_\_\_\_ ☐ MISDEMEANOR ☐ FELONY
3. NAME \_\_\_\_\_ STATUTE NO./LOCAL ORDINANCE \_\_\_\_\_  
CHARGE \_\_\_\_\_ WHERE CONVICTED \_\_\_\_\_  
DATE \_\_\_\_\_ PENALTY \_\_\_\_\_ ☐ MISDEMEANOR ☐ FELONY

### PENDING CHARGE

1. NAME \_\_\_\_\_ STATUTE NO./LOCAL ORDINANCE \_\_\_\_\_  
PENDING CHARGE \_\_\_\_\_ DATE \_\_\_\_\_

## **BUSINESS OF THE PUBLIC SAFETY COMMITTEE**

MEETING DATE: June 5, 2023

PLACEMENT: Action Item

ITEM TITLE: Wolverine WI LLC, Charles Hastings, Agent, N116W15841 Main Street, d/b/a **WI Big Boy**, N116 W15841 Main St, keg cooler basement, upstairs liquor room, bar area, includes outdoor deck open until 10:00 pm

SUBMITTED BY:

SUMMARY EXPLANATION:

ATTACHMENT:

1. Big Boy

RECOMMENDATION:

ACTION BY Committee:



# Renewal Alcohol Beverage License Application

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

For the license period beginning: 07 01 2023 ending: 06 30 2024  
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: ☐ Town of ☒ Village of ☐ City of GERMANTOWN

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

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

Complete A or B. All must complete C.

## A. Individual or Partnership:

|                  |         |               |                                                        |
|------------------|---------|---------------|--------------------------------------------------------|
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |

## B. LLC or Corporation (and Agent):

|                                                                                     |                                                                                          |
|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company | Address of Corporation / Limited Liability Company (if different from licensed premises) |
| Wolverine WI LLC                                                                    |                                                                                          |

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

|                 |         |               |                                                        |
|-----------------|---------|---------------|--------------------------------------------------------|
| Agent Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Hastings        | Charles | Brian         | 1116 W 158th Main Street 53022                         |

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

|                                   |         |               |                                                        |
|-----------------------------------|---------|---------------|--------------------------------------------------------|
| President / Member Last Name      | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Hastings                          | Charles | Brian         | 1116 W 158th Main Street 53022                         |
| Vice President / Member Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Secretary / Member Last Name      | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Treasurer / Member Last Name      | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Directors / Managers Last Name    | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Directors / Managers Last Name    | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |

## C. Business Information

- Trade Name WI Big Boy Business Phone Number 414-334-9363
- Address of Premises 1116 W 158th Main Street Post Office & Zip Code 53022
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ..... Yes ☒ No ☐
- 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.)

Upstairs liquor room basement cooler 1st floor bar area

|                                                                            |         |
|----------------------------------------------------------------------------|---------|
| Applicant's Wisconsin Seller's Permit Number<br><u>486-102 991 7643-04</u> |         |
| FEIN Number <u>84-4879734</u>                                              |         |
| TYPE OF LICENSE REQUESTED                                                  | FEE     |
| <input type="checkbox"/> Class A beer                                      | \$ 1.00 |
| <input type="checkbox"/> Class B beer                                      | \$ 1.00 |
| <input type="checkbox"/> Class C wine                                      | \$ 1.00 |
| <input type="checkbox"/> Class A liquor                                    | \$ 5.00 |
| <input type="checkbox"/> Class A liquor (cider only)                       | \$ N/A  |
| <input type="checkbox"/> Class B liquor                                    | \$ 5.00 |
| <input type="checkbox"/> Reserve Class B liquor                            | \$      |
| <input type="checkbox"/> Class B (wine only) winery                        | \$ 5.00 |
| Publication fee                                                            | \$ 2.00 |
| TOTAL FEE                                                                  | \$      |

5. Legal description (omit if street address is given on previous page):

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3.**

☐ Yes ☒ No

b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this licensee? **If yes, explain fully on page 3.**

☐ Yes ☒ No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain**

☐ Yes ☒ No

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain**

☒ Yes ☐ No

9. Does the applicant understand they must hold a Wisconsin Seller's Permit?   
 [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

12. Does the applicant owe municipal property taxes, assessments, or other fees?   
 **(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).**

☒ Yes ☐ No

Property tax will be paid on time

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

|                                           |                |                                |
|-------------------------------------------|----------------|--------------------------------|
| Contact Person's Name (Last, First, M.I.) | Title / Member | Date                           |
| Charles Hestings                          | President      | 5/18/23                        |
| Signature                                 | Phone Number   | Email Address                  |
| Charles Hestings                          | 414-334-9863   | Charles.Hestings@wisconsin.gov |

**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 |
|                                              |                                  |                                   |



## **BUSINESS OF THE PUBLIC SAFETY COMMITTEE**

MEETING DATE: June 5, 2023

PLACEMENT: Action Item

ITEM TITLE: The following have applied to the Village Board of the Village of Germantown, Washington County, Wisconsin, for **RENEWAL** of "Class C" Wine License for the period commencing July 1, 2023, and ending June 30, 2024:

SUBMITTED BY:

SUMMARY EXPLANATION:

ATTACHMENT:

RECOMMENDATION:

ACTION BY Committee:

## **BUSINESS OF THE PUBLIC SAFETY COMMITTEE**

MEETING DATE: June 5, 2023

PLACEMENT: Action Item

ITEM TITLE: Latitude Café LLC, Shackar Levy, N87W15878 Belleview Blvd,  
Menomonee Falls, **Latitude Café** LLC, W156N9635 Pilgrim Road,  
Wine in locked cabinet and dining area

SUBMITTED BY:

SUMMARY EXPLANATION:

ATTACHMENT:

1. Latitude

RECOMMENDATION:

ACTION BY Committee:

# Renewal Alcohol Beverage License Application

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

For the license period beginning: 07 01 2023 ending: 06 30 2024  
(mm dd yyyy) (mm dd yyyy)

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

County of WASHINGTON

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

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

Complete A or B. All must complete C.

## A. Individual or Partnership:

|                  |         |               |                                                        |
|------------------|---------|---------------|--------------------------------------------------------|
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
|                  |         |               |                                                        |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
|                  |         |               |                                                        |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
|                  |         |               |                                                        |

## B. LLC or Corporation (and Agent):

|                                                                                     |                                                                                          |
|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company | Address of Corporation / Limited Liability Company (if different from licensed premises) |
| Latitude Cafe, LLC.                                                                 | W156N9636 Pilgrim Rd, Germantown                                                         |

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

|                 |         |               |                                                        |
|-----------------|---------|---------------|--------------------------------------------------------|
| Agent Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Levy            | Shackar | D.            | menomonee<br>N87W15878 Bellevue Blvd Falls, WI 53001   |

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

|                                   |         |               |                                                        |
|-----------------------------------|---------|---------------|--------------------------------------------------------|
| President / Member Last Name      | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Levy                              | Shackar | D.            | menomonee<br>N87W15878 Bellevue Blvd Falls, WI 53001   |
| Vice President / Member Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Levy                              | Amber   | N.            | menomonee<br>N87W15878 Bellevue Blvd Falls, WI 53001   |
| Secretary / Member Last Name      | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
|                                   |         |               |                                                        |
| Treasurer / Member Last Name      | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
|                                   |         |               |                                                        |
| Directors / Managers Last Name    | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
|                                   |         |               |                                                        |
| Directors / Managers Last Name    | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
|                                   |         |               |                                                        |

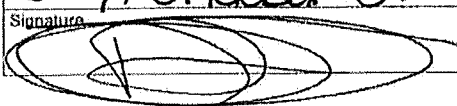
## C. Business Information

- Trade Name Latitude Cafe, LLC Business Phone Number 262.345.5929
- Address of Premises W156N9636 Pilgrim Rd Post Office & Zip Code Germantown 53022
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes ☒ No ☐
- 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.) Building: Stand-alone coffeshop. Wine is stored & boxed in wine storage cabinet & a locked wine refrigerator in lobby area located behind counter.

| Applicant's Wisconsin Seller's Permit Number<br><u>456-1029568341-02</u> |           |
|--------------------------------------------------------------------------|-----------|
| FEIN Number<br><u>83-4668004</u>                                         |           |
| TYPE OF LICENSE REQUESTED                                                | FEE       |
| <input type="checkbox"/> Class A beer                                    | \$ 100    |
| <input type="checkbox"/> Class B beer                                    | \$ 100    |
| <input checked="" type="checkbox"/> Class C wine                         | \$ 100    |
| <input type="checkbox"/> Class A liquor                                  | \$ 500    |
| <input type="checkbox"/> Class A liquor (cider only)                     | \$ N/A    |
| <input type="checkbox"/> Class B liquor                                  | \$ 500    |
| <input type="checkbox"/> Reserve Class B liquor                          | \$        |
| <input type="checkbox"/> Class B (wine only) winery                      | \$ 500    |
| Publication fee                                                          | \$ 20     |
| <b>TOTAL FEE</b>                                                         | <b>\$</b> |

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

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

|                                                                                                  |                                     |                                                  |
|--------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------------------------------|
| Contact Person's Name (Last, First, M.I.)<br><b>Levy, Shocor D.</b>                              | Title / Member<br><b>President</b>  | Date<br><b>04.22.2023</b>                        |
| Signature<br> | Phone Number<br><b>414.975.2571</b> | Email Address<br><b>Lathudecorellc@gmail.com</b> |

**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 |

## Instructions for Renewal Alcohol Beverage License Application

### THIS RENEWAL FORM CANNOT BE USED IF:

1. There is a change in business entity (i.e., individual has changed to partnership or corporation/limited liability company; partnership changed to individual or corporation/limited liability company; corporation changed to individual, partnership or limited liability company) and if limited liability company has been dissolved.
2. Partners are added or dropped.
3. Application is made in a different municipality.

### PARTNERSHIPS:

Indicate full name and home address of each partner. One partner must sign application. **Reminder:** If partners have been added or dropped since your last application, you must use Form AT-106 (Original Beverage License Application).

### CORPORATIONS:

One officer must sign application. Be sure to answer Question No. 7 by indicating any change of officers, directors, and/or changes in home address. If there are any changes in officers and/or directors each must complete Form AT-103 (Auxiliary Questionnaire). If there has been a change in agent since your last approved agent, he/she must complete Forms AT-104 (Schedule for Appointment of Agent) **AND** AT-103 (Auxiliary Questionnaire) in addition to this (AT-115) form.

### LIMITED LIABILITY COMPANY:

One member/manager must sign application. Follow procedure under Corporations for any change of members or agent.

**NOTE:** Use ink or typewriter when filling in applications. Be sure to answer all questions fully and accurately. 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.

### DISCRIMINATION CLAUSE – (City of Milwaukee only)

The applicant shall not willfully refuse to provide those services offered under this license or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry, the applicant shall not seek information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion solely on the basis of such information. The applicant also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

Complete, sign and return this form to the clerk.

If answer to Questions No. 6a and/or 6b on page 2 are "YES," outline details below:

### CONVICTIONS (NA)

1. NAME \_\_\_\_\_ STATUTE NO./LOCAL ORDINANCE \_\_\_\_\_  
CHARGE \_\_\_\_\_ WHERE CONVICTED \_\_\_\_\_  
DATE \_\_\_\_\_ PENALTY \_\_\_\_\_ ☐ MISDEMEANOR ☐ FELONY
2. NAME \_\_\_\_\_ STATUTE NO./LOCAL ORDINANCE \_\_\_\_\_  
CHARGE \_\_\_\_\_ WHERE CONVICTED \_\_\_\_\_  
DATE \_\_\_\_\_ PENALTY \_\_\_\_\_ ☐ MISDEMEANOR ☐ FELONY
3. NAME \_\_\_\_\_ STATUTE NO./LOCAL ORDINANCE \_\_\_\_\_  
CHARGE \_\_\_\_\_ WHERE CONVICTED \_\_\_\_\_  
DATE \_\_\_\_\_ PENALTY \_\_\_\_\_ ☐ MISDEMEANOR ☐ FELONY

### PENDING CHARGE

1. NAME \_\_\_\_\_ STATUTE NO./LOCAL ORDINANCE \_\_\_\_\_  
PENDING CHARGE \_\_\_\_\_ DATE \_\_\_\_\_



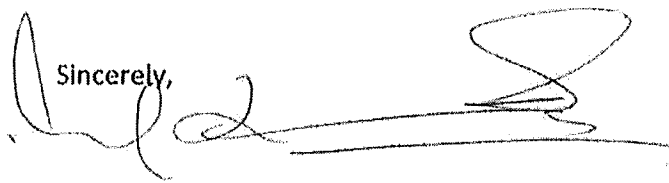
April 21, 2023

Property Owner  
W156N9636 Pilgrim Rd  
Germantown, WI 53022

Village of Germantown,

I, KIM D. ARMSTRONG, approve Latitude Café to obtain a Class C license to retail sale of wine by the glass at the location located at W156N9636 Pilgrim Rd, Germantown, WI 53022 property owned by me and leased to Latitude Café.

If you have any questions and/or concerns, please call 414-708-6121.

Sincerely, 

## **BUSINESS OF THE PUBLIC SAFETY COMMITTEE**

MEETING DATE: June 5, 2023

PLACEMENT: Action Item

ITEM TITLE: Old Germantown LLC, Scott Sommer and Georgene Sommer,  
W148N12696 Pleasant View Dr, **Main Café**, Brewery, Outdoor  
Patio, Future Storage included in Storage Building to the East of  
Main Facility

SUBMITTED BY:

SUMMARY EXPLANATION:

ATTACHMENT:

1. Old Germantown

RECOMMENDATION:

ACTION BY Committee:

# **Renewal Alcohol Beverage License Application**

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

For the license period beginning: 07 01 2023 ending: 06 30 2024  
(mm dd yyyy) (mm dd yyyy)

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

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

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

Complete A or B. All must complete C.

| Applicant's Wisconsin Seller's Permit Number         |                  |
|------------------------------------------------------|------------------|
| FEIN Number                                          |                  |
| TYPE OF LICENSE REQUESTED                            | FEE              |
| <input type="checkbox"/> Class A beer                | \$ 1.00          |
| <input type="checkbox"/> Class B beer                | \$ 1.00          |
| <input checked="" type="checkbox"/> Class C wine     | \$ 1.00          |
| <input type="checkbox"/> Class A liquor              | \$ 5.00          |
| <input type="checkbox"/> Class A liquor (cider only) | \$ N/A           |
| <input type="checkbox"/> Class B liquor              | \$ 5.00          |
| <input type="checkbox"/> Reserve Class B liquor      | \$               |
| <input type="checkbox"/> Class B (wine only) winery  | \$ 5.00          |
| Publication fee                                      | \$ 2.00          |
| <b>TOTAL FEE</b>                                     | <b>\$ 120.00</b> |

## **A. Individual or Partnership:**

|                  |         |               |                                                        |
|------------------|---------|---------------|--------------------------------------------------------|
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |

## **B. LLC or Corporation (and Agent):**

|                                                                                     |                                                                                          |
|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company | Address of Corporation / Limited Liability Company (if different from licensed premises) |
| 012 German Town LLC                                                                 |                                                                                          |

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

|                                                                                                       |         |               |                                                        |
|-------------------------------------------------------------------------------------------------------|---------|---------------|--------------------------------------------------------|
| Agent Last Name                                                                                       | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Sommer                                                                                                | Scott   | William       | W158N12696 Pleasant View Dr, Germantown WI 53022       |
| <b>All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:</b> |         |               |                                                        |
| President / Member Last Name                                                                          | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Sommer                                                                                                | Scott   | William       | W158N12696 Pleasant View Dr, Germantown WI 53022       |
| Vice President / Member Last Name                                                                     | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Sommer                                                                                                | George  | Dave          | W158N12696 Pleasant View Dr WI 53022                   |
| Secretary / Member Last Name                                                                          | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Treasurer / Member Last Name                                                                          | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Directors / Managers Last Name                                                                        | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Directors / Managers Last Name                                                                        | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |

## **C. Business Information**

- Trade Name 012 German Town Business Phone Number 262-345-5921
- Address of Premises W158N12696 Pleasant View Dr Post Office & Zip Code Germantown 53022
- 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.) Exterior interior of

012 German Town Cafe and Brewing area. Back and Storage area along the exterior of the South Side of the building

5. Legal description (omit if street address is given on previous page):

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3.** ..... ☐ Yes ☒ **No**

b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this licensee? **If yes, explain fully on page 3.** ..... ☐ Yes ☒ **No**

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** ..... ☐ Yes ☒ **No**

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** ..... ☒ Yes ☐ No

9. Does the applicant understand they must hold a Wisconsin Seller's Permit? ..... ☒ Yes ☐ No  
[phone (608) 266-2776]

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

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

12. Does the applicant owe municipal property taxes, assessments, or other fees? ..... ☐ Yes ☒ **No**  
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

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

|                                                                     |                                     |                                                |
|---------------------------------------------------------------------|-------------------------------------|------------------------------------------------|
| Contact Person's Name (Last, First, M.I.)<br><i>Somper, Susan M</i> | Title / Member<br><i>owner</i>      | Date<br><i>5/15/23</i>                         |
| Signature<br><i>Susan M Somper</i>                                  | Phone Number<br><i>914-322-5872</i> | Email Address<br><i>ssomper@orangevale.com</i> |

**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 |

AT-115 (R 5-19)



## Instructions for Renewal Alcohol Beverage License Application

### THIS RENEWAL FORM CANNOT BE USED IF:

1. There is a change in business entity (i.e., individual has changed to partnership or corporation/limited liability company; partnership changed to individual or corporation/limited liability company; corporation changed to individual, partnership or limited liability company) and if limited liability company has been dissolved.
2. Partners are added or dropped.
3. Application is made in a different municipality.

