

**MEETING: SPECIAL MEETING OF THE PUBLIC SAFETY COMMITTEE**

**DATE & TIME: Monday, June 15, 2026 at 6:30 PM**

**LOCATION: Germantown Village Hall Board Room  
N112 W17001 Mequon Road**

Any member of the body and/or citizen may attend the meeting virtually through the WebEx platform, Meeting #: **2550 151 3621** Password: **msMgGhmP635** 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=m234ad653197804cf1846fe532cc5cda6>

Citizens not wishing to attend the meeting personally or virtually may submit any public comments by sending an email to [comments@germantownwi.gov](mailto: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 Meeting Videos can be viewed at [https://www.youtube.com/channel/UCOYp0EgELzTCa9X\\_iCohyhQ](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. **CITIZEN INPUT:** *(Please be advised per 19.84(2) that information and comment will be received from the public. It is the policy of this municipality that public input be limited to a four (4) minute period per person with a time extension granted at the discretion of the Chairperson. Be advised that there may be limited discussion of the information received but no action will be taken under public comments.) Comments that may be injurious to village personnel or other individuals will not be allowed.*
- IV. **NEW BUSINESS:**
  - A. Temporary Class "B" Beer Application for Germantown Area Chamber of Commerce Business After Hours Event — July 15, 2026 (ACTION)
  - B. Application for Appointment of Successor Agent: Speedway #4465, W178N9653 Riversbend Ln; Agent for Consideration: Sara Schimmel (ACTION)
  - C. Application for Appointment of Successor Agent: Speedway #4495, W164N11233 Squire Dr; Agent for Consideration: Johnny Bradley (ACTION)
  - D. 2026-2027 Alcohol Beverage License Renewal Applications (ACTION)
  - E. 2026-2027 Delinquent Alcohol Beverage License Renewal Applications (ACTION)
- 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)250-4745 at least 2 days prior to the meeting.

Notice is hereby given that a possible quorum of other boards, committees, and/or commissions may attend this meeting to gather information about an item over which they have decision-making responsibility. This may

PUBLIC SAFETY COMMITTEE AGENDA

June 15, 2026

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constitute a meeting of these bodies per State ex rel. Badke v Greendale Village Board, even though these bodies will not take formal action at this meeting.

**BUSINESS OF THE PUBLIC SAFETY COMMITTEE**

MEETING DATE: June 15, 2026

PLACEMENT: Action Item

ITEM TITLE: Temporary Class "B" Beer Application for Germantown Area Chamber of Commerce Business After Hours Event — July 15, 2026 (ACTION)

SUBMITTED BY:

SUMMARY EXPLANATION:

ATTACHMENT:

1. 07.15.26 Business After Hours - Chamber of Commerce\_Redacted

STAFF RECOMMENDATION:

ACTION BY COMMITTEE:

Municipality

Form AB-220

Temporary Alcohol Beverage License

License(s) Requested	Fees	
<input type="checkbox"/> Temporary "Class B" Wine <input checked="" type="checkbox"/> Temporary Class "B" Beer	License Fees	\$ 10
	Background Check	\$ 7
	<b>Total Fees</b>	<b>\$ 17</b>

**Part A: Organization Information**

1. Organization Name  
Germantown Area Chamber of Commerce

2. Organization Permanent Address  
N112W16760 Mequon Rd

3. City  
Germantown

4. State  
WI

5. Zip Code  
53022

6. Mailing Address (if different from permanent address)

7. FEIN  
39 1433813

8. Date of Organization/Incorporation  
1981

9. State of Organization/Incorporation  
Wisconsin

10. Phone  
262 255 1812

11. Email  
[REDACTED]

12. Organization type (check one)

Bona Fide Club
  Church
  Fair Association/Agricultural Society
  Veteran's Organization  
 Lodge/Society
  Chamber of Commerce or similar Civic or Trade Organization under ch. 181, Wis. Stats.

