MEETING:	**SPECIAL MEETING OF THE PUBLIC SAFETY COMMITTEE**
DATE AND TIME:	**Monday, October 2, 2023 6:45 PM**
LOCATION:	**Germantown Village Hall Board Room N112 W17001 Mequon Road**

Citizens not wishing to attend the meeting personally 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 Village Board 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. **PUBLIC INPUT:**

IV. **NEW BUSINESS:**

A. Original Alcohol Beverage Retail License Application - Ivee's At Main (Change in LLC)

V. **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.

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: ________ (mm dd yyyy) ending: 06/30/2024 (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

(*) Applicant's Wisconsin Seller's Permit Number: 456-1031480288-04

(*) FEIN Number: 93-2601053

TYPE OF LICENSE REQUESTED	FEE
☐ Class A beer	$
☒ Class B beer	$ 100
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☒ Class B liquor	$ 500
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$ -
Publication fee	$ 20
TOTAL FEE	$ 620.-

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

	Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
9/20/66	President / Member: Thomas	Craig	A	N109W15825 Blacksmith Ct. Germantown 53022
5/31/75	Vice President / Member: Thomas	Andrea	E	N109W15825 Blacksmith Ct Germantown 53022
	Secretary / Member:			
	Treasurer / Member:			
3/20/03	Agent: Thomas	Brynn	E	1213 River Park CirclE #207 Mukwonago 53149
	Directors / Managers:			

1. Trade Name IVEE'S AT MAIN Business Phone Number ________
2. Address of Premises W157N11618 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.)

Served AT The bar, Main floor behind the bar, stored beer cooler (Northside), dining area, (patio area prev. approved) assuming approval at the P.S. + VB mtg on 10/2

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? IVEE'S AT MAIN
   Northridge autumn tree enterprise [illegible]

AT-106 (R. 3-19) Wisconsin Department of Revenue

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

Andrea Thomas has hers
Brynn Thomas has hers
Craig Thomas has his

7. Is the applicant an employe 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 WI and date 7-27-23 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? ☐ Yes ☒ No
If yes, explain.

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.)	Title/Member	Date
Thomas Andrea E	owner	9-4-23
Signature	Phone Number	Email Address
	4141526376 3	Aellutnomas@gmail.com

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
9-6-23	10-2-23	—	
Date license granted	Date license issued	License number issued	

AT-106 (R. 3-19)

OK 09/19/2023