### PARTNERSHIPS:

Indicate full name and home address of each partner. One partner must sign application. **Reminder:** If partners have been added or dropped since your last application, you must use Form AT-106 (Original Beverage License Application).

### CORPORATIONS:

One officer must sign application. Be sure to answer Question No. 7 by indicating any change of officers, directors, and/or changes in home address. If there are any changes in officers and/or directors each must complete Form AT-103 (Auxiliary Questionnaire). If there has been a change in agent since your last approved agent, he/she must complete Forms AT-104 (Schedule for Appointment of Agent) **AND** AT-103 (Auxiliary Questionnaire) in addition to this (AT-115) form.

### LIMITED LIABILITY COMPANY:

One member/manager must sign application. Follow procedure under Corporations for any change of members or agent.

**NOTE:** Use ink or typewriter when filling in applications. Be sure to answer all questions fully and accurately. 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.

### DISCRIMINATION CLAUSE – (City of Milwaukee only)

The applicant shall not willfully refuse to provide those services offered under this license or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry, the applicant shall not seek information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion solely on the basis of such information. The applicant also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

Complete, sign and return this form to the clerk.

If answer to Questions No. 6a and/or 6b on page 2 are "YES," outline details below:

### CONVICTIONS

1. NAME \_\_\_\_\_ STATUTE NO./LOCAL ORDINANCE \_\_\_\_\_  
CHARGE \_\_\_\_\_ WHERE CONVICTED \_\_\_\_\_  
DATE \_\_\_\_\_ PENALTY \_\_\_\_\_ ☐ MISDEMEANOR ☐ FELONY
2. NAME \_\_\_\_\_ STATUTE NO./LOCAL ORDINANCE \_\_\_\_\_  
CHARGE \_\_\_\_\_ WHERE CONVICTED \_\_\_\_\_  
DATE \_\_\_\_\_ PENALTY \_\_\_\_\_ ☐ MISDEMEANOR ☐ FELONY
3. NAME \_\_\_\_\_ STATUTE NO./LOCAL ORDINANCE \_\_\_\_\_  
CHARGE \_\_\_\_\_ WHERE CONVICTED \_\_\_\_\_  
DATE \_\_\_\_\_ PENALTY \_\_\_\_\_ ☐ MISDEMEANOR ☐ FELONY

### PENDING CHARGE

1. NAME \_\_\_\_\_ STATUTE NO./LOCAL ORDINANCE \_\_\_\_\_  
PENDING CHARGE \_\_\_\_\_ DATE \_\_\_\_\_



## **BUSINESS OF THE PUBLIC SAFETY COMMITTEE**

MEETING DATE: June 5, 2023

PLACEMENT: Action Item

ITEM TITLE: The following have applied to the Village Board of the Village of Germantown, Washington County, Wisconsin, for **RENEWAL** of a Class "B" Fermented Malt Beverage License and "Class C" Wine License for the period commencing July 1, 2023, and ending June 30, 2024:

SUBMITTED BY:

SUMMARY EXPLANATION:

ATTACHMENT:

RECOMMENDATION:

ACTION BY Committee:

## **BUSINESS OF THE PUBLIC SAFETY COMMITTEE**

MEETING DATE: June 5, 2023

PLACEMENT: Action Item

ITEM TITLE: Brama's Pizzeria LLC, Carrie Wegner, N116W12831 Elm Lane, d/b/a **Brama's Pizzeria**, N112W16700 Mequon Road, Coolers, and bar area located on the West wall, rear of restaurant in locked storage room / office, parking lot area in front of restaurant.

SUBMITTED BY:

SUMMARY EXPLANATION:

ATTACHMENT:

1. Bramas Class B Beer Class C Wine

RECOMMENDATION:

ACTION BY Committee:

# Renewal Alcohol Beverage License Application

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

For the license period beginning: 07 01 2023 ending: 06 30 2024  
(mm dd yyyy) (mm dd yyyy)

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

County of WASHINGTON

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

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

Complete A or B. All must complete C.

## A. Individual or Partnership:

|                  |         |               |                                                        |
|------------------|---------|---------------|--------------------------------------------------------|
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |

## B. LLC or Corporation (and Agent):

|                                                                                     |                                                                                          |
|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company | Address of Corporation / Limited Liability Company (if different from licensed premises) |
| <u>Bramas Pizzeria LLC</u>                                                          |                                                                                          |

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

|                 |               |               |                                                        |
|-----------------|---------------|---------------|--------------------------------------------------------|
| Agent Last Name | (First)       | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| <u>Wegner</u>   | <u>Carrie</u> | <u>Lynn</u>   | <u>1116 W 12831 Elm Ln Germantown WI 53022</u>         |

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

|                                   |                |               |                                                        |
|-----------------------------------|----------------|---------------|--------------------------------------------------------|
| President / Member Last Name      | (First)        | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| <u>Mattheis</u>                   | <u>David</u>   | <u>Jay</u>    | <u>1116 W 12831 Elm Ln Germantown WI 53022</u>         |
| Vice President / Member Last Name | (First)        | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| <u>Wegner</u>                     | <u>Carrie</u>  | <u>Lynn</u>   | <u>1116 W 12831 Elm Ln Germantown WI 53022</u>         |
| Secretary / Member Last Name      | (First)        | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| <u>Tank</u>                       | <u>Michael</u> | <u>Edwin</u>  | <u>9446 W. Elmore Ave, Milwaukee WI 53222</u>          |
| Treasurer / Member Last Name      | (First)        | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| <u>Tank</u>                       | <u>Jeanne</u>  | <u>Ray</u>    | <u>9446 W. Elmore Ave, Milwaukee WI 53222</u>          |
| Directors / Managers Last Name    | (First)        | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Directors / Managers Last Name    | (First)        | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |

## C. Business Information

- Trade Name Bramas Pizzeria Business Phone Number 262-735-4602
- Address of Premises 112 W 16700 Mequon Rd. Post Office & Zip Code Germantown, WI 53022
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes ☐ No ☐

- 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.) All beverages with

alcohol will be stored in the coolers and bar area which is  
located on the west wall. Any additional alcohol will be stored  
in the rear of the restaurant in the locked storage room/office.

| Applicant's Wisconsin Seller's Permit Number<br><u>456-1030242559-02</u> |                  |
|--------------------------------------------------------------------------|------------------|
| FEIN Number<br><u>84-3546087</u>                                         |                  |
| TYPE OF LICENSE REQUESTED                                                | FEE              |
| <input type="checkbox"/> Class A beer                                    | \$ 100           |
| <input checked="" type="checkbox"/> Class B beer                         | \$ 100           |
| <input checked="" type="checkbox"/> Class C wine                         | \$ 100           |
| <input type="checkbox"/> Class A liquor                                  | \$ 500           |
| <input type="checkbox"/> Class A liquor (cider only)                     | \$ N/A           |
| <input type="checkbox"/> Class B liquor                                  | \$ 500           |
| <input type="checkbox"/> Reserve Class B liquor                          | \$               |
| <input type="checkbox"/> Class B (wine only) winery                      | \$ 500           |
| Publication fee                                                          | \$ 20            |
| <b>TOTAL FEE</b>                                                         | <b>\$ 220.00</b> |

5. Legal description (omit if street address is given on previous page): \_\_\_\_\_

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** . . . . . ☐ Yes ☒ No

b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** . . . . . ☐ Yes ☒ No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** . . . . . ☐ Yes ☒ No

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** . . . . . ☒ Yes ☐ No

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Does the applicant understand they must hold a Wisconsin Seller's Permit? . . . . . ☒ Yes ☐ No  
[phone (608) 266-2776]

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

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

12. Does the applicant owe municipal property taxes, assessments, or other fees? . . . . . ☐ Yes ☒ No  
(**Note:** Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

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

|                                                                         |                                     |                                                  |
|-------------------------------------------------------------------------|-------------------------------------|--------------------------------------------------|
| Contact Person's Name (Last, First, M.I.)<br><b>Wegner, Carrie Lynn</b> | Title / Member<br><b>Owner</b>      | Date<br><b>4/27/23</b>                           |
| Signature<br><b>Carrie L. Wegner</b>                                    | Phone Number<br><b>262-227-9615</b> | Email Address<br><b>bramaspizzeria@gmail.com</b> |

**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 |

## Instructions for Renewal Alcohol Beverage License Application

### THIS RENEWAL FORM CANNOT BE USED IF:

1. There is a change in business entity (i.e., individual has changed to partnership or corporation/limited liability company; partnership changed to individual or corporation/limited liability company; corporation changed to individual, partnership or limited liability company) and if limited liability company has been dissolved.
2. Partners are added or dropped.
3. Application is made in a different municipality.

### PARTNERSHIPS:

Indicate full name and home address of each partner. One partner must sign application. **Reminder:** If partners have been added or dropped since your last application, you must use Form AT-106 (Original Beverage License Application).

### CORPORATIONS:

One officer must sign application. Be sure to answer Question No. 7 by indicating any change of officers, directors, and/or changes in home address. If there are any changes in officers and/or directors each must complete Form AT-103 (Auxiliary Questionnaire). If there has been a change in agent since your last approved agent, he/she must complete Forms AT-104 (Schedule for Appointment of Agent) **AND** AT-103 (Auxiliary Questionnaire) in addition to this (AT-115) form.

### LIMITED LIABILITY COMPANY:

One member/manager must sign application. Follow procedure under Corporations for any change of members or agent.

**NOTE:** Use ink or typewriter when filling in applications. Be sure to answer all questions fully and accurately. 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.

### DISCRIMINATION CLAUSE – (City of Milwaukee only)

The applicant shall not willfully refuse to provide those services offered under this license or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry, the applicant shall not seek information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion solely on the basis of such information. The applicant also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

Complete, sign and return this form to the clerk.

If answer to Questions No. 6a and/or 6b on page 2 are "YES," outline details below:

### CONVICTIONS

1. NAME \_\_\_\_\_ STATUTE NO./LOCAL ORDINANCE \_\_\_\_\_  
CHARGE \_\_\_\_\_ WHERE CONVICTED \_\_\_\_\_  
DATE \_\_\_\_\_ PENALTY \_\_\_\_\_ ☐ MISDEMEANOR ☐ FELONY
2. NAME \_\_\_\_\_ STATUTE NO./LOCAL ORDINANCE \_\_\_\_\_  
CHARGE \_\_\_\_\_ WHERE CONVICTED \_\_\_\_\_  
DATE \_\_\_\_\_ PENALTY \_\_\_\_\_ ☐ MISDEMEANOR ☐ FELONY
3. NAME \_\_\_\_\_ STATUTE NO./LOCAL ORDINANCE \_\_\_\_\_  
CHARGE \_\_\_\_\_ WHERE CONVICTED \_\_\_\_\_  
DATE \_\_\_\_\_ PENALTY \_\_\_\_\_ ☐ MISDEMEANOR ☐ FELONY

### PENDING CHARGE

1. NAME \_\_\_\_\_ STATUTE NO./LOCAL ORDINANCE \_\_\_\_\_  
PENDING CHARGE \_\_\_\_\_ DATE \_\_\_\_\_



April 28, 2023

Village of Germantown  
N112W17001 Mequon Road  
Germantown, WI 53022

To whom it may concern,

I approve Brama's Pizzeria to serve beer and wine at N112W16700 Mequon Road, #3, #4, & #5,  
Germantown, WI 53022.

Sincerely,

A handwritten signature in black ink, appearing to read "Fritz Gierach". The signature is fluid and cursive, with the first name "Fritz" and last name "Gierach" clearly distinguishable.

Fritz Gierach  
Property Owner



WISCONSIN DEPARTMENT OF REVENUE  
PO BOX 8902  
MADISON, WI 53708-8902

**Contact Information:**

2135 RIMROCK RD PO BOX 8902  
MADISON, WI 53708-8902  
ph: 608-266-2776 fax: 608-264-6864  
email: DORBusinessTax@wisconsin.gov  
website: revenue.wi.gov

Letter ID L1533534864

BRAMA'S PIZZERIA LLC  
N112W16700 MEQUON RD  
GERMANTOWN WI 53022-3292

## Wisconsin Department of Revenue Seller's Permit

**Legal/real name:** BRAMA'S PIZZERIA LLC  
**Business name:** BRAMA'S PIZZERIA  
N112W16700 MEQUON RD  
GERMANTOWN WI 53022-3292

- This certificate confirms you are registered with the Wisconsin Department of Revenue and authorized in the business of selling tangible personal property and taxable services.
- You may not transfer this permit.
- This permit must be displayed at the place of business and is not valid at any other location.
- If your business is not operated from a fixed location, you must carry or display this permit at all events.

| <b>Tax Type</b> | <b>Account Type</b> | <b>Account Number</b> |
|-----------------|---------------------|-----------------------|
| Sales & Use Tax | Seller's Permit     | 456-1030242559-02     |

## **BUSINESS OF THE PUBLIC SAFETY COMMITTEE**

MEETING DATE: June 5, 2023

PLACEMENT: Action Item

ITEM TITLE: The following have applied to the Village Board of the Village of Germantown, Washington County, Wisconsin, for **RENEWAL** of a “Class B” Winery License and Class “B” Fermented Malt Beverage License for the period commencing July 1, 2023, and ending June 30, 2024:

SUBMITTED BY:

SUMMARY EXPLANATION:

ATTACHMENT:

RECOMMENDATION:

ACTION BY Committee:

## **BUSINESS OF THE PUBLIC SAFETY COMMITTEE**

MEETING DATE: June 5, 2023

PLACEMENT: Action Item

ITEM TITLE:

Apple Works Winery LLC, Kevin H. Behnke, Agent, W179N12536 Fond  
Du Lac Ave., d/b/a **Apple Works Winery/Behnke Estates**, W179N12536  
Fond Du Lac Ave. Winery Store/Sales, and Tasting Room Pole Building;  
Wine Manufacturing and storage; Includes outdoor patio area and tent

SUBMITTED BY:

SUMMARY EXPLANATION:

ATTACHMENT:

1. Apple Works

RECOMMENDATION:

ACTION BY Committee:

# Renewal Alcohol Beverage License Application

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

For the license period beginning: 07 01 2023 ending: 06 30 2024  
(mm dd yyyy) (mm dd yyyy)

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

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

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

Complete A or B. All must complete C.

## A. Individual or Partnership:

|                  |         |               |                                                        |
|------------------|---------|---------------|--------------------------------------------------------|
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |

## B. LLC or Corporation (and Agent):

|                                                                                     |                                                                                          |
|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company | Address of Corporation / Limited Liability Company (if different from licensed premises) |
| Apple Works Winery LLC                                                              |                                                                                          |

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

|                 |         |               |                                                        |
|-----------------|---------|---------------|--------------------------------------------------------|
| Agent Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Behnke          | Kevin   | H             | W179 N12536 Fond Du Lac Ave                            |

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

|                                   |         |               |                                                        |
|-----------------------------------|---------|---------------|--------------------------------------------------------|
| President / Member Last Name      | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Vice President / Member Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Secretary / Member Last Name      | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Treasurer / Member Last Name      | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Directors / Managers Last Name    | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Directors / Managers Last Name    | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |

## C. Business Information

1. Trade Name Apple Works Winery / Behnke Estates Business Phone Number 262-677-1000

2. Address of Premises W179 N12536 Fond Du Lac Ave Post Office & Zip Code 53022

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.)