13. Is this organization required to hold a Wisconsin Seller's permit?  Yes  No

14. Wisconsin Seller's Permit Number (if applicable)

**Part B: Individual Information**


List the name, title, and phone number for all officers, directors, and agent of the organization. Include an Individual Questionnaire (Form AB-100) for each person listed below. Attach additional sheets if necessary.

Corporations must also include Alcohol Beverage Appointment of Agent (Form AB-101).

Last Name	First Name	Title	Phone
DeGeorge	Megan	President	[REDACTED]
<del>Helleson</del> Helleson	<del>Helleson</del> Randall	Treasurer	[REDACTED]
<del>Kerpan</del> Kerpan	<del>Kerpan</del> Jolietta	Secretary	[REDACTED]

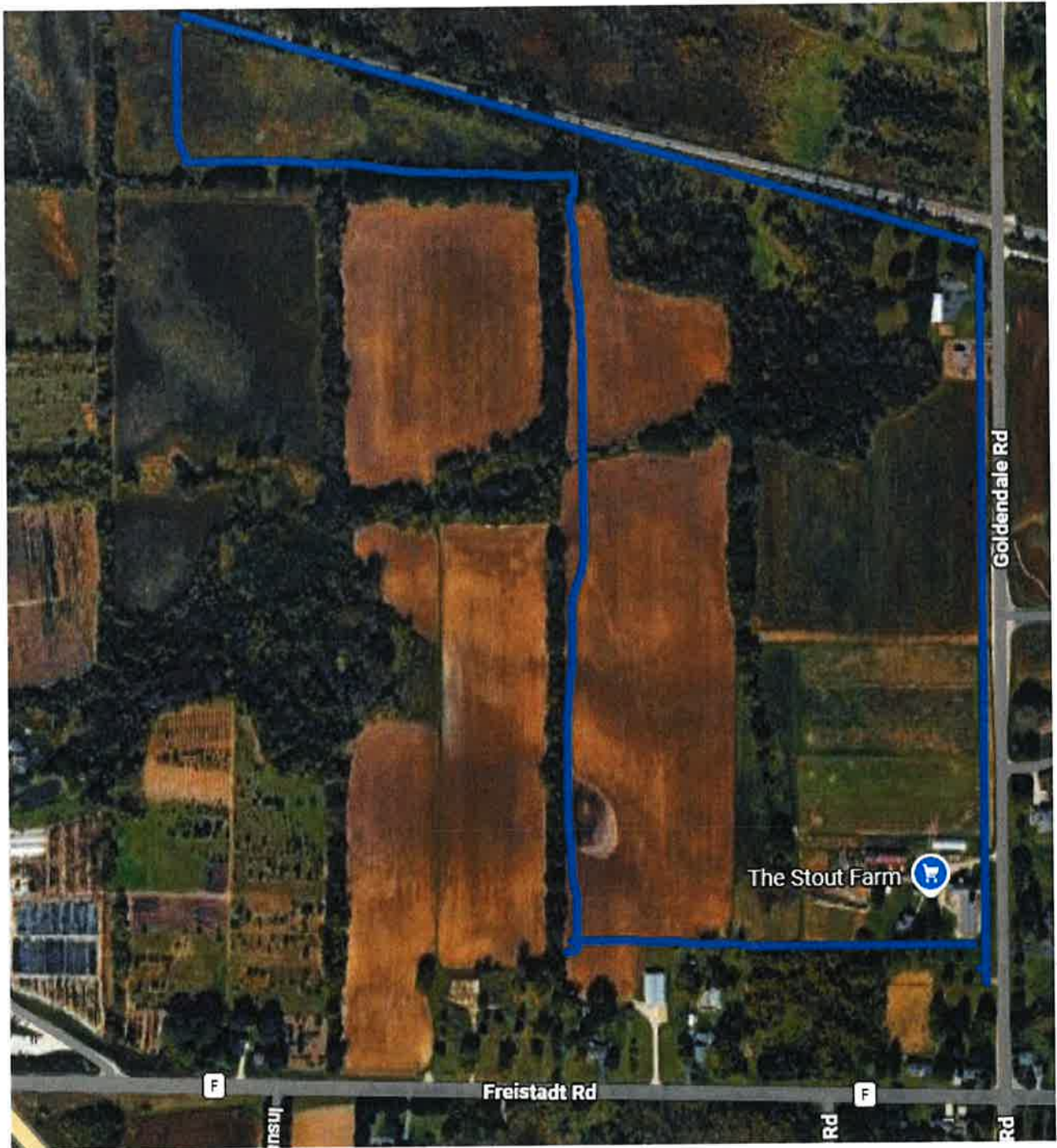
Continued →

Part C: Event Information			
1. Name of Event (if applicable) Business after Hours			
2. Dates of Operation Wednesday, July 15		3. Hours of Operation 4:30 6:30PM	
4. Premises Address W204 N12079 Goldendale Rd			
5. City Germantown		6. State WI	7. Zip Code 53022
8. County Washington	9. Governing Municipality <input type="checkbox"/> City <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village of: <u>Germantown</u>		10. Aldermanic District 2
11. Organizer of Event (if not the named applicant)		12. Email and/or Phone Number for Organizer of Event [REDACTED]	
13. Organizer Website		14. Event Website <a href="http://www.germantownchamber.org/events/">www.germantownchamber.org/events/</a>	
15. Premises Description - Describe the building or buildings and any outside areas where alcohol beverages and records are sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.  Event will be outdoors on the Stout family property and will take shelter in one of the barns on premises or their meat store in case of rain. There may be hayrack rides on premises which beer will be allowed to be consumed on and that area is all in the blue box or the map attached.			

Part D: Attestation			
Who must sign this application? • one officer or director of the nonprofit organization			
<b>READ CAREFULLY BEFORE SIGNING:</b> Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant organization and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate according to the law, including but not limited to, purchasing alcohol beverages from Wisconsin-permitted wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.			
Last Name Kerpan		First Name Joletta	M.I. J
Title Executive Director	Email [REDACTED]		Phone [REDACTED]
Signature 		Date 6/10/26	

Part E: For Clerk Use Only	
Date Application Was Filed With Clerk 6/10	License Number