See attached 22/23 Germantown Licence and TTB License Description and Items #A, #B, #C

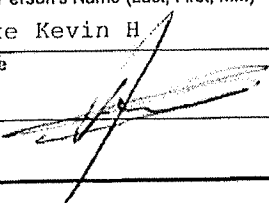
Building #2 has been added to CUP# 05-22

| Applicant's Wisconsin Seller's Permit Number<br>456102205982904 |               |
|-----------------------------------------------------------------|---------------|
| FEIN Number<br>90-0952587                                       |               |
| TYPE OF LICENSE REQUESTED                                       | FEE           |
| <input type="checkbox"/> Class A beer                           | \$            |
| <input type="checkbox"/> Class B beer                           | \$ 100        |
| <input type="checkbox"/> Class C wine                           | \$            |
| <input type="checkbox"/> Class A liquor                         | \$            |
| <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             | \$ 500        |
| Publication fee                                                 | \$ 2000       |
| <b>TOTAL FEE</b>                                                | <b>\$ 620</b> |



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

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

|                                                                                     |                |                        |
|-------------------------------------------------------------------------------------|----------------|------------------------|
| Contact Person's Name (Last, First, M.I.)                                           | Title / Member | Date                   |
| Behnke Kevin H.                                                                     | Manager        | 05/10/2023             |
| Signature                                                                           | Phone Number   | Email Address          |
|  | 262-677-1000   | kevin@appleworkswinery |

**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 |

OK 2hr  
25/4/2023

# Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

|                                                   |  |              |               |                |          |
|---------------------------------------------------|--|--------------|---------------|----------------|----------|
| Individual's Full Name (please print) (last name) |  | (first name) |               | (middle name)  |          |
| Behnke                                            |  | Kevin        |               | H              |          |
| Home Address (street/route)                       |  | Post Office  | City          | State          | Zip Code |
| W179 N12536 Fond Du Lac                           |  | Germantown   | Germantown    | WI             | 53022    |
| Home Phone Number                                 |  | Age          | Date of Birth | Place of Birth |          |
| 262-677-0690                                      |  | 68           | 10/08/1954    | Milwaukee      |          |

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

- ☐ Applying for an alcohol beverage license as an **individual**.
- ☐ A member of a **partnership** which is making application for an alcohol beverage license.
- ☐ Kevin H Behnke of Apple Works Winery

(Officer / Director / Member / Manager / Agent)

(Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

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

- How long have you continuously resided in Wisconsin prior to this date? 68
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? ☐ Yes ☒ No  
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? ☐ Yes ☒ No  
If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? ☒ Yes ☐ No  
If yes, identify. Apple Works Winery, Germantown Wisconsin 53022 / Class B  
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employee of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? ☒ Yes ☐ No  
If yes, identify. Apple Works Winery LLC Germantown, Wisconsin  
(Name of Wholesale Licensee or Permittee) (Address By City and County)
- Named individual must list in chronological order last two employers.

|                     |                         |               |            |
|---------------------|-------------------------|---------------|------------|
| Employer's Name     | Employer's Address      | Employed From | To         |
| Mechanical products | W179 N12536 Fond Du Lac | 05/01/1980    |            |
| Employer's Name     | Employer's Address      | Employed From | To         |
| Phoenix Products    | n/a                     | 01/10/1973    | 04/01/1980 |

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

  
 (Signature of Named Individual)



WISCONSIN DEPARTMENT OF REVENUE  
PO BOX 8902  
MADISON, WI 53708-8902

**Contact Information:**

2135 RIMROCK RD PO BOX 8902  
MADISON, WI 53708-8902  
ph: 608-266-2776 fax: 608-264-6884  
email: DORBusinessTax@revenue.wi.gov  
website: revenue.wi.gov

Letter ID L0875296864

KEVIN BEHNKE  
W179N12536 FOND DU LAC AVE  
GERMANTOWN WI 53022-1823

### Wisconsin Department of Revenue Seller's Permit

|                         |                                                                                                 |
|-------------------------|-------------------------------------------------------------------------------------------------|
| <b>Legal/real name:</b> | KEVIN BEHNKE                                                                                    |
| <b>Business name:</b>   | APPLE WORKS WINERY LLC/BEHNKE ESTATES<br>W179N12536 FOND DU LAC AVE<br>GERMANTOWN WI 53022-1823 |

- This certificate confirms you are registered with the Wisconsin Department of Revenue and authorized in the business of selling tangible personal property and taxable services.
- You may not transfer this permit.
- This permit must be displayed at the place of business and is not valid at any other location.
- If your business is not operated from a fixed location, you must carry or display this permit at all events.

| <b>Tax Type</b> | <b>Account Type</b> | <b>Account Number</b> |
|-----------------|---------------------|-----------------------|
| Sales & Use Tax | Seller's Permit     | 456-1022059829-04     |

**Village of Germantown**  
**"CLASS B" WINERY LICENSE**  
**CLASS "B" FERMENTED MALT BEVERAGE**

License No:  
**22/23 - 1**

**Village of Germantown**

Fee: **\$600.00**

**State of Wisconsin**

WHEREAS, the local governing body of the Village of Germantown, County of Washington, State of Wisconsin, has, upon application duly made, granted and authorized the issuance of a Winery License and Fermented Malt Beverage License to:

**Apple Works Winery LLC**

**W179 N12536 Fond Du Lac Ave**  
**Germantown, WI 53022**

**Kevin H. Behnke, Agent**

to sell Wine, as defined by law, and pursuant to Chapter 125.32 & 125.53 of the Statutes of the State of Wisconsin and local ordinances;

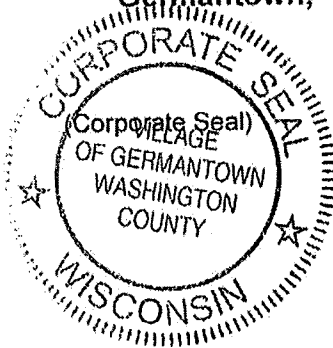
AND WHEREAS, the said applicant has paid to the Treasurer the sum of \$500.00 for such "Class B" Winery License and \$100.00 for such Class "B" Beer License as provided by local ordinances, and has complied with all the requirements necessary for obtaining such license;  
LICENSE IS HEREBY ISSUED to said applicant to sell, deal and traffic in, at retail, Wine and Beer at the following described premises:

**Licensed premise:**

**Apple Works Winery / Behnke Estates**  
**W179 N12536 Fond Du Lac Ave**  
**Germantown, WI 53022**

**Apple Works Winery / Behnke Estates**  
**Outdoor Premises surrounding Building #1**  
**Building #1: Winery store/Sales and Tasting Room**  
**100' rear, 100' front, 50' right, 75' left including patio & tent.**

**For the Period from 7/01/2022 to 6/30/2023.**

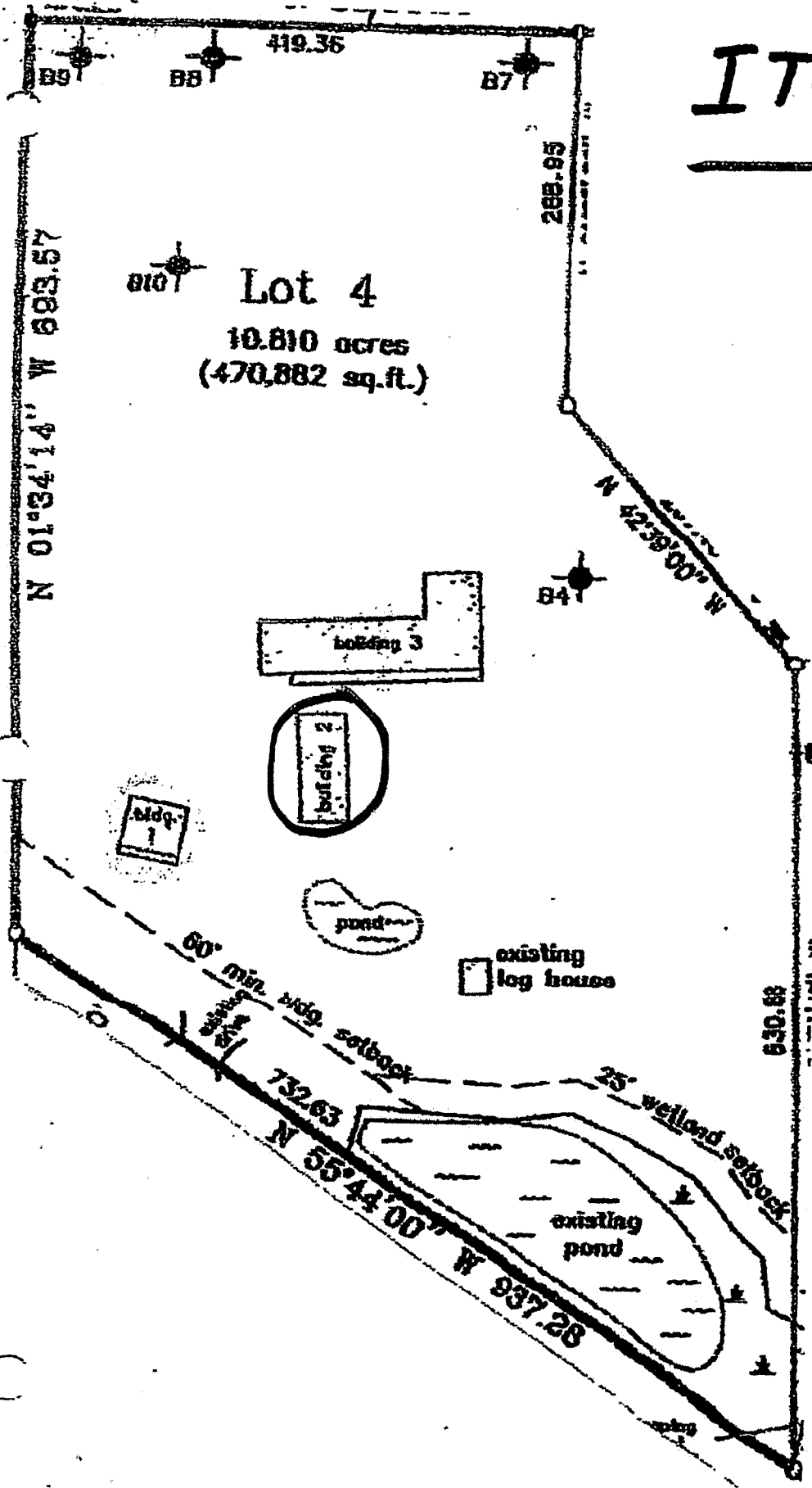


*Deanna Braunschweig*

**Deanna B. Braunschweig, Village Clerk**

**This License must be Framed and Posted in a Conspicuous Place in the room or place where Wine is drawn or removed for service or sale.**

ITEM #A





# Apple Works Winery LLC

Serial Number 1

Apple Works Winery LLC  
W179 N12536 Fond Du Lac Ave  
P.O. Box 454  
Germantown, Wisconsin 53022

ITEM  
#B

1. **Business Organization** — Apple Works Winery LLC, organized in the State of Wisconsin

Kevin H Behnke / Manager/Agent / 100% ownership  
W179 N12536 Fond Du Lac Ave  
Germantown, Wisconsin 53022

Documentation Included- Articles of Organization — Limited Liability Company  
Conditional Use Permit — Germantown, Wisconsin

2. **Wine Premises**

All references to operation location to reference attached Survey Map — Item #A  
Winery Store / Sales and Tasting Room are located in Building #1  
It is a Walters Pole Type building with metal siding and roof  
( 4 Man Doors, 6 Windows, 1 OverHead Door )  
Security is provided with locked doors and a Silent Security Alarm

Manufacturing and Storage are located in Building #3  
This a multi propose building and the Winery Operating is located as follows  
It is a Walters Pole Type building with metal siding and roof  
Its located starting at 64ft 6in from the northwest side of the building stopping at 107ft  
Wine Fermentation / Manufacturing and Botfling Area is 27ft 6in x 40ft 10in  
( 1 Man Door, 1 Window , 1 OverHead Door )  
Wine Bonding / Storage and Ageing is 15ft 6in x 40ft  
( 1 OverHead Door )  
There is no direct access to any other parts of the building without going outside of the  
Winery Operation Areas to enter them  
Security is provided with locked doors and a Silent Security Alarm  
Main Property Drive Way Entrance is also protected by an Electric Gate, which is closed  
during non business hours ( Coded access only )

3. **Disclosure** — Not Applicable

4. **Trade Name** — Apple Works Winery LLC has been registered with the State of Wisconsin  
Labeling Trade Names: Apple Works Winery, Behnke Estates

97 5 11 11 27 10Z

97 5 11 11 27 10Z

W179 N12536 Fond Du Lac Ave / P.O.Box 454  
Germantown, Wisconsin 53022

# Apple Works Winery LLC

ITEM  
#13

5. Spirits Operation — None
6. Wine Bond has been secured through the Hartford Fire Insurance Company in the amount of \$1,000.00  
\$2,000
7. Volatile Fruit-Flavor Concentrate Operation — None
8. Other Operation- These following property operations are not associated with the Winery Operations  
Equipment storage, Vehicle storage, property owner's residence  
Mechanical Products Corp / K Behnke LLC

Note: Please see attached Property Survey Item #A for property building locations

2014 MAR 14 AM 4:46  
NATIONAL RESEARCH CENTER  
GERMANTOWN, PA

W179 N12536 Fond Du Lac Ave / P.O.Box 454  
Germantown, Wisconsin 53022

3/20/17

ITEM  
#4

**Building #1**

Winery Store / Sales and Tasting Room

Outdoor Premises surrounding Building #1

Rear of Building: 100 FT

Right Side of Building: 50 FT

Left Side of Building: 75 FT

Front of Building: 100 FT

Patio to be set with in the Outdoor Premises boundaries

Event Tent to be Setup within Outdoor Premises boundaries

**Building #3**

Manufacturing and Storage

This is a multi propose building and Winery location is as follows

Starting 64 FT 6 IN from northwest side of the building and stopping at 107 FT

Wine Fermentation / Manufacturing and Bottling Area 27 FT 6 IN x 40 FT 10 IN

1 Man Door, 1 Window, 1 Overhead Door

Wine Bonding and Storage Area 15 FT 6 IN x 40 FT

1 OverHead Door

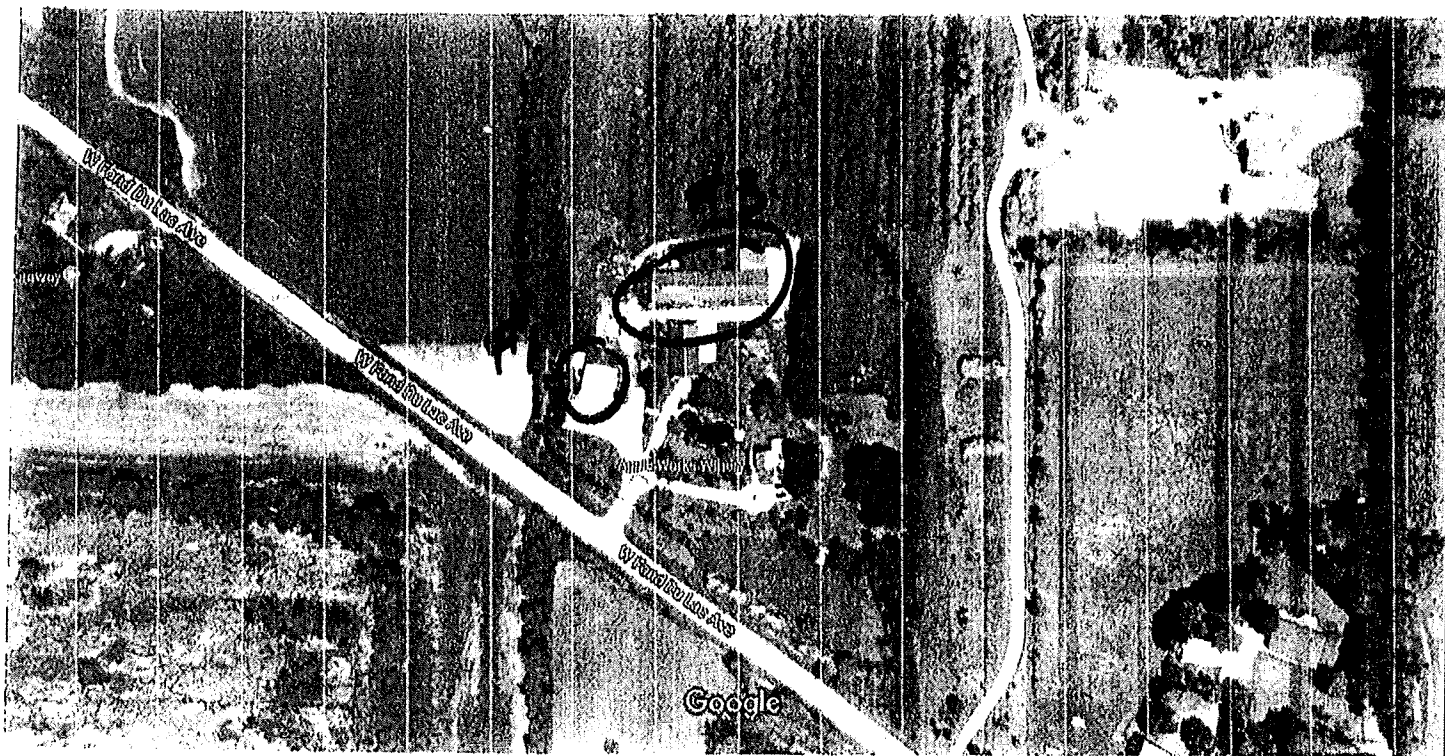
ADDED TO CLASS A BEER APPLICATION



3/28/2018

Google Maps

ITEM #C



Imagery ©2018 Google, Map data ©2018 Google 100 ft

<https://www.google.com/maps/@43.2463157,-88.1319313,329m/data=!3m1!1e3>

1/1

## **BUSINESS OF THE PUBLIC SAFETY COMMITTEE**

MEETING DATE: June 5, 2023

PLACEMENT: Action Item

ITEM TITLE: The following have applied to the Village Board of the Village of Germantown, Washington County, Wisconsin, for RENEWAL of a "Class A" Fermented Malt Beverage, including cider, and Intoxicating Liquor License, for the period commencing July 1, 2023, and ending June 30, 2024.

SUBMITTED BY:

SUMMARY EXPLANATION:

ATTACHMENT:

RECOMMENDATION:

ACTION BY Committee:



## **BUSINESS OF THE PUBLIC SAFETY COMMITTEE**

MEETING DATE: June 5, 2023

PLACEMENT: Action Item

ITEM TITLE: Aldi Inc., Jessica Lomibao, Agent, 254 Nicks Way, Belgium, d/b/a Aldi #67,  
N96 W18838 County Line Rd. Single Story Brick Bldg., Grocery Store,  
Alcohol Beverages will be sold on the sales floor and stored in the backroom

SUBMITTED BY:

SUMMARY EXPLANATION:

ATTACHMENT:

1. Aldi

RECOMMENDATION:

ACTION BY Committee:

OAK #67

# Renewal Alcohol Beverage License Application

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

For the license period beginning: 07 01 2023 ending: 06 30 2024  
(mm dd yyyy) (mm dd yyyy)

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

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

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

Complete A or B. All must complete C.

## A. Individual or Partnership:

|                  |         |               |                                                        |
|------------------|---------|---------------|--------------------------------------------------------|
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| -                | -       | -             | -                                                      |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| -                | -       | -             | -                                                      |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| -                | -       | -             | -                                                      |

## B. LLC or Corporation (and Agent):

|                                                                                     |                                                                                          |
|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company | Address of Corporation / Limited Liability Company (if different from licensed premises) |
| <u>ALDI, INC. (WISCONSIN)</u>                                                       | <u>9342 S. 13TH ST. OAK CREEK, WI 53154</u>                                              |

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

|                 |                |               |                                                        |
|-----------------|----------------|---------------|--------------------------------------------------------|
| Agent Last Name | (First)        | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| <u>LOMIBAO</u>  | <u>JESSICA</u> | <u>M</u>      | <u>254 NICKS WAY, BELGIUM, WI 53004</u>                |

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

|                                   |                |               |                                                        |
|-----------------------------------|----------------|---------------|--------------------------------------------------------|
| President / Member Last Name      | (First)        | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| <u>BEHM</u>                       | <u>DAVID</u>   | <u>KARL</u>   | <u>209 S FAIRFIELD AVENUE, ELMHURST, IL 60126</u>      |
| Vice President / Member Last Name | (First)        | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| -                                 | -              | -             | -                                                      |
| Secretary / Member Last Name      | (First)        | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| <u>RIEGGER</u>                    | <u>ERIC</u>    |               | <u>430 NORTH ADAMS ST. HINSDALE, IL 60521</u>          |
| Treasurer / Member Last Name      | (First)        | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| <u>RIEGGER</u>                    | <u>ERIC</u>    |               | <u>430 NORTH ADAMS ST. HINSDALE, IL 60521</u>          |
| Directors / Managers Last Name    | (First)        | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| <u>LOMIBAO</u>                    | <u>JESSICA</u> | <u>M</u>      | <u>254 NICKS WAY, BELGIUM, WI 53004</u>                |
| Directors / Managers Last Name    | (First)        | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| -                                 | -              | -             | -                                                      |

## C. Business Information

- Trade Name ALDI #67 Business Phone Number 262-293-2042
- Address of Premises N96W188838 COUNTY LINE RD Post Office & Zip Code GERMANTOWN 53022
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No
- 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.) SINGLE STORY BRICK BUILDING. ALCOHOL BEVERAGES WILL BE SOLD ON THE SALES FLOOR AND STORED IN THE BACKROOM. ALCOHOL SALES RECORDS WILL BE KEPT IN THE OFFICE AT THE STORE.

| Applicant's Wisconsin Seller's Permit Number<br>45600008901404 |               |
|----------------------------------------------------------------|---------------|
| FEIN Number<br>36-3498392                                      |               |
| TYPE OF LICENSE REQUESTED                                      | FEE           |
| <input checked="" type="checkbox"/> Class A beer               | \$ 100        |
| <input type="checkbox"/> Class B beer                          | \$            |
| <input type="checkbox"/> Class C wine                          | \$            |
| <input checked="" type="checkbox"/> Class A liquor             | \$ 500        |
| <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                                                | \$ 20         |
| <b>TOTAL FEE</b>                                               | <b>\$ 620</b> |

04K 67

5. Legal description (omit if street address is given on previous page): GROCERY 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, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** ..... ☐ Yes ☒ No

b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** ..... ☐ Yes ☒ No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** ..... ☐ Yes ☒ No

.....  
.....  
.....

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** ..... ☒ Yes ☐ No

.....  
.....  
.....

9. Does the applicant understand they must hold a Wisconsin Seller's Permit? ..... ☒ Yes ☐ No  
[phone (608) 266-2776]

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

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

12. Does the applicant owe municipal property taxes, assessments, or other fees? ..... ☐ Yes ☒ No  
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

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

|                                                                                                  |                                       |                                   |
|--------------------------------------------------------------------------------------------------|---------------------------------------|-----------------------------------|
| Contact Person's Name (Last, First, M.I.)<br>ERIC RIEGGER                                        | Title / Member<br>SECRETARY/TREASURER | Date<br>APR - 3 2023              |
| Signature<br> | Phone Number<br>630-761-2400          | Email Address<br>CAVPASST@ALDI.US |

**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 |

## Instructions for Renewal Alcohol Beverage License Application

### THIS RENEWAL FORM CANNOT BE USED IF:

1. There is a change in business entity (i.e., individual has changed to partnership or corporation/limited liability company; partnership changed to individual or corporation/limited liability company; corporation changed to individual, partnership or limited liability company) and if limited liability company has been dissolved.
2. Partners are added or dropped.
3. Application is made in a different municipality.

### PARTNERSHIPS:

Indicate full name and home address of each partner. One partner must sign application. **Reminder:** If partners have been added or dropped since your last application, you must use Form AT-106 (Original Beverage License Application).

### CORPORATIONS:

One officer must sign application. Be sure to answer Question No. 7 by indicating any change of officers, directors, and/or changes in home address. If there are any changes in officers and/or directors each must complete Form AT-103 (Auxiliary Questionnaire). If there has been a change in agent since your last approved agent, he/she must complete Forms AT-104 (Schedule for Appointment of Agent) AND AT-103 (Auxiliary Questionnaire) in addition to this (AT-115) form.

### LIMITED LIABILITY COMPANY:

One member/manager must sign application. Follow procedure under Corporations for any change of members or agent.

**NOTE:** Use ink or typewriter when filling in applications. Be sure to answer all questions fully and accurately. 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.

### DISCRIMINATION CLAUSE – (City of Milwaukee only)

The applicant shall not willfully refuse to provide those services offered under this license or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry, the applicant shall not seek information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion solely on the basis of such information. The applicant also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

Complete, sign and return this form to the clerk.

If answer to Questions No. 6a and/or 6b on page 2 are "YES," outline details below:

### CONVICTIONS

- |                          |                                                                                 |
|--------------------------|---------------------------------------------------------------------------------|
| 1. NAME _____            | STATUTE NO./LOCAL ORDINANCE _____                                               |
| CHARGE _____             | WHERE CONVICTED _____                                                           |
| DATE _____ PENALTY _____ | <input checked="" type="checkbox"/> MISDEMEANOR <input type="checkbox"/> FELONY |
| 2. NAME _____            | STATUTE NO./LOCAL ORDINANCE _____                                               |
| CHARGE _____             | WHERE CONVICTED _____                                                           |
| DATE _____ PENALTY _____ | <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> FELONY            |
| 3. NAME _____            | STATUTE NO./LOCAL ORDINANCE _____                                               |
| CHARGE _____             | WHERE CONVICTED _____                                                           |
| DATE _____ PENALTY _____ | <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> FELONY            |

### PENDING CHARGE

- |                      |                                   |
|----------------------|-----------------------------------|
| 1. NAME _____        | STATUTE NO./LOCAL ORDINANCE _____ |
| PENDING CHARGE _____ | DATE _____                        |



WISCONSIN DEPARTMENT OF REVENUE  
PO BOX 8902  
MADISON, WI 53708-8902

**Contact Information:**

2135 RIMROCK RD PO BOX 8902  
MADISON, WI 53708-8902  
ph: 608-266-2776 fax: 608-264-6884  
email: DORBusinessTax@revenue.wi.gov  
website: revenue.wi.gov

Letter ID L1322771872

ALDI INC. (WISCONSIN)  
1200 N KIRK RD  
BATAVIA IL 60510-1443

## Wisconsin Department of Revenue Seller's Permit

**Legal/real name:** ALDI INC. (WISCONSIN)  
**Business name:** ALDI STORE 67  
N96W18838 COUNTY LINE RD  
GERMANTOWN WI 53022-4554

- This certificate confirms you are registered with the Wisconsin Department of Revenue and authorized in the business of selling tangible personal property and taxable services.
- You may not transfer this permit.
- This permit must be displayed at the place of business and is not valid at any other location.
- If your business is not operated from a fixed location, you must carry or display this permit at all events.

| <b>Tax Type</b> | <b>Account Type</b> | <b>Account Number</b> |
|-----------------|---------------------|-----------------------|
| Sales & Use Tax | Seller's Permit     | 456-0000089014-04     |



## **BUSINESS OF THE PUBLIC SAFETY COMMITTEE**

MEETING DATE: June 5, 2023

PLACEMENT: Action Item

ITEM TITLE: Colgate Gas, Inc, Didar Singh, Agent, W150N7248 Paseo Lane,  
Menomonee Falls, d/b/a **County Line BP**, N96 W21962 County Line Rd,  
Shelves, Cooler, Beer Cave, Storage

SUBMITTED BY:

SUMMARY EXPLANATION:

ATTACHMENT:

1. Colgate BP

RECOMMENDATION:

ACTION BY Committee:

April 1

Sumitkumarusa@gmail.com  
22/23-10-TEMP

# Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: April 18 2023 ending: July 1, 2023  
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: ☐ Town of ☒ Village of Colgate  
☐ City of \_\_\_\_\_  
County of Cremont Aldermanic Dist. No. \_\_\_\_\_  
(if required by ordinance)

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

| Applicant's Wisconsin Seller's Permit Number<br><u>456-1031212664-02</u> |               |
|--------------------------------------------------------------------------|---------------|
| FEIN Number<br><u>88-2455737</u>                                         |               |
| TYPE OF LICENSE REQUESTED                                                | FEE           |
| <input type="checkbox"/> Class A beer                                    | \$            |
| <input type="checkbox"/> Class B beer                                    | \$            |
| <input type="checkbox"/> Class C wine                                    | \$            |
| <input type="checkbox"/> Class A liquor                                  | \$            |
| <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>20</u>  |
| <b>TOTAL FEE</b>                                                         | \$ <u>170</u> |

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)

Sumit Chohan

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 full name and place of residence of each person.

|                                               |                         |               |                                                                                                              |
|-----------------------------------------------|-------------------------|---------------|--------------------------------------------------------------------------------------------------------------|
| President / Member Last Name<br><u>Chohan</u> | (First)<br><u>Sumit</u> | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code)<br><u>7250 S Ballpark Dr APT 117 Franklin, WI 531</u> |
| Vice President / Member Last Name             | (First)                 | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code)                                                       |
| Secretary / Member Last Name                  | (First)                 | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code)                                                       |
| Treasurer / Member Last Name                  | (First)                 | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code)                                                       |
| Agent Last Name                               | (First)                 | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code)                                                       |
| Directors / Managers Last Name                | (First)                 | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code)                                                       |

1. Trade Name Colgate BL Business Phone Number 608-977-2766  
2. Address of Premises 196 W 21962 Country Line Rd Post Office & Zip Code 53017

3. 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.)

In the fridge

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

5. (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? \_\_\_\_\_



# Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

|                                                                 |  |                           |                      |                                     |                       |
|-----------------------------------------------------------------|--|---------------------------|----------------------|-------------------------------------|-----------------------|
| Individual's Full Name (please print) (last name) <u>Chohan</u> |  | (first name) <u>Sumit</u> |                      | (middle name)                       |                       |
| Home Address (street/route) <u>7250 S Ball Park Dr Apt 117</u>  |  | Post Office               | City <u>Franklin</u> | State <u>WI</u>                     | Zip Code <u>53132</u> |
| Home Phone Number                                               |  | Age <u>30</u>             | Date of Birth        | Place of Birth <u>Punjab, India</u> |                       |

The above named individual provides the following information as a person:

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

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

☐ Manager of Colgate 1st Inc  
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

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

1. How long have you continuously resided in Wisconsin prior to this date? 15 years

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

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

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

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

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

|                                        |                                                                             |                              |                   |
|----------------------------------------|-----------------------------------------------------------------------------|------------------------------|-------------------|
| Employer's Name<br><u>Sumit Chohan</u> | Employer's Address<br><u>7250 S Ball Park Dr Apt 117 Franklin, WI 53132</u> | Employed From<br><u>2011</u> | To<br><u>2021</u> |
| Employer's Name                        | Employer's Address                                                          | Employed From                | To                |

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

  
(Signature of Named Individual)

6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? If yes, explain ..... ☒ Yes ☐ No

7. Is the applicant an employee or agent of, or acting on behalf of anyone except the named applicant? ..... ☐ Yes ☒ No  
If yes, explain.

8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? If yes, explain ..... ☐ Yes ☒ No

9. (a) Corporate/limited liability company applicants only: Insert state \_\_\_\_\_ and date \_\_\_\_\_ of registration.

(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? If yes, explain ..... ☐ Yes ☒ No

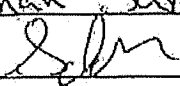
(c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? If yes, explain. ☐ Yes ☒ No

10. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277] ..... ☒ Yes ☐ No

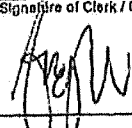
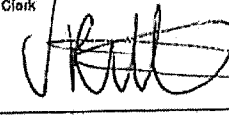
11. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ..... ☒ Yes ☐ No

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

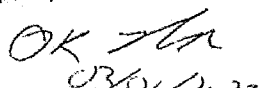
**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000. Signer agrees 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, or one member of a partnership applicant must sign; one corporate officer, one member/manager 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.

|                                                                                                  |                                     |                                                 |
|--------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------------------|
| Contact Person's Name (Last, First, M.I.)<br><b>Chohan, Sumit</b>                                | Title/Member<br><b>President</b>    | Date<br><b>2/3/23</b>                           |
| Signature<br> | Phone Number<br><b>608-977-2766</b> | Email Address<br><b>Sumitkumarusa@gmail.com</b> |

**TO BE COMPLETED BY CLERK**

|                                                               |                                  |                                                   |                                                                                                                           |
|---------------------------------------------------------------|----------------------------------|---------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| Date received and filed with municipal clerk<br><b>3/1/23</b> | Date reported to council / board | Date provisional license issued<br><b>2/27/23</b> | Signature of Clerk / Deputy Clerk<br> |
| Date license granted                                          | Date license issued              | License number issued                             |                                      |

AT-106 (R. 3-18)

OK 

## **BUSINESS OF THE PUBLIC SAFETY COMMITTEE**

MEETING DATE: June 5, 2023

PLACEMENT: Action Item

ITEM TITLE: Kwik Trip, Inc., Kimberly Kuecker, Agent, 320 N German St, Mayville,  
d/b/a **Kwik Trip 631**, W188N10963 Maple Rd storage coolers, Sales Floor  
and Behind Counter

SUBMITTED BY:

SUMMARY EXPLANATION:

ATTACHMENT:

1. Kwik Trip

RECOMMENDATION:

ACTION BY Committee:



# Renewal Alcohol Beverage License Application

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

For the license period beginning: 07/01/2023 ending: 06/30/2024  
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: ☐ Town of  
☒ Village of Germantown Village of  
☐ City of

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

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

Complete A or B. All must complete C.

## A. Individual or Partnership:

|                  |         |               |                                                        |
|------------------|---------|---------------|--------------------------------------------------------|
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |

## B. LLC or Corporation (and Agent):

|                                                                                     |                                                                                          |
|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company | Address of Corporation / Limited Liability Company (if different from licensed premises) |
| Kwik Trip, Inc.                                                                     | P.O. Box 2107, La Crosse, WI 54602                                                       |

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

|                 |          |               |                                                        |
|-----------------|----------|---------------|--------------------------------------------------------|
| Agent Last Name | (First)  | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Kuecker         | Kimberly | Ann           | 320 N German St, Mayville, WI 53050                    |

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

|                                   |         |               |                                                        |
|-----------------------------------|---------|---------------|--------------------------------------------------------|
| President / Member Last Name      | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Zietlow                           | Scott   | Paul          | 1301 7 <sup>th</sup> St. SW, Rochester, MN 55902       |
| Vice President / Member Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Secretary / Member Last Name      | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Treasurer / Member Last Name      | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Wrobel                            | Jeffrey | James         | 3633 Bentwood Pl., La Crosse, WI 54601                 |
| Directors / Managers Last Name    | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Zietlow                           | Scott   | Paul          | 1301 7 <sup>th</sup> St. SW, Rochester, MN 55902       |
| Directors / Managers Last Name    | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |

## C. Business Information

1. Trade Name KWIK TRIP 631 Business Phone Number 262-253-1007

2. Address of Premises W188N10963 Maple Rd Post Office & Zip Code Germantown 53022

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

4. Premise 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 coolers, on sales floor & behind sales counter.

Applicant's Wisconsin Seller's Permit Number  
456-0000287614-03

FEIN Number  
39-1036365

| TYPE OF LICENSE REQUESTED                            | FEE                 |
|------------------------------------------------------|---------------------|
| <input checked="" type="checkbox"/> Class A beer     | \$ 100 <sup>-</sup> |
| <input type="checkbox"/> Class B beer                | \$                  |
| <input type="checkbox"/> Class C wine                | \$                  |
| <input checked="" type="checkbox"/> Class A liquor   | \$ 500 <sup>-</sup> |
| <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                                      | \$ 20 <sup>-</sup>  |
| TOTAL FEE                                            | \$ 620 <sup>-</sup> |

5. Legal description (omit if street address is given on previous page): -----

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager, or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3.** ..... ☐ Yes ☒ No

b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3** ..... ☐ Yes ☒ No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** ..... ☒ Yes ☐ No

Officers change reported January 2023 - Scott P. Zietlow appointed to President

Agent change reported 6/2022

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** ..... ☒ Yes ☐ No

9. Does the applicant understand they must hold a Wisconsin Seller's Permit? ..... ☒ Yes ☐ No  
[phone (608) 266-2776]

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

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

12. Does the applicant owe municipal property taxes, assessments, or other fees? ..... ☐ Yes ☒ No  
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments, or other fees).