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	

ck # 4124 rec'd 1136-0069



## Alcohol Beverage Individual Questionnaire

Date 06/09/26

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- members and agent of a limited liability company

Your alcohol beverage application is not complete until all required Individual Questionnaires are submitted.

<b>Part A: Business Information</b>	
1. Legal Business Name (individual name if sole proprietor) <u>Germantown Area Chamber of Commerce</u>	
2. Business Trade Name or DBA	
3. Entity Type (check one)	
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Nonprofit Organization	

<b>Part B: Individual Information</b>			
1. Last Name <u>Hellese</u>	2. First Name <u>RANDALL</u>	3. M.I. <u>W</u>	
4. Relationship to Business (Title) <u>Treasurer</u>	5. Email	6. Phone	
7. Home Address			
8. City	9. State <u>WI</u>	10. Zip Code	11. Date of Birth
12. Driver's License/State ID Number		13. Driver's License/State ID State of Issuance <u>Wisconsin</u>	

<b>Part C: Address History</b>			
1. Do you currently live in Wisconsin? .....			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide the month and year when you permanently moved to Wisconsin .....			(MM/YYYY) [REDACTED]
2. List in chronological order all of your addresses <b>within the last 5 years</b> . Attach additional sheets if necessary.			
Previous Address 1	City	State	Zip Code
[REDACTED]	[REDACTED]	<u>WI</u>	[REDACTED]
Previous Address 2	City	State	Zip Code
Previous Address 3	City	State	Zip Code
Previous Address 4	City	State	Zip Code
Previous Address 5	City	State	Zip Code
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.			
State <u>WI</u>	County <u>Washington</u>	State <del>WI</del>	County <del>Washington</del>
State <u>WI</u>	County <u>Racine</u>	State <u>WI</u>	County <u>Waukesha</u>
State <u>WI</u>	County <u>Ozaukee</u>	State <u>WI</u>	County <u>Ozaukee</u>

Continued →

**Part D: Criminal History**

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? . . . . .  Yes  No  
 If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? . . . . .  Yes  No  
 If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

**Part E: Attestation**

**READ CAREFULLY BEFORE SIGNING:** Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature 	Date 06-09-26
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All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- members and agent of a limited liability company

Your alcohol beverage application is not complete until all required Individual Questionnaires are submitted.