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

|                                                                |                                            |                                             |
|----------------------------------------------------------------|--------------------------------------------|---------------------------------------------|
| Contact Person's Name (Last, First, M.I.)<br>Zietlow, Scott P. | Title / Member<br>President                | Date<br>3-1-2023                            |
| Signature<br>Scott P. Zietlow                                  | Phone Number<br>608-791-7385 (Legal Dept.) | Email Address<br>LicensingDept@kwiktrip.com |

**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 |

# Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

\$100 -  
MUNICIPAL USE ONLY

Applicant's Wisconsin 15-digit Sales Tax Account Number  
456-0000287614-03

← This must be issued in the same  
Legal Name of the licensee below.

|                  |
|------------------|
| License Number   |
| Period Covered   |
| Date of Issuance |

|                                                                                                                    |                    |                                                                                                                                                         |                                                                 |                                           |
|--------------------------------------------------------------------------------------------------------------------|--------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-------------------------------------------|
| Legal Name (corporation, limited liability company, partnership, or sole proprietorship)<br><b>Kwik Trip, Inc.</b> |                    |                                                                                                                                                         | Federal Employer Identification No. (FEIN)<br><b>39-1036365</b> |                                           |
| Trade or Business Name (if different than Legal Name)<br><b>KWIK TRIP 631</b>                                      |                    |                                                                                                                                                         | Telephone Number<br><b>608-791-7385</b>                         |                                           |
| Business Address (License Location)<br><b>W188N10963 Maple Rd</b>                                                  |                    | Business Located In<br><input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town<br>of: <b>Germantown Village of</b> |                                                                 | Business Telephone<br><b>262-253-1007</b> |
| Municipality<br><b>Germantown</b>                                                                                  | State<br><b>WI</b> | Zip Code<br><b>53022</b>                                                                                                                                | County<br><b>Washington</b>                                     |                                           |
| Mailing Address (if different than Business Address)<br><b>P.O. Box 2107</b>                                       |                    | Municipality<br><b>La Crosse</b>                                                                                                                        | State<br><b>WI</b>                                              | Zip Code<br><b>54602-2107</b>             |

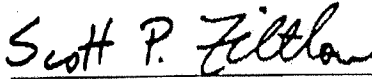
## Organization (check one)

- ☐ Sole Proprietor ☒ Wisconsin Corporation – Enter date incorporated: 10/7/1964  
☐ Partnership ☐ Out-of-State Corporation – Are you registered to do business in Wisconsin? ☐ Yes ☐ No  
☐ Other (describe) \_\_\_\_\_

- ☒ Yes ☐ No 1. Does the applicant understand that they must purchase cigarettes and tobacco products only from distributors, jobbers, or sub jobbers, who hold a permit with the Wisconsin Department of Revenue?
- ☒ Yes ☐ No 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-266-6701. See application form CTP-129, [revenue.wi.gov/forms/ctp-129.pdf](http://revenue.wi.gov/forms/ctp-129.pdf).)
- ☒ Yes ☐ No 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- ☒ Yes ☐ No 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (<https://witobaccocheck.org>)
- ☒ Yes ☐ No 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
- ☒ Yes ☐ No 6. Does the applicant understand that they may not sell single cigarettes?
- ☒ Yes ☐ No 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- ☒ Yes ☐ No 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at [www.doj.state.wi.us/dls/tobacco-directory](http://www.doj.state.wi.us/dls/tobacco-directory) may be sold in Wisconsin?

Cigarettes / Tobacco will be sold ☒ over counter ☐ through vending machine ☐ both

**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 applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another. 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

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

## Applicable Laws and Rules

This document provides statements or interpretations of the following laws and regulations in effect as of September 19, 2019:  
Sections 134.65, 134.66, 139.321, 139.79, 139.76, 995.10, and 995.12, Wis. Stats.

CTP-200 (R 9-19)

Wisconsin Department of Revenue



WISCONSIN DEPARTMENT OF REVENUE  
PO BOX 8946  
MADISON, WI 53708-8946

**Contact Information:**

2135 RIMROCK RD PO BOX 8946  
MADISON, WI 53708-8946  
ph: 608-266-2776 fax: 608-264-6884  
email: dorbusinessstax@revenue.wi.gov  
website: revenue.wi.gov

Letter ID L0526652960

ATTN: DEANNA HAFNER  
KWIK TRIP, INC.  
PO BOX 2107  
LA CROSSE WI 54602-2107

### Wisconsin Department of Revenue Seller's Permit

**Legal/real name:** KWIK TRIP, INC.  
**Business name:** KWIK TRIP 631  
W188N10963 MAPLE RD  
GERMANTOWN WI 53022-3844

- This certificate confirms you are registered with the Wisconsin Department of Revenue and authorized in the business of selling tangible personal property and taxable services.
- You may not transfer this permit.
- This permit must be displayed at the place of business and is not valid at any other location.
- If your business is not operated from a fixed location, you must carry or display this permit at all events.

| <b>Tax Type</b> | <b>Account Type</b> | <b>Account Number</b> |
|-----------------|---------------------|-----------------------|
| Sales & Use Tax | Seller's Permit     | 456-0000287614-03     |

## **BUSINESS OF THE PUBLIC SAFETY COMMITTEE**

MEETING DATE: June 5, 2023

PLACEMENT: Action Item

ITEM TITLE: Sendik's Germantown LLC, Theodore Balistreri, Agent, 5566 N Diversey Blvd, Whitefish Bay, d/b/a **Sendik's Food Market**, N112W15800 Mequon Rd, store, and storage, includes exterior parking stalls designated for on-line grocery pick up

SUBMITTED BY:

SUMMARY EXPLANATION:

ATTACHMENT:

1. Sendiks

RECOMMENDATION:

ACTION BY Committee:



\*Revised

# Renewal Alcohol Beverage License Application

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

For the license period beginning: 07 01 2022 ending: 06 30 2023  
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: ☐ Town of ☒ Village of GERMANTOWN  
☐ City of

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

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

Complete A or B. All must complete C.

## A. Individual or Partnership:

|                  |          |               |                                                        |
|------------------|----------|---------------|--------------------------------------------------------|
| Full Name (Last) | (First)  | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| BALISTRERI       | THEODORE | THOMAS        | 5566 N DIVERSEY BLVD WHITEFISH BAY WI 53217            |
| Full Name (Last) | (First)  | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| BALISTRERI       | PATRICK  | MICHAEL       | 382 LAKESHORE RD GRAFTON WI 53026                      |
| Full Name (Last) | (First)  | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| BALISTRERI       | NICHOLAS | JOHN          | 9960 N RANGELINE RD MEQUON WI 53092                    |

## B. LLC or Corporation (and Agent):

|                                                                                     |                                                                                          |
|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company | Address of Corporation / Limited Liability Company (if different from licensed premises) |
| SENEIK'S GERMANTOWN LLC                                                             | 7225 W MARICA RD MILWAUKEE WI 53223                                                      |

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

|                 |          |               |                                                        |
|-----------------|----------|---------------|--------------------------------------------------------|
| Agent Last Name | (First)  | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| BALISTRERI      | THEODORE | THOMAS        | 5566 N DIVERSEY BLVD WHITEFISH BAY WI 53217            |

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

|                                   |          |               |                                                        |
|-----------------------------------|----------|---------------|--------------------------------------------------------|
| President / Member Last Name      | (First)  | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| BALISTRERI                        | THEODORE | THOMAS        | 5566 DIVERSEY BLVD WHITEFISH BAY WI 53217              |
| Vice President / Member Last Name | (First)  | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| BALISTRERI                        | PATRICK  | MICHAEL       | 382 LAKESHORE RD GRAFTON WI 53026                      |
| Secretary / Member Last Name      | (First)  | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| BALISTRERI                        | NICHOLAS | JOHN          | 9960 N RANGELINE RD MEQUON WI 53092                    |
| Treasurer / Member Last Name      | (First)  | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Directors / Managers Last Name    | (First)  | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Directors / Managers Last Name    | (First)  | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |

## C. Business Information

- Trade Name SENEIK'S FOOD MARKETS Business Phone Number 414-716-0000
- Address of Premises N112 W15800 MEQUON ROAD Post Office & Zip Code GERMANTOWN WI 53022
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes ☒ No ☐
- 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.) SOLE IN STORE, STORED IN SECURED AREA IN BACK. BROUGHT TO DESIGNATED PARKING STALLS FOR PICK UP.

| Applicant's Wisconsin Seller's Permit Number<br>456102653711003 |               |
|-----------------------------------------------------------------|---------------|
| FEIN Number<br>261465950                                        |               |
| TYPE OF LICENSE REQUESTED                                       | FEE           |
| <input checked="" type="checkbox"/> Class A beer                | \$ 100        |
| <input type="checkbox"/> Class B beer                           | \$            |
| <input type="checkbox"/> Class C wine                           | \$            |
| <input checked="" type="checkbox"/> Class A liquor              | \$ 500        |
| <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                                                 | \$ 20         |
| <b>TOTAL FEE</b>                                                | <b>\$ 620</b> |

OK 4/29/22

**Deanna Braunschweig**

---

**From:** Dave Ace <dave.ace@sendiks.com>  
**Sent:** Friday, April 29, 2022 11:24 AM  
**To:** Deanna Braunschweig  
**Subject:** Sendik's license renewal  
**Attachments:** Germantown page 1.pdf

**CAUTION: This email originated from outside the organization.  
Do not click links or open attachments unless you recognize the sender and know the content is safe.**

Thank you for your help.

Attached is a revised first page. Please let me know if you need anything additionally.

Thanks,  
Dave

--

**David Ace**

Chief Financial Officer

phone: 414-716-5500

cell: 414-807-7238

Sendik's Food Markets | Top Workplace Since 2012

**Your Trusted, Local Grocer Since 1926**

# Renewal Alcohol Beverage License Application

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

For the license period beginning: 07 01 2022 ending: 06 30 2023  
(mm dd yyyy) (mm dd yyyy)

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

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

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

Complete A or B. All must complete C.

## A. Individual or Partnership:

| Full Name (Last) | (First)  | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
|------------------|----------|---------------|--------------------------------------------------------|
| BALISTRERI       | THEODORE | THOMAS        | 5566 N DIVERSEY BLVD WHITEFISH BAY WI 53217            |
| BALISTRERI       | PATRICK  | MICHAEL       | 382 LAKESHORE RD GRAFTON WI 53026                      |
| BALISTRERI       | NICHOLAS | JOHN          | 9960 N RANGELINE RD MEQUON WI 53092                    |

## B. LLC or Corporation (and Agent):

| Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company | Address of Corporation / Limited Liability Company (if different from licensed premises) |
|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| SENDIK'S GERMANTOWN LLC                                                             | 7225 W MARICA RD MILWAUKEE WI 53223                                                      |

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

| Agent Last Name | (First)  | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
|-----------------|----------|---------------|--------------------------------------------------------|
| BALISTRERI      | THEODORE | THOMAS        | 5566 N DIVERSEY BLVD WHITEFISH BAY WI 53217            |

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|-----------------------------------|----------|---------------|--------------------------------------------------------|
| BALISTRERI                        | THEODORE | THOMAS        | 5566 DIVERSEY BLVD WHITEFISH BAY WI 53217              |
| Vice President / Member Last Name | (First)  | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| BALSITRERI                        | PATRICK  | MICHAEL       | 382 LAKESHORE RD GRAFTON WI 53026                      |
| Secretary / Member Last Name      | (First)  | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| BALSITRERI                        | NICHOLAS | JOHN          | 9960 N RANGELINE RD MEQUON WI 53092                    |
| Treasurer / Member Last Name      | (First)  | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
|                                   |          |               |                                                        |
| Directors / Managers Last Name    | (First)  | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
|                                   |          |               |                                                        |
| Directors / Managers Last Name    | (First)  | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
|                                   |          |               |                                                        |

## C. Business Information

- Trade Name SENDIK'S FOOD MARKETS Business Phone Number 414-716-5500
- Address of Premises N112 W15800 MEQUON ROAD Post Office & Zip Code GERMANTOWN WI 53022
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes ☒ No ☐
- 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 STORE, STORED IN SECURED AREA IN BACK.

| Applicant's Wisconsin Seller's Permit Number         |               |
|------------------------------------------------------|---------------|
| 456102655711003                                      |               |
| FEIN Number                                          |               |
| 261465950                                            |               |
| TYPE OF LICENSE REQUESTED                            | FEE           |
| <input checked="" type="checkbox"/> Class A beer     | \$ 100        |
| <input type="checkbox"/> Class B beer                | \$            |
| <input type="checkbox"/> Class C wine                | \$            |
| <input checked="" type="checkbox"/> Class A liquor   | \$ 500        |
| <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                                      | \$ 20         |
| <b>TOTAL FEE</b>                                     | <b>\$ 620</b> |

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

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

|                                                                      |                                     |                                          |
|----------------------------------------------------------------------|-------------------------------------|------------------------------------------|
| Contact Person's Name (Last, First, M.I.)<br><i>Balentine, Ted T</i> | Title / Member<br><i>Manager</i>    | Date<br><i>4-11-22</i>                   |
| Signature<br><i>Ted T. Balentine</i>                                 | Phone Number<br><i>414-716-5500</i> | Email Address<br><i>TED@608ADJLS.COM</i> |

**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 |

OK *[Signature]* 4/29/22

# Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

MUNICIPAL USE ONLY

|                  |
|------------------|
| License Number   |
| Period Covered   |
| Date of Issuance |

Applicant's Wisconsin 15-digit Sales Tax Account Number  
456-1026376016-13

← This must be issued in the same Legal Name of the licensee below.

|                                                                                                                    |             |                                                                                                                                |                                                          |                                      |
|--------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|--------------------------------------|
| Legal Name (corporation, limited liability company, partnership or sole proprietorship)<br>SENDIK'S GERMANTOWN LLC |             |                                                                                                                                | Federal Employer Identification No. (FEIN)<br>26-1465950 |                                      |
| Trade or Business Name (if different than Legal Name)<br>SENDIK'S FOOD MARKETS                                     |             |                                                                                                                                | Telephone Number<br>(414) 716-5500                       |                                      |
| Business Address (License Location)<br>N112 W 15800 MEQUON ROAD                                                    |             | Business Located In<br><input type="checkbox"/> City <input checked="" type="checkbox"/> Village <input type="checkbox"/> Town |                                                          | Business Telephone<br>(262) 250-9525 |
| Municipality<br>GERMANTOWN                                                                                         | State<br>WI | Zip Code<br>53022                                                                                                              | County<br>WASHINGTON                                     |                                      |
| Mailing Address (if different than Business Address)<br>7225 W MARCIA ROAD                                         |             |                                                                                                                                | Municipality<br>MILWAUKEE                                | State<br>WI                          |
|                                                                                                                    |             |                                                                                                                                | Zip Code<br>53223                                        |                                      |

Organization (check one)

- ☐ Sole Proprietor ☐ Wisconsin Corporation – Enter date incorporated: \_\_\_\_\_
- ☐ Partnership ☐ Out-of-State Corporation – Are you registered to do business in Wisconsin? ☐ Yes ☐ No
- ☒ Other (describe) LLC

- ☒ Yes ☐ No 1. Does the applicant understand that they must purchase cigarettes and tobacco products only from distributors, jobbers, or subjobbers, who hold a permit with the Wisconsin Department of Revenue?
- ☒ Yes ☐ No 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-266-6701. See application form CTP-129, [revenue.wi.gov/dor/forms/ctp-129.pdf](http://revenue.wi.gov/dor/forms/ctp-129.pdf).)
- ☒ Yes ☐ No 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- ☒ Yes ☐ No 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (<https://witobaccocheck.org>)
- ☒ Yes ☐ No 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
- ☒ Yes ☐ No 6. Does the applicant understand that they may not sell single cigarettes?
- ☒ Yes ☐ No 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- ☒ Yes ☐ No 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at [www.doj.state.wi.us/dls/tobacco-directory](http://www.doj.state.wi.us/dls/tobacco-directory) may be sold in Wisconsin?

Cigarettes / Tobacco will be sold ☒ over counter ☐ through vending machine ☐ both

**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 applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another. 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

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

## Applicable Laws and Rules

This document provides statements or interpretations of the following laws and regulations in effect as of September 19, 2019: Sections 134.65, 134.66, 139.321, 139.79, 139.76, 995.10, and 995.12, Wis. Stats.

b/c *[Signature]* 4/29/22



## **BUSINESS OF THE PUBLIC SAFETY COMMITTEE**

MEETING DATE: June 5, 2023

PLACEMENT: Action Item

ITEM TITLE: Ultra Mart Foods, LLC., Kristi O'Connor, Agent, 9611 W Forest Home Ave, Hales Corners, d/b/a **Pick 'n Save 6357**, N112 W16200 Mequon Rd. Grocery and liquor store, includes exterior parking stalls designated for on-line grocery pick up. Displayed throughout the store.

SUBMITTED BY:

SUMMARY EXPLANATION:

ATTACHMENT:

1. Pick N Save 357

RECOMMENDATION:

ACTION BY Committee:

# Renewal Alcohol Beverage License Application

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

For the license period beginning: 07 01 2023 ending: 06 30 2024  
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: ☐ Town of ☒ Village of ☐ City of Germantown

County of Washington Aldermanic Dist. No. N/A  
(if required by ordinance)

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

Complete A or B. All must complete C.

## A. Individual or Partnership:

|                  |         |               |                                                        |
|------------------|---------|---------------|--------------------------------------------------------|
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |

## B. LLC or Corporation (and Agent):

|                                                                                     |                                                                                          |
|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company | Address of Corporation / Limited Liability Company (if different from licensed premises) |
| Ultra Mart Foods, LLC                                                               | Business License PO Box 305103, Nashville, TN 37230                                      |

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

Agent Last Name Miller (First) Kashi (Middle Name) L Home Address (Street, City or Post Office, & Zip Code) 9111 W Forest Home Ave Hales Corners WI 53130

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

|                                   |           |               |                                                        |
|-----------------------------------|-----------|---------------|--------------------------------------------------------|
| President / Member Last Name      | (First)   | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Wheatley                          | Christine | S.            | 225 Lafayette Circle, Cincinnati, OH 45220             |
| Vice President / Member Last Name | (First)   | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Fedder                            | Ann       | M.            | 3285 Dartmouth Dr., Brookfield, WI 53005               |
| Secretary / Member Last Name      | (First)   | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Roberts                           | Dorothy   | D.            | 4640 Whispering Oak Trail, Cincinnati, OH              |
| Treasurer / Member Last Name      | (First)   | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Fike                              | Carin     | L.            | 7500 Brill Road, Cincinnati, OH 45243                  |
| Directors / Managers Last Name    | (First)   | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Bradley                           | Joseph    | W.            | 1165 Abbott Road, Batavia, OH 45103                    |
| Directors / Managers Last Name    | (First)   | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Please See Attached Officer List  |           |               | Home Address (Street, City or Post Office, & Zip Code) |

## C. Business Information

- Trade Name Pick N Save #357 Business Phone Number 262-253-0841
- Address of Premises N112 W16200 Mequon Rd. Post Office & Zip Code Germantown, WI 53022
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No
- 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 grocery & liquor including exterior parking stalls specifically designated for the online merchandise order & pickup service & pathway utilized to access the parking stalls. Alcohol is sold & displayed throughout store. Liquor stage in NW corner. Records on site.

|                                                      |           |
|------------------------------------------------------|-----------|
| Applicant's Wisconsin Seller's Permit Number         |           |
| 456-0002831081-06                                    |           |
| FEIN Number                                          |           |
| 39-6043054                                           |           |
| TYPE OF LICENSE REQUESTED                            | FEE       |
| <input checked="" type="checkbox"/> Class A beer     | \$ 100.00 |
| <input type="checkbox"/> Class B beer                | \$        |
| <input type="checkbox"/> Class C wine                | \$        |
| <input checked="" type="checkbox"/> Class A liquor   | \$ 500.00 |
| <input type="checkbox"/> Class A liquor (older 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                                      | \$ 20.00  |
| TOTAL FEE                                            | \$ 620.00 |

Officers

| Name                      | Title                      | Home Address                                    | Home Phone   | DOB       | DL                          | % of Ownership |
|---------------------------|----------------------------|-------------------------------------------------|--------------|-----------|-----------------------------|----------------|
| Christine Strick Wheatley | President & Secretary      | 225 Lafayette Circle, Cincinnati, OH 45220      | 513-475-0861 | 2/27/1971 | RG288722 OHIO               | 0.00%          |
| Carin Fike                | Vice President & Treasurer | 7500 Brill Rd, Cincinnati, OH 45243             | 513-494-2021 | 5/2/1968  | RM394075 OHIO               | 0.00%          |
| Ann M Pedder              | Vice President             | 3285 Dartmouth Dr, Brookfield, WI 53005         | 708-227-4390 | 5/22/1980 | F36G-0538-0682-07 Wisconsin | 0.00%          |
| Dorothy Danberry Roberts  | Ast. Secretary             | 4640 Whispering Oak Trail, Cincinnati, OH 45247 | 513-658-9597 | 6/21/1964 | RK266531 OHIO               | 0.00%          |
| Joseph William Bradley    | Ast. Treasurer             | 1165 Abbott Rd., Batavia, OH 45103              | 513-943-4750 | 11/1/1961 | RW309656 OHIO               | 0.00%          |
| Philip Byron Nelson       | Vice President             | 1957 Stonewater Dr, Hermitage, TN 37076         | 540-977-6357 | 9/23/1964 | 090411225 Tennessee         | 0.00%          |

5. Legal description (omit if street address is given on previous page):

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete page 3. .... ☐ Yes ☒ No

- b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this licensee? If yes, explain fully on page 3. .... ☐ Yes ☒ No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain ..... ☐ Yes ☒ No

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain ..... ☒ Yes ☐ No

9. Does the applicant understand they must hold a Wisconsin Seller's Permit? ..... ☒ Yes ☐ No  
[phone (608) 266-2776]

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

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

12. Does the applicant owe municipal property taxes, assessments, or other fees? ..... ☐ Yes ☒ No  
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

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

|                                                         |                                  |                                              |
|---------------------------------------------------------|----------------------------------|----------------------------------------------|
| Contact Person's Name (Last, First, M.I.)<br>Ann Fedder | Title / Member<br>Vice President | Date<br>4/25/2023                            |
| Signature<br>Ann Fedder Ragsdale                        | Phone Number<br>615-232-9557     | Email Address<br>business.license@kroger.com |

**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 |

## **BUSINESS OF THE PUBLIC SAFETY COMMITTEE**

MEETING DATE: June 5, 2023

PLACEMENT: Action Item

ITEM TITLE: Walgreen Co., Vickie Matt, Agent, 10174N9444 Devon Wood, Menomonee Falls, d/b/a **Walgreens #05427**, W156 N11261 Pilgrim Rd, 13,906 square foot building

SUBMITTED BY:

SUMMARY EXPLANATION:

ATTACHMENT:

1. Walgreens

RECOMMENDATION:

ACTION BY Committee:



38519822

5-5

**Renewal Alcohol Beverage License Application**

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

For the license period beginning: 07 01 2023 ending: 06 30 2024  
(mm dd yyyy) (mm dd yyyy)To the Governing Body of the: ☐ Town of  
☒ Village of } GERMANTOWN  
City of }County of WASHINGTON Aldermanic Dist. No. \_\_\_\_\_  
(if required by ordinance)Check one: ☐ Individual ☐ Limited Liability Company  
☐ Partnership ☒ Corporation/Nonprofit Organization

Complete A or B. All must complete C.

**A. Individual or Partnership:**

|                  |         |               |                                                        |
|------------------|---------|---------------|--------------------------------------------------------|
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |

**B. LLC or Corporation (and Agent):**

|                                                                                     |                                                                                          |
|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company | Address of Corporation / Limited Liability Company (if different from licensed premises) |
| Walgreen Co                                                                         | PO Box 901 Berthel, IL 60015                                                             |

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

Agent Last Name

(First)

(Middle Name)

Home Address (Street, City or Post Office, & Zip Code)

Store is in the process of getting a new manager (agent)

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

|                                   |         |               |                                                        |
|-----------------------------------|---------|---------------|--------------------------------------------------------|
| President / Member Last Name      | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Vice President / Member Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Secretary / Member Last Name      | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Treasurer / Member Last Name      | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Directors / Managers Last Name    | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Directors / Managers Last Name    | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |

**C. Business Information**

- Trade Name Walgreens #05427 Business Phone Number 262-253-9720
- Address of Premises 1515 N 112th Plgum Rd Post Office & Zip Code 53022-3420
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ..... Yes ☒ No ☐
- 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.)

Retail drug store with sundries in a one-story building on 13,900 sq ft

AT-115 (R 5-19)

Wisconsin Department of Revenue

Page 198 of 228

5. Legal description (omit if street address is given on previous page):

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete page 3. ....

☐ Yes ☒ No

b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this licensee? If yes, explain fully on page 3. ....

☐ Yes ☒ No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. ....

☒ Yes ☐ No

*Change in corporate officers*

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

12. Does the applicant owe municipal property taxes, assessments, or other fees? .....  
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

☐ Yes ☒ No

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

|                                         |                              |               |
|-----------------------------------------|------------------------------|---------------|
| Contact Person's Name (Last, First, MI) | Title / Member               | Date          |
| <i>Giallotta, Nancy</i>                 | <i>SA license Specialist</i> |               |
| Signature                               | Phone Number                 | Email Address |
| <i>Brian Brown</i>                      | <i>847-527-2119</i>          |               |

**Vice President**

*taxlicense@renewals@coalyreals.com*

**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 |
|                                              |                                  |                                   |



## Instructions for Renewal Alcohol Beverage License Application

### THIS RENEWAL FORM CANNOT BE USED IF:

1. There is a change in business entity (i.e., individual has changed to partnership or corporation/limited liability company; partnership changed to individual or corporation/limited liability company; corporation changed to individual, partnership or limited liability company) and if limited liability company has been dissolved.
2. Partners are added or dropped.
3. Application is made in a different municipality.

### PARTNERSHIPS:

Indicate full name and home address of each partner. One partner must sign application. **Reminder:** If partners have been added or dropped since your last application, you must use Form AT-106 (Original Beverage License Application).

### CORPORATIONS:

One officer must sign application. Be sure to answer Question No. 7 by indicating any change of officers, directors, and/or changes in home address. If there are any changes in officers and/or directors each must complete Form AT-103 (Auxiliary Questionnaire). If there has been a change in agent since your last approved agent, he/she must complete Forms AT-104 (Schedule for Appointment of Agent) AND AT-103 (Auxiliary Questionnaire) in addition to this (AT-115) form.

### LIMITED LIABILITY COMPANY:

One member/manager must sign application. Follow procedure under Corporations for any change of members or agent.

**NOTE:** Use ink or typewriter when filling in applications. Be sure to answer all questions fully and accurately. 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.

### DISCRIMINATION CLAUSE – (City of Milwaukee only)

The applicant shall not willfully refuse to provide those services offered under this license or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry, the applicant shall not seek information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion solely on the basis of such information. The applicant also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

Complete, sign and return this form to the clerk.

If answer to Questions No. 6a and/or 6b on page 2 are "YES," outline details below:

### CONVICTIONS

|                       |                                                                      |
|-----------------------|----------------------------------------------------------------------|
| 1. NAME _____         | STATUTE NO./LOCAL ORDINANCE _____                                    |
| CHARGE _____          | WHERE CONVICTED _____                                                |
| DATE _____            | <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> FELONY |
| 2. NAME _____         | STATUTE NO./LOCAL ORDINANCE _____                                    |
| CHARGE _____          | WHERE CONVICTED _____                                                |
| DATE _____            | <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> FELONY |
| 3. NAME _____         | STATUTE NO./LOCAL ORDINANCE _____                                    |
| CHARGE _____          | WHERE CONVICTED _____                                                |
| DATE _____            | <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> FELONY |
| <b>PENDING CHARGE</b> |                                                                      |
| 1. NAME _____         | STATUTE NO./LOCAL ORDINANCE _____                                    |
| PENDING CHARGE _____  | DATE _____                                                           |

## **BUSINESS OF THE PUBLIC SAFETY COMMITTEE**

MEETING DATE: June 5, 2023

PLACEMENT: Action Item

ITEM TITLE: NSM Enterprises LLC owned by Naheed Naseem, Naseem Abbas, Agent,  
N114W15775 Sylvan Ct, 20, d/b/a **Willow Creek BP**, W201 N10451  
Appleton Ave, Behind the Counter, Back Office, Stock Area

SUBMITTED BY:

SUMMARY EXPLANATION:

ATTACHMENT:

1. Willow Creek BP

RECOMMENDATION:

ACTION BY Committee:

# Renewal Alcohol Beverage License Application

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

For the license period beginning: 07 01 2023 ending: 06 30 2024  
(mm dd yyyy) (mm dd yyyy)

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

County of WASHINGTON

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

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

Complete A or B. All must complete C.

## A. Individual or Partnership:

|                  |         |               |                                                        |
|------------------|---------|---------------|--------------------------------------------------------|
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| NASEEM           | NAHEED  |               | 1114 W 15779 SYLVAN AVE #5                             |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| /                | /       | /             | GERMANTOWN, WI 53022                                   |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| /                | /       | /             | /                                                      |

## B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company Address of Corporation / Limited Liability Company (if different from licensed premises)

04/10/22 NASEEM ABBAS 1114 W 15779 SYLVAN AVE #5 GERMANTOWN, WI 53022

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

|                 |         |               |                                                        |
|-----------------|---------|---------------|--------------------------------------------------------|
| Agent Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| /               | /       | /             | /                                                      |

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

|                                   |         |               |                                                        |
|-----------------------------------|---------|---------------|--------------------------------------------------------|
| President / Member Last Name      | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| NASEEM                            | NAHEED  |               | 1114 W 15779 SYLVAN AVE #5 GERMANTOWN, WI 53022        |
| Vice President / Member Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| /                                 | /       | /             | /                                                      |
| Secretary / Member Last Name      | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| /                                 | /       | /             | /                                                      |
| Treasurer / Member Last Name      | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| /                                 | /       | /             | /                                                      |
| Directors / Managers Last Name    | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| /                                 | /       | /             | /                                                      |
| Directors / Managers Last Name    | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| /                                 | /       | /             | /                                                      |

## C. Business Information

- Trade Name WILLOW CREEK B&B Business Phone Number 262-255-9506
- Address of Premises W201N 10451 APPLETON AVE Post Office & Zip Code GERMANTOWN, WI 53022
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes ☒ No ☐
- 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.)

SALES AREA & BACK OFFICE STORE IN BUILDING  
W201N 10451 APPLETON AVE GERMANTOWN, WI 53022

|                                                      |        |
|------------------------------------------------------|--------|
| Applicant's Wisconsin Seller's Permit Number         |        |
| 456-1028986092-02                                    |        |
| FEIN Number                                          |        |
| 47-3973338                                           |        |
| TYPE OF LICENSE REQUESTED                            | FEE    |
| <input type="checkbox"/> Class A beer                | \$ 100 |
| <input type="checkbox"/> Class B beer                | \$ 100 |
| <input type="checkbox"/> Class C wine                | \$ 100 |
| <input checked="" type="checkbox"/> Class A liquor   | \$ 500 |
| <input type="checkbox"/> Class A liquor (cider only) | \$ N/A |
| <input type="checkbox"/> Class B liquor              | \$ 500 |
| <input type="checkbox"/> Reserve Class B liquor      | \$     |
| <input type="checkbox"/> Class B (wine only) winery  | \$ 500 |
| <input checked="" type="checkbox"/> Publication fee  | \$ 20  |
| TOTAL FEE                                            | \$     |



5. Legal description (omit if street address is given on previous page): \_\_\_\_\_

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** ..... ☐ Yes ☒ No

b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** ..... ☐ Yes ☒ No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** ..... ☐ Yes ☒ No

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** ..... ☒ Yes ☐ No

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

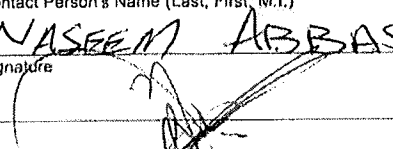
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? ..... ☒ Yes ☐ No  
[phone (608) 266-2776]

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

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

12. Does the applicant owe municipal property taxes, assessments, or other fees? ..... ☐ Yes ☒ No  
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

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

|                                                                                                  |                                     |                                           |
|--------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------------|
| Contact Person's Name (Last, First, M.I.)<br><b>NASEEM ABBAS</b>                                 | Title / Member<br><b>MANAGER</b>    | Date<br><b>05/15/23</b>                   |
| Signature<br> | Phone Number<br><b>414-708-1033</b> | Email Address<br><b>NASEEM.ABBAS@YKCB</b> |

**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 |

## Instructions for Renewal Alcohol Beverage License Application

### THIS RENEWAL FORM CANNOT BE USED IF:

1. There is a change in business entity (i.e., individual has changed to partnership or corporation/limited liability company; partnership changed to individual or corporation/limited liability company; corporation changed to individual, partnership or limited liability company) and if limited liability company has been dissolved.
2. Partners are added or dropped.
3. Application is made in a different municipality.

### PARTNERSHIPS:

Indicate full name and home address of each partner. One partner must sign application. **Reminder:** If partners have been added or dropped since your last application, you must use Form AT-106 (Original Beverage License Application).

### CORPORATIONS:

One officer must sign application. Be sure to answer Question No. 7 by indicating any change of officers, directors, and/or changes in home address. If there are any changes in officers and/or directors each must complete Form AT-103 (Auxiliary Questionnaire). If there has been a change in agent since your last approved agent, he/she must complete Forms AT-104 (Schedule for Appointment of Agent) **AND** AT-103 (Auxiliary Questionnaire) in addition to this (AT-115) form.

### LIMITED LIABILITY COMPANY:

One member/manager must sign application. Follow procedure under Corporations for any change of members or agent.

**NOTE:** Use ink or typewriter when filling in applications. Be sure to answer all questions fully and accurately. 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.

### DISCRIMINATION CLAUSE – (City of Milwaukee only)

The applicant shall not willfully refuse to provide those services offered under this license or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry, the applicant shall not seek information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion solely on the basis of such information. The applicant also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

Complete, sign and return this form to the clerk.

If answer to Questions No. 6a and/or 6b on page 2 are "YES," outline details below:

### CONVICTIONS

|               |                                                                                    |
|---------------|------------------------------------------------------------------------------------|
| 1. NAME _____ | STATUTE NO./LOCAL ORDINANCE _____                                                  |
| CHARGE _____  | WHERE CONVICTED _____                                                              |
| DATE _____    | PENALTY _____ <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> FELONY |
| 2. NAME _____ | STATUTE NO./LOCAL ORDINANCE _____                                                  |
| CHARGE _____  | WHERE CONVICTED _____                                                              |
| DATE _____    | PENALTY _____ <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> FELONY |
| 3. NAME _____ | STATUTE NO./LOCAL ORDINANCE _____                                                  |
| CHARGE _____  | WHERE CONVICTED _____                                                              |
| DATE _____    | PENALTY _____ <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> FELONY |

### PENDING CHARGE

|                      |                                   |
|----------------------|-----------------------------------|
| 1. NAME _____        | STATUTE NO./LOCAL ORDINANCE _____ |
| PENDING CHARGE _____ | DATE _____                        |

8100

# Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

MUNICIPAL USE ONLY

|                  |
|------------------|
| License Number   |
| Period Covered   |
| Date of Issuance |

Applicant's Wisconsin 15-digit Sales Tax Account Number

456-1028986092-02

← This must be issued in the same Legal Name of the licensee below.

|                                                                                                                |       |                                                          |            |
|----------------------------------------------------------------------------------------------------------------|-------|----------------------------------------------------------|------------|
| Legal Name (corporation, limited liability company, partnership or sole proprietorship)<br>NSM ENTERPRISES LLC |       | Federal Employer Identification No. (FEIN)<br>47-3973338 |            |
| Trade or Business Name (if different than Legal Name)<br>WILLOW CREEK BP.                                      |       | Telephone Number<br>(262) 255-9506                       |            |
| Business Address (License Location)<br>W201N10451 APPORTION AVE                                                |       | Business Telephone<br>(414) 7081033                      |            |
| Municipality                                                                                                   | State | Zip Code                                                 | County     |
|                                                                                                                |       |                                                          | WASHINGTON |
| Mailing Address (if different than Business Address)<br>SAME AS ABOVE                                          |       | Municipality                                             | State      |
|                                                                                                                |       |                                                          | Zip Code   |

Organization (check one)

- ☒ Sole Proprietor      ☐ Wisconsin Corporation – Enter date incorporated: \_\_\_\_\_
- ☐ Partnership      ☐ Out-of-State Corporation – Are you registered to do business in Wisconsin? ☒ Yes ☐ No
- ☐ Other (describe) \_\_\_\_\_

- ☒ Yes ☐ No 1. Does the applicant understand that they must purchase cigarettes and tobacco products only from distributors, jobbers, or subjobbers, who hold a permit with the Wisconsin Department of Revenue?
- ☒ Yes ☐ No 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-266-6701. See application form CTP-129, [revenue.wi.gov/dor/forms/ctp-129.pdf](http://revenue.wi.gov/dor/forms/ctp-129.pdf).)
- ☒ Yes ☐ No 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- ☒ Yes ☐ No 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (<https://witobaccocheck.org>)
- ☒ Yes ☐ No 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
- ☒ Yes ☐ No 6. Does the applicant understand that they may not sell single cigarettes?
- ☒ Yes ☐ No 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- ☐ Yes ☐ No 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at [www.doj.state.wi.us/dls/tobacco-directory](http://www.doj.state.wi.us/dls/tobacco-directory) may be sold in Wisconsin?