**Part A: Business Information**

1. Legal Business Name (individual name if sole proprietor)  
*Germantown Area Chamber of Commerce*

2. Business Trade Name or DBA

3. Entity Type (check one)  
 Sole Proprietor   
 Partnership   
 Limited Liability Company   
 Corporation   
 Nonprofit Organization

**Part B: Individual Information**

1. Last Name *DeGeorge*      2. First Name *Megan*      3. M.I. *L*

4. Relationship to Business (Title) *President*      5. Email [REDACTED]      6. Phone [REDACTED]

7. Home Address [REDACTED]

8. City [REDACTED]      9. State *WI*      10. Zip Code [REDACTED]      11. Date of Birth [REDACTED]

12. Driver's License/State ID Number [REDACTED]      13. Driver's License/State ID State of Issuance *WISCONSIN*

**Part C: Address History**

1. Do you currently live in Wisconsin?  Yes  No  
 If yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY) [REDACTED]

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address	City	State	Zip Code
[REDACTED]	[REDACTED]	<i>WI</i>	[REDACTED]
Previous Address 2	City	State	Zip Code
Previous Address 3	City	State	Zip Code
Previous Address 4	City	State	Zip Code
Previous Address 5	City	State	Zip Code

3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.

State	County	State	County	State	County	State	County
<i>WI</i>	<i>Washington</i>	<i>WI</i>	<i>Kenosha</i>	<i>WI</i>	<i>Milwaukee</i>		
	<i>J</i>						

Continued →

**Part D: Criminal History**

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? . . . . .  Yes  No  
 If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No

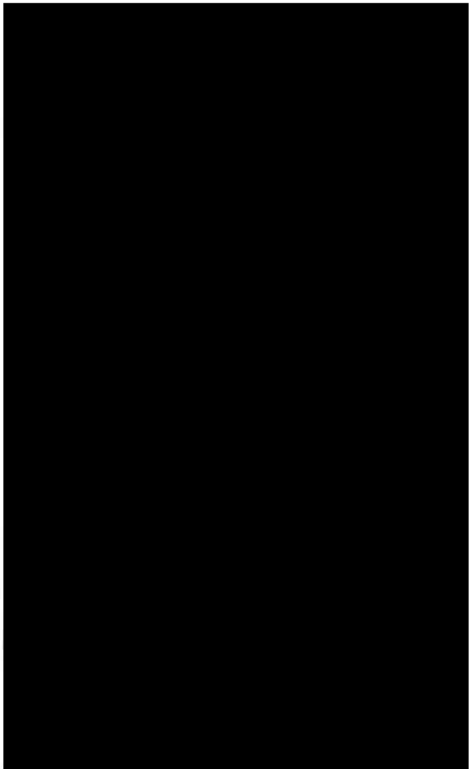
2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? . . . . .  Yes  No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

**Part E: Attestation**

**READ CAREFULLY BEFORE SIGNING:** Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature  Date 06/09/2020



2017  
10/10/17  
10/10/17

# Alcohol Beverage Individual Questionnaire

Date
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All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- members and agent of a limited liability company

Your alcohol beverage application is not complete until all required Individual Questionnaires are submitted.

<b>Part A: Business Information</b>	
1. Legal Business Name (individual name if sole proprietor) <i>Bermantown Area Chamber of Commerce</i>	
2. Business Trade Name or DBA	
3. Entity Type (check one)	
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Nonprofit Organization	

<b>Part B: Individual Information</b>			
1. Last Name <i>Kerpan</i>	2. First Name <i>Joletta</i>	3. M.I. <i>J</i>	
4. Relationship to Business (Title) <i>Exec. Director / Secretary</i>	5. Email	6. Phone	
7. Home Address			
8. City	9. State <i>WI</i>	10. Zip Code	11. Date of Birth
12. Driver's License/State ID Number		13. Driver's License/State ID State of Issuance <i>Wisconsin</i>	