Cigarettes / Tobacco will be sold ☒ over counter ☐ through vending machine ☐ both

**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 applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another. 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

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

## Applicable Laws and Rules

This document provides statements or interpretations of the following laws and regulations in effect as of September 19, 2019: Sections 134.65, 134.66, 139.321, 139.79, 139.76, 995.10, and 995.12, Wis. Stats.

## **BUSINESS OF THE PUBLIC SAFETY COMMITTEE**

MEETING DATE: June 5, 2023

PLACEMENT: Action Item

ITEM TITLE: Wal-Mart Stores East, LP, Alexey Hunt, Agent, 202 Royal Court, Appleton;  
d/b/a **Wal-Mart 1515**, W190N9855 Appleton Ave, 103,075 square foot  
building, 1,465 foot in front of building for display and storage, and outside  
parking lot specifically designated for online grocery pick up)

SUBMITTED BY:

SUMMARY EXPLANATION:

ATTACHMENT:

1. Walmart

RECOMMENDATION:

ACTION BY Committee:

# Renewal Alcohol Beverage License Application

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

For the license period beginning: 07 01 2023 ending: 06 30 2024  
(mm dd yyyy) (mm dd yyyy)

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

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

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

Complete A or B. All must complete C.

## A. Individual or Partnership:

|                  |         |               |                                                        |
|------------------|---------|---------------|--------------------------------------------------------|
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |

## B. LLC or Corporation (and Agent):

|                                                                                     |                                                                                          |
|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company | Address of Corporation / Limited Liability Company (if different from licensed premises) |
| <u>WAL-MART STORES EAST, LP</u>                                                     | <u>702 SW 8TH ST, LICENSING DEPT. 8916, BENTONVILLE, AR 72716-0500</u>                   |

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

|                 |               |               |                                                        |
|-----------------|---------------|---------------|--------------------------------------------------------|
| Agent Last Name | (First)       | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| <u>HUNT</u>     | <u>ALEXEY</u> | <u>HAROLD</u> | <u>202 ROYAL COURT, APT. #2, APPLETON, WI 54915</u>    |

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

|                                   |         |               |                                                        |
|-----------------------------------|---------|---------------|--------------------------------------------------------|
| President / Member Last Name      | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| <u>SEE ATTACHED LIST</u>          |         |               |                                                        |
| Vice President / Member Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Secretary / Member Last Name      | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Treasurer / Member Last Name      | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Directors / Managers Last Name    | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Directors / Managers Last Name    | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |

## C. Business Information

- Trade Name WALMART #1515 Business Phone Number 262-255-1285
- Address of Premises W190 N9855 APPLETON AVENUE Post Office & Zip Code GERMANTOWN, WI 53022
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ..... Yes ☒ No ☐
- 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.) 1 room, 1 story, approximately  
103,075 sq. ft. of which 1,465 sq. ft. located in the tenant area at the front of the store is for the  
display and storage of alcohol beverages; product is also displayed throughout the premises; sold at  
in-store registers and stalls in parking lot specifically designated for online grocery pickup.  
registers and stalls in parking lot specifically designated for online grocery pickup.



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

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

|                                                                                                  |                                       |                                           |
|--------------------------------------------------------------------------------------------------|---------------------------------------|-------------------------------------------|
| Contact Person's Name (Last, First, M.I.)<br>Sarah Little                                        | Title / Member<br>Assistant Secretary | Date<br>3/14/2023                         |
| Signature<br> | Phone Number<br>(479) 544-7713        | Email Address<br>sarah.little@walmart.com |

**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 |

## **BUSINESS OF THE PUBLIC SAFETY COMMITTEE**

MEETING DATE: June 5, 2023

PLACEMENT: Action Item

ITEM TITLE: The following have applied to the Village Board of the Village of Germantown, Washington County, Wisconsin, for **RENEWAL** of a Class "A" Fermented Malt Beverage, including cider for the period commencing July 1, 2023, and ending June 30, 2024

SUBMITTED BY:

SUMMARY EXPLANATION:

ATTACHMENT:

RECOMMENDATION:

ACTION BY Committee:

## **BUSINESS OF THE PUBLIC SAFETY COMMITTEE**

MEETING DATE: June 5, 2023

PLACEMENT: Action Item

ITEM TITLE: Fleet Farm Group, LLC, Shawn Stockfisch, Agent, N173W20425 Crestview Dr, Jackson, d/b/a Fleet Farm, N9618200 County Line Road, on pallets/shelves and in back room

SUBMITTED BY:

SUMMARY EXPLANATION:

ATTACHMENT:

1. Fleet Farm

RECOMMENDATION:

ACTION BY Committee:

# Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 07/01/2022 ending: 06/30/2023  
(mm dd yyyy) (mm dd yyyy)

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

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

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

| Applicant's Wisconsin Seller's Permit Number         |                  |
|------------------------------------------------------|------------------|
| FEIN Number                                          |                  |
| TYPE OF LICENSE REQUESTED                            | FEE              |
| <input checked="" type="checkbox"/> Class A beer     | \$ <u>100.00</u> |
| <input type="checkbox"/> Class B beer                | \$               |
| <input type="checkbox"/> Class C wine                | \$               |
| <input type="checkbox"/> Class A liquor              | \$               |
| <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>20</u>     |
| <b>TOTAL FEE</b>                                     | \$               |

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)  
FLEET FARM GROUP LLC

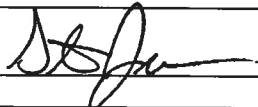
An "Auxiliary Questionnaire," Form AT-103, must be completed and attached to this application by each individual applicant, by each member of a partnership, and by each officer, director and agent of a corporation or nonprofit organization, and by each member/manager and agent of a limited liability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

| President / Member Last Name      | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
|-----------------------------------|---------|---------------|--------------------------------------------------------|
| SCHAEFER                          | JOHN    | V             | 7924 S ALVA RD HARSHAW WI 54529                        |
| Vice President / Member Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| JENSEN                            | STEVE   | R             | 421 PETERLYNN DR WRIGHTSTOWN WI 54180                  |
| Secretary / Member Last Name      | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
|                                   |         |               |                                                        |
| Treasurer / Member Last Name      | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
|                                   |         |               |                                                        |
| Agent Last Name                   | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| STOCKFISCH                        | SHAWN   | M             | N173W20425 CRESTVIEW DR JACKSON WI 53037               |
| Directors / Managers Last Name    | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
|                                   |         |               |                                                        |

- Trade Name FLEET FARM Business Phone Number 262-255-1420
- Address of Premises N96W18200 COUNTY LINE RDN96W18 Post Office & Zip Code 53022
- 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.)  
BEER WILL BE SOLD ON PALLETS AND/OR NEARBY SHELVES, THE BEER WILL BE  
STORED IN THE BACK ROOM
- Legal description (omit if street address is given above): \_\_\_\_\_
- (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? \_\_\_\_\_

6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? **If yes, explain** ..... ☒ Yes ☐ No
7. Is the applicant an employee or agent of, or acting on behalf of anyone except the named applicant? ..... ☐ Yes ☒ No  
**If yes, explain.**
8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? **If yes, explain** ..... ☐ Yes ☒ No
9. (a) **Corporate/limited liability company applicants only:** Insert state DELAWARE and date 2016 of registration.
- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? **If yes, explain** ..... ☒ Yes ☐ No  
PLEASE SEE ATTACHED
- (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? **If yes, explain.** ☒ Yes ☐ No  
PLEASE SEE ATTACHED
10. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277] ..... ☒ Yes ☐ No
11. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ..... ☒ Yes ☐ No
12. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ..... ☒ Yes ☐ No

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000. Signer agrees 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, or one member of a partnership applicant must sign; one corporate officer, one member/manager 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.

|                                                                                                  |                                             |                                              |
|--------------------------------------------------------------------------------------------------|---------------------------------------------|----------------------------------------------|
| Contact Person's Name (Last, First, M.I.)<br><b>JENSEN, STEVE, R</b>                             | Title/Member<br><b>SVP CHIEF MERCH MARK</b> | Date<br><b>4-25-02</b>                       |
| Signature<br> | Phone Number<br><b>920-731-8121</b>         | Email Address<br><b>licenses@fleetfarm.c</b> |

**TO BE COMPLETED BY CLERK**

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



## **BUSINESS OF THE PUBLIC SAFETY COMMITTEE**

MEETING DATE: June 5, 2023

PLACEMENT: Action Item

ITEM TITLE: Speedway, LLC, Richard Eastham, Agent, 8290 W Orchard, West Allis, d/b/a **Speedway 4465**, W178 N9653 Riversbend Lane, Store, walk in cooler, sales area, storage / furnace room.

SUBMITTED BY:

SUMMARY EXPLANATION:

ATTACHMENT:

1. Speedway 4495

RECOMMENDATION:

ACTION BY Committee:

4495

#881013

# Renewal Alcohol Beverage License Application

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

For the license period beginning: 07 01 2023 ending: 06 30 2024  
(mm dd yyyy) (mm dd yyyy)

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

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

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

Complete A or B. All must complete C.

## A. Individual or Partnership:

|                  |         |               |                                                        |
|------------------|---------|---------------|--------------------------------------------------------|
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| n/a              |         |               |                                                        |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
|                  |         |               |                                                        |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
|                  |         |               |                                                        |

## B. LLC or Corporation (and Agent):

|                                                                                     |                                                                                          |
|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company | Address of Corporation / Limited Liability Company (if different from licensed premises) |
| Speedway LLC                                                                        | PO Box 139044 Dallas, TX 75313                                                           |

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

|                 |         |               |                                                        |
|-----------------|---------|---------------|--------------------------------------------------------|
| Agent Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Hardy-Reith     | Dawn    |               | N75 W22256 Cherry Hill Rd, Sussex, WI 53089            |

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

|                                   |          |               |                                                        |
|-----------------------------------|----------|---------------|--------------------------------------------------------|
| President / Member Last Name      | (First)  | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
|                                   |          |               |                                                        |
| Vice President / Member Last Name | (First)  | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| n/a                               |          |               |                                                        |
| Secretary / Member Last Name      | (First)  | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| (Asst Secy) Duncan                | Kimberly | K             | 2728 Hood St #808 Dallas TX 75219                      |
| Treasurer / Member Last Name      | (First)  | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
|                                   |          |               |                                                        |
| Directors / Managers Last Name    | (First)  | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| n/a                               |          |               |                                                        |
| Directors / Managers Last Name    | (First)  | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| n/a                               |          |               |                                                        |

## C. Business Information

- Trade Name Speedway #4495 Business Phone Number 262-502-0428
- Address of Premises w164n11233 Squire Dr Post Office & Zip Code Germantown 53022
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ..... Yes ☒ No ☐
- 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.) Main Sales floor, Cooler,  
Utility / Storage Room

| Applicant's Wisconsin Seller's Permit Number<br>456-0000048548-03 |                  |
|-------------------------------------------------------------------|------------------|
| FEIN Number<br>31-1551430                                         |                  |
| TYPE OF LICENSE REQUESTED                                         | FEE              |
| <input checked="" type="checkbox"/> Class A beer                  | \$ <u>100</u>    |
| <input checked="" type="checkbox"/> Class B beer                  | \$               |
| <input type="checkbox"/> Class C wine                             | \$               |
| <input type="checkbox"/> Class A liquor                           | \$               |
| <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>20</u>     |
| <b>TOTAL FEE</b>                                                  | \$ <u>220.00</u> |

Corporate 100

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

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

|                                                                 |                                       |                                              |
|-----------------------------------------------------------------|---------------------------------------|----------------------------------------------|
| Contact Person's Name (Last, First, M.I.)<br>Kimberly K. Duncan | Title / Member<br>Assistant Secretary | Date<br>4-11-2023                            |
| Signature<br><i>Kimberly K. Duncan</i>                          | Phone Number<br>972-828-7127          | Email Address<br>Electronicrenewals@7-11.com |

**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 |

*OK 3/12  
04/11/23*

# Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

|                                                   |  |              |               |               |                |
|---------------------------------------------------|--|--------------|---------------|---------------|----------------|
| Individual's Full Name (please print) (last name) |  | (first name) |               | (middle name) |                |
| Duncan                                            |  | Kimberly     |               | Karen         |                |
| Home Address (street/route)                       |  | Post Office  |               | City          | State Zip Code |
| 2728 Hood St #808                                 |  |              |               | Dallas        | TX 75219       |
| Home Phone Number                                 |  | Age          | Date of Birth |               | Place of Birth |
| 972-828-7809                                      |  | 58           | 04/11/1964    |               | Ft Collins, CO |

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

- ☐ Applying for an alcohol beverage license as an **individual**.
- ☐ A member of a **partnership** which is making application for an alcohol beverage license.
- ☒ **Assistant Secretary** of **Speedway LLC**  
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

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

- How long have you continuously resided in Wisconsin prior to this date? n/a
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? ☐ Yes ☒ No  
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? ☐ Yes ☒ No  
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? ☒ Yes ☐ No  
 If yes, identify. Speedway LLC stores in WI  
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employee of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? ☐ Yes ☒ No  
 If yes, identify.  
(Name of Wholesale Licensee or Permittee) (Address By City and County)

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

|                 |                             |               |            |
|-----------------|-----------------------------|---------------|------------|
| Employer's Name | Employer's Address          | Employed From | To         |
| 7-Eleven, Inc.  | 3200 Hackberry Rd Irving TX | 07/01/2021    |            |
| Employer's Name | Employer's Address          | Employed From | To         |
| Speedway LLC    | 500 Speedway Dr Enon OH     | 10/01/2018    | 06/30/2021 |

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

  
(Signature of Named Individual)

AT-103 (R. 7-18) OK 2/6/2023

Wisconsin Department of Revenue



WISCONSIN DEPARTMENT OF REVENUE  
PO BOX 8902  
MADISON, WI 53708-8902

## State of Wisconsin • DEPARTMENT OF REVENUE

REGISTRATION UNIT  
2135 RIMROCK RD PO BOX 8902 MADISON, WI 53708-8902  
PHONE: 608-266-2776 FAX 608-261-6248  
EMAIL: [sa.es10@revenue.wi.gov](mailto:sa.es10@revenue.wi.gov) WEBSITE: [www.revenue.wi.gov](http://www.revenue.wi.gov)

SPEEDWAY LLC  
539 S MAIN ST  
FINDLAY OH 45840-3229

Letter ID: L1586975424  
Batch Index: 683321856-55

### Wisconsin Department of Revenue

#### Seller's Permit

LEGAL/REAL NAME: SPEEDWAY LLC  
BUSINESS NAME: SPEEDWAY 4495  
W164N11233 SQUIRE DR  
GERMANTOWN WI 53022-6015

The seller whose name appears above is authorized to engage in the business of selling tangible personal property and taxable services at the location shown. This permit is not transferable and is not valid at any other location. This permit must be conspicuously displayed at the place of business for which issued. Return this permit to the Department if you discontinue sales of taxable property and services at this location.

If your business is not operated from a fixed location, such as craft shows, flea markets, etc., this permit should be displayed or carried with you to the various events.

| Tax Type        | Account Type    | Account Number    |
|-----------------|-----------------|-------------------|
| Sales & Use Tax | Seller's Permit | 456-0000048548-03 |



## **BUSINESS OF THE PUBLIC SAFETY COMMITTEE**

MEETING DATE: June 5, 2023

PLACEMENT: Action Item

ITEM TITLE: Speedway, LLC, Dawn Reith, Agent, N75W222586 Cherry Hill Rd, Sussex, d/b/a **Speedway 4495**, W164 N11233 Squire Dr, store, walk in cooler, sales area / storage furnace room.

SUBMITTED BY:

SUMMARY EXPLANATION:

ATTACHMENT:

1. Speedway

RECOMMENDATION:

ACTION BY Committee:

4495

#881013

# Renewal Alcohol Beverage License Application

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

For the license period beginning: 07 01 2023 ending: 06 30 2024  
(mm dd yyyy) (mm dd yyyy)

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

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

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

Complete A or B. All must complete C.

## A. Individual or Partnership:

|                         |         |               |                                                        |
|-------------------------|---------|---------------|--------------------------------------------------------|
| Full Name (Last)<br>n/a | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Full Name (Last)        | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Full Name (Last)        | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |

## B. LLC or Corporation (and Agent):

|                                                                                                            |                                                                                                                                   |
|------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company<br><u>Speedway LLC</u> | Address of Corporation / Limited Liability Company (if different from licensed premises)<br><u>PO Box 139044 Dallas, TX 75313</u> |
|------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|

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

|                                       |                        |               |                                                                                                              |
|---------------------------------------|------------------------|---------------|--------------------------------------------------------------------------------------------------------------|
| Agent Last Name<br><u>Hardy-Reith</u> | (First)<br><u>Dawn</u> | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code)<br><u>N75 W22256 Cherry Hill Rd, Sussex, WI 53089</u> |
|---------------------------------------|------------------------|---------------|--------------------------------------------------------------------------------------------------------------|

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

|                                                           |                            |                           |                                                                                                    |
|-----------------------------------------------------------|----------------------------|---------------------------|----------------------------------------------------------------------------------------------------|
| President / Member Last Name<br>n/a                       | (First)                    | (Middle Name)             | Home Address (Street, City or Post Office, & Zip Code)                                             |
| Vice President / Member Last Name<br>n/a                  | (First)                    | (Middle Name)             | Home Address (Street, City or Post Office, & Zip Code)                                             |
| Secretary / Member Last Name<br>(Asst Secy) <u>Duncan</u> | (First)<br><u>Kimberly</u> | (Middle Name)<br><u>K</u> | Home Address (Street, City or Post Office, & Zip Code)<br><u>2728 Hood St #808 Dallas TX 75219</u> |
| Treasurer / Member Last Name                              | (First)                    | (Middle Name)             | Home Address (Street, City or Post Office, & Zip Code)                                             |
| Directors / Managers Last Name<br>n/a                     | (First)                    | (Middle Name)             | Home Address (Street, City or Post Office, & Zip Code)                                             |
| Directors / Managers Last Name<br>n/a                     | (First)                    | (Middle Name)             | Home Address (Street, City or Post Office, & Zip Code)                                             |

## C. Business Information

- Trade Name Speedway #4495 Business Phone Number 262-502-0428
- Address of Premises w164n11233 Squire Dr Post Office & Zip Code Germantown 53022
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ..... Yes ☒ No ☐
- 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.) Main Sales floor, Cooler,  
Utility / Storage Room

| Applicant's Wisconsin Seller's Permit Number<br><u>456-0000048548-03</u> |                  |
|--------------------------------------------------------------------------|------------------|
| FEIN Number<br><u>31-1551430</u>                                         |                  |
| TYPE OF LICENSE REQUESTED                                                | FEE              |
| <input checked="" type="checkbox"/> Class A beer                         | \$ <u>100</u>    |
| <input checked="" type="checkbox"/> Class B beer                         | \$               |
| <input type="checkbox"/> Class C wine                                    | \$               |
| <input type="checkbox"/> Class A liquor                                  | \$               |
| <input type="checkbox"/> Class A liquor (cider only)                     | \$ <u>N/A</u>    |
| <input type="checkbox"/> Class B liquor                                  | \$               |
| <input type="checkbox"/> Reserve Class B liquor                          | \$               |
| <input type="checkbox"/> Class B (wine only) winery                      | \$               |
| Publication fee                                                          | \$ <u>20</u>     |
| <b>TOTAL FEE</b>                                                         | \$ <u>220.00</u> |

Corporate 100

101325201 4-11

5. Legal description (omit if street address is given on previous page): \_\_\_\_\_

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** ..... ☐ Yes ☒ No

b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** ..... ☐ Yes ☒ No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** ..... ☐ Yes ☒ No

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** ..... ☒ Yes ☐ No

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Does the applicant understand they must hold a Wisconsin Seller's Permit? ..... ☒ Yes ☐ No  
[phone (608) 266-2776]

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

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

12. Does the applicant owe municipal property taxes, assessments, or other fees? ..... ☐ Yes ☒ No  
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

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

|                                                                 |                                       |                                              |
|-----------------------------------------------------------------|---------------------------------------|----------------------------------------------|
| Contact Person's Name (Last, First, M.I.)<br>Kimberly K. Duncan | Title / Member<br>Assistant Secretary | Date<br>4-11-2023                            |
| Signature<br><i>Kimberly K. Duncan</i>                          | Phone Number<br>972-828-7127          | Email Address<br>Electronicrenewals@7-11.com |

**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 |

*OK 3/12  
04/11/23*

# Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

|                                                   |  |              |               |               |                |
|---------------------------------------------------|--|--------------|---------------|---------------|----------------|
| Individual's Full Name (please print) (last name) |  | (first name) |               | (middle name) |                |
| Duncan                                            |  | Kimberly     |               | Karen         |                |
| Home Address (street/route)                       |  | Post Office  |               | City          | State Zip Code |
| 2728 Hood St #808                                 |  |              |               | Dallas        | TX 75219       |
| Home Phone Number                                 |  | Age          | Date of Birth |               | Place of Birth |
| 972-828-7809                                      |  | 58           | 04/11/1964    |               | Ft Collins, CO |

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

- ☐ Applying for an alcohol beverage license as an **individual**.
- ☐ A member of a **partnership** which is making application for an alcohol beverage license.
- ☒ **Assistant Secretary** of **Speedway LLC**

(Officer / Director / Member / Manager / Agent)

(Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

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

- How long have you continuously resided in Wisconsin prior to this date? n/a
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? ☐ Yes ☒ No  
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? ☐ Yes ☒ No  
If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? ☒ Yes ☐ No  
If yes, identify. Speedway LLC stores in WI  
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employee of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? ☐ Yes ☒ No  
If yes, identify.

(Name of Wholesale Licensee or Permittee)

(Address By City and County)

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

|                 |                             |               |            |
|-----------------|-----------------------------|---------------|------------|
| Employer's Name | Employer's Address          | Employed From | To         |
| 7-Eleven, Inc.  | 3200 Hackberry Rd Irving TX | 07/01/2021    |            |
| Employer's Name | Employer's Address          | Employed From | To         |
| Speedway LLC    | 500 Speedway Dr Enon OH     | 10/01/2018    | 06/30/2021 |

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

Kimberly K. Duncan  
(Signature of Named Individual)

AT-103 (R. 7-18) OK 2/6/2023

Wisconsin Department of Revenue



WISCONSIN DEPARTMENT OF REVENUE  
PO BOX 8902  
MADISON, WI 53708-8902

## State of Wisconsin • DEPARTMENT OF REVENUE

REGISTRATION UNIT  
2135 RIMROCK RD PO BOX 8902 MADISON, WI 53708-8902  
PHONE: 608-266-2776 FAX 608-261-6248  
EMAIL sa es10@revenue.wi.gov WEBSITE www.revenue.wi.gov

SPEEDWAY LLC  
539 S MAIN ST  
FINDLAY OH 45840-3229

Letter ID: L1586975424  
Batch Index: 683321856-55

### Wisconsin Department of Revenue

#### Seller's Permit

LEGAL/REAL NAME: SPEEDWAY LLC  
BUSINESS NAME: SPEEDWAY 4495  
W164N11233 SQUIRE DR  
GERMANTOWN WI 53022-6015

The seller whose name appears above is authorized to engage in the business of selling tangible personal property and taxable services at the location shown. This permit is not transferable and is not valid at any other location. This permit must be conspicuously displayed at the place of business for which issued. Return this permit to the Department if you discontinue sales of taxable property and services at this location.

If your business is not operated from a fixed location, such as craft shows, flea markets, etc., this permit should be displayed or carried with you to the various events.

| Tax Type        | Account Type    | Account Number    |
|-----------------|-----------------|-------------------|
| Sales & Use Tax | Seller's Permit | 456-0000048548-03 |



## **BUSINESS OF THE PUBLIC SAFETY COMMITTEE**

MEETING DATE: June 5, 2023

PLACEMENT: Action Item

ITEM TITLE: Intergovernmental Agreement with the Germantown School District  
Regarding the School Resource Officer Program

SUBMITTED BY:

SUMMARY EXPLANATION:

ATTACHMENT:

1. SRO IGA 2023-2025

RECOMMENDATION:

ACTION BY Committee:

INTERGOVERNMENTAL AGREEMENT  
BETWEEN THE VILLAGE OF GERMANTOWN  
AND GERMANTOWN SCHOOL DISTRICT  
REGARDING SCHOOL RESOURCE OFFICER

WHEREAS, units of local government are authorized to enter into cooperative intergovernmental agreements for the mutual benefit of their citizens pursuant to Section 66.0301, Wisconsin Statutes; and

WHEREAS, the Village of Germantown (Village) and Germantown School District (District) recognize the value of intergovernmental cooperation and efficient use of valuable community resources and have thus determined that a School Resource Officer will greatly assist in developing and fostering a positive relationship and rapport between youth and law enforcement, give students an opportunity to get acquainted with an Officer in an informal, nonauthoritarian setting, and educate on the role of law enforcement in society; and

NOW, THEREFORE, in consideration of the mutual covenants contained herein, the parties hereby enter into the following Agreement, setting forth the terms, conditions and the relationship of the parties with respect to the creation and implementation of the School Resource Officer ("SRO").

1.     PURPOSE. The purpose of this Intergovernmental Agreement is to set forth certain agreements and guiding principles for the implementation of the SRO position for the mutual benefit of the Village and the District, consistent with the mission statement for the SRO, and to provide governance and management of said SRO.

2.     MISSION OF THE SCHOOL RESOURCE OFFICER. The mission of the SRO is to help youth and adults of the Germantown community to view the police department as a "helping agency" with the responsibility to educate, protect and serve all citizens. The SRO will also focus on prevention of crime and prevention of school code violations in and around the Germantown School District.

3.     AUTHORITY OF SCHOOL RESOURCE OFFICER. The SRO is authorized to investigate, report and follow up, as necessary, all complaints that occur on the grounds of Germantown Schools that lie within the boundaries of the Village. At the discretion of the SRO, specialized investigations (child abuse, child neglect, sexual assault, etc.) may be referred to the Youth Aid Officer for further investigation and follow-up.

4.     APPOINTMENT. The selection and continued assignment or reassignment of the SRO shall be at the sole discretion of the Village Chief of Police. However, the District Administrator may request reassignment of the SRO when necessary for the good of and/or the

orderly operation of the schools of the District, which request shall not be unreasonably denied by the Village Chief of Police.

5. **COMMAND STRUCTURE.** The Village will supply two full-time equivalent sworn, certified officers to act as a SRO while supporting all students and locations within the school district boundaries. The SRO will remain at all times employees of the Village of Germantown Police Department and will report directly to the Support Services Lieutenant. In the absence of the Support Services Lieutenant, the SRO will report to the on-duty shift commander. The District Administrator may provide evaluative information regarding the performance of the SRO, and the Village Chief of Police shall consider such information when making assignment or reassignment decisions.

6. **TERM OF AGREEMENT.** This agreement shall become effective on the 1<sup>st</sup> of July 2023 and shall stay in affect for a 2-year period terminating on the 30<sup>th</sup> of June 2025. Either party can terminate or request an amendment the agreement with the thirty (30) day written notice to the other party.

7. **COST SHARNG.** The parties shall jointly assume the cost of 2 full time equivalent SRO positions, with the Village paying fifty percent (50%) and the District paying fifty percent (50%) of the aggregate costs for the salary and all benefits for the SRO positions. Each party will be responsible for their respective overtime hours. The Village shall administer and provide all benefits to which the SROs are entitled under collective bargaining agreements, and the Village's employment policies and practices. The Village shall invoice the District at monthly intervals with a breakdown of wages, benefits, and overtime (used by the district). All invoices shall be due and payable within sixty (60) days after receipt. The Village agrees to indemnify, defend and hold the District harmless from any claims of any kind made by (i) a SRO in connection with his/her assignment or reassignment as a SRO; (ii) a SRO in connection with his/her discipline or termination by the Village; or (iii) any applicant for the position of SRO.

8. **ASSIGNMENT.** This agreement is not assignable.

9. **GOVERNING LAW.** The laws of the State of Wisconsin shall govern the validity, performance and enforcement of this Agreement. The rights and remedies herein granted are cumulative and are in addition to any given by statute, rule of law, or otherwise, and the use of one remedy shall not be taken to exclude or waive the right to use another.

10. **AMENDMENT; WAIVER.** No modification, amendment, waiver or release of any provisions of this Agreement or of any right, obligation, claim or cause of action arising hereunder shall be valid or binding for any purpose unless in writing and duly executed by all parties involved. The parties hereto agree and understand that from time to time changes to this document may be necessary due to the evolving nature and development of the team. As such, any modification to this agreement shall be in the form of an addendum, signed by all parties and subsequently attached hereto after execution.



11. ENTIRE AGREEMENT. This Agreement contains all the terms and conditions agreed upon by the parties hereto, and no agreement, oral or otherwise, regarding the subject matter of this Agreement shall be deemed to exist or be binding upon any of the parties hereto. This Agreement supersedes all other agreements relating to this subject involving the parties hereto.

12. BINDING EFFECT. This Agreement when fully executed shall be binding upon the respective heirs, executors, administrators, successors, and assigns of the parties hereto.

13. AUTHORITY. Each party hereto represents and warrants that they have the right, power, legal capacity and authority to enter into and perform their respective obligations under this Agreement.

Dated this 20 day of March, 2023

VILLAGE OF GERMANTOWN

\_\_\_\_\_  
Village President

ATTEST:

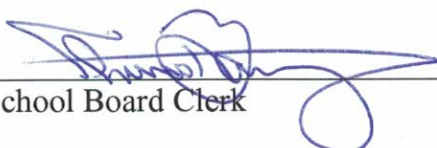
\_\_\_\_\_  
Village Clerk

Approved as a Form:

\_\_\_\_\_  
Village Attorney

GERMANTOWN SCHOOL DISTRICT

  
\_\_\_\_\_  
Superintendent

  
\_\_\_\_\_  
School Board Clerk

## **BUSINESS OF THE PUBLIC SAFETY COMMITTEE**

MEETING DATE: June 5, 2023

PLACEMENT: Action Item

ITEM TITLE: Purchase of Toughbooks for the Police Department using grant funds.

SUBMITTED BY:

SUMMARY EXPLANATION:

ATTACHMENT:

1. 20230517Arev3 Germantown PD FZ-55s

RECOMMENDATION:

ACTION BY Committee:





A Lifeline in the  
Moments that Matter

**TIM COONEY**  
2040 RADISSON ST.  
GREEN BAY, WI 54302  
PHONE: 920-544-4282  
FAX: 920-468-8615  
[tcooney@baycominc.com](mailto:tcooney@baycominc.com)

**GERMANTOWN POLICE DEPT.**  
**PAT MERTEN**  
N112 W16877 MEQUON RD.  
GERMANTOWN, WI 53022  
5/31/2023  
262-253-7780  
[pmerten@germantownpolice.org](mailto:pmerten@germantownpolice.org)

QUOTE NO. TC20230517Arev3

PRICING AND FINANCIAL OPTIONS SPECIFIC TO THIS OFFERING:  
**EQUIPMENT DETAILS AND PRICING**

| QTY                                              | MODEL AND DESCRIPTION                                                                                                                                                                                                                                                                                                                                                                                             | UNIT PRICE | TOTAL PRICE |
|--------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------|
| <b>State Contract# 505ENT-O16-NASPOCOMPUT-02</b> |                                                                                                                                                                                                                                                                                                                                                                                                                   |            |             |
| 3                                                | <b>Panasonic Toughbook FZ-55</b><br>Intel Core i5-1145G7 vPro Processor<br><b>14" Full HD LED Gloved Touch Display</b><br>16GB SDRAM<br>512GB Solid State Hard Drive<br>802.11a/b/g/n/ac<br><b>4G LTE</b><br><b>GPS</b><br>Ethernet NIC 10/100/1000<br>Bluetooth v4.0<br>Windows 10 Pro (Win 11 downgrade)<br>Emissive Backlit Keyboard<br>Standard Battery and AC Power Adapter<br>3 Year Parts & Labor Warranty | \$2,876.00 | \$8,628.00  |
| <b>OPTIONS:</b>                                  |                                                                                                                                                                                                                                                                                                                                                                                                                   |            |             |
|                                                  | 1 Year Extended Warranty: \$198.00 each<br>2 Year Extended Warranty: \$321.00 each<br>3 Year No Fault Warranty Upgrade: \$269.00 each<br>1 Year Warranty Extension with No Fault: \$469.00 each                                                                                                                                                                                                                   |            |             |
| 3                                                | 2 Year Warranty Extension with No Fault: \$719.00<br>CD/DVD Super MULTI Drive: \$135.00 each                                                                                                                                                                                                                                                                                                                      | \$719.00   | \$2,157.00  |
| <b>Desktop Docks:</b>                            |                                                                                                                                                                                                                                                                                                                                                                                                                   |            |             |
| 2                                                | Single HDMI Desktop Dock: \$297.00 each<br>Dual HDMI Desktop Dock: \$406.00 each                                                                                                                                                                                                                                                                                                                                  | \$406.00   | \$812.00    |

|                                                                                                                                                                              |                        |                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|--------------------|
|                                                                                                                                                                              | <b>EQUIPMENT COST:</b> | \$11,597.00        |
| Payment Terms: Net 30 Days                                                                                                                                                   | <b>SHIPPING:</b>       | Included           |
| Quotation Good for 90 Days                                                                                                                                                   | <b>TAX:</b>            | Exempt             |
| We impose a surcharge of 2% on credit card purchases over \$1,000.00 which is not greater than our cost of acceptance.                                                       | <b>TOTAL:</b>          | <b>\$11,597.00</b> |
| <b>Your signature is an agreement to purchase and an acceptance of Baycom's Terms &amp; Conditions (<a href="http://terms.baycominc.com">http://terms.baycominc.com</a>)</b> |                        |                    |

Approved By: \_\_\_\_\_ / \_\_\_\_\_  
AUTHORIZED CUSTOMER SIGNATURE DATE

All of the information listed on this proposal is confidential and proprietary information.  
**If You Have Any Questions, Please Contact Tim Cooney at 920-544-4282**

www.baycominc.com | 920.468.5426 | 800.726.5426