<b>Part C: Address History</b>			
1. Do you currently live in Wisconsin? .....			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide the month and year when you permanently moved to Wisconsin .....			(MM/YYYY) [REDACTED]
2. List in chronological order all of your addresses <b>within the last 5 years</b> . Attach additional sheets if necessary.			
Previous Address 1 <del>XXXXXXXXXXXXXXXXXXXX</del>	City <del>XXXXXXXXXX</del>	State <del>IL</del>	Zip Code <del>XXXXXX</del>
Previous Address 2	City	State	Zip Code
Previous Address 3	City	State	Zip Code
Previous Address 4	City	State	Zip Code
Previous Address 5	City	State	Zip Code
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.			
State <i>WI</i>	County <del>Washington</del> <i>Washington</i>	State <i>IL</i>	County <i>Lake</i>
State <i>IL</i>	County <i>McDonough</i>	State <i>IL</i>	County <i>Henry</i>
State	County	State	County
			<i>Cook</i>
			<i>IL</i>
			<i>DuPage</i>

Continued →

**Part D: Criminal History**

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? . . . . .  Yes  No  
 If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

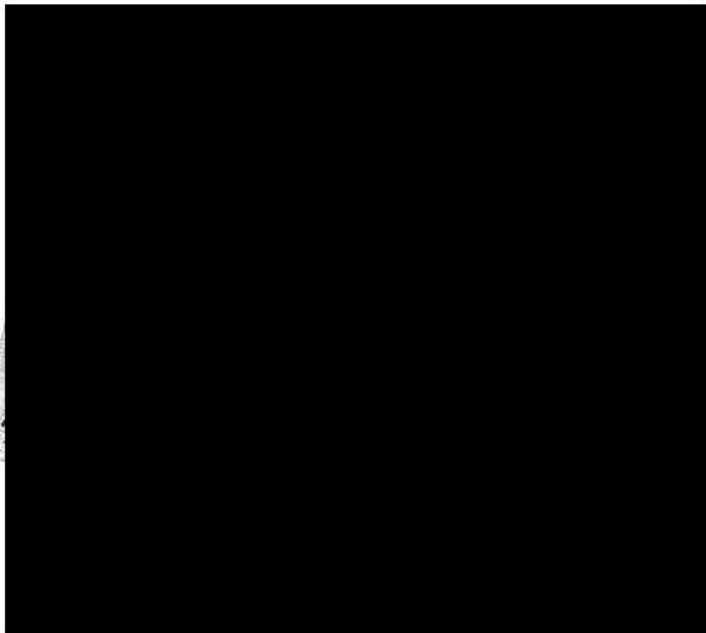
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? . . . . .  Yes  No  
 If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

**Part E: Attestation**

**READ CAREFULLY BEFORE SIGNING:** Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature <i>Joletta J Kerpa</i>	Date <i>6/9/2026</i>
----------------------------------	----------------------



10/10/10 10/10/10

**BUSINESS OF THE PUBLIC SAFETY COMMITTEE**

MEETING DATE: June 15, 2026

PLACEMENT: Action Item

ITEM TITLE: Application for Appointment of Successor Agent: Speedway #4465, W178N9653 Riversbend Ln; Agent for Consideration: Sara Schimmel (ACTION)

SUBMITTED BY:

SUMMARY EXPLANATION:

ATTACHMENT:

1. Speedway 4465 Riversbend New Agent, Schimmel\_Redacted

STAFF RECOMMENDATION:

ACTION BY COMMITTEE:

Form  
AB-101

# Alcohol Beverage Appointment of Agent

Date

**Agent Type (check one)**  
 Original (no fee)       Successor (\$10 fee for municipal licensees only)

**Part A: Business Information**

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

2. Business Trade Name or DBA  
**SPEEDWAY 44165**

3. Entity Type (check one)  
 Limited Liability Company       Corporation       Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)  
 Municipal Retail License       State Permit

5. If successor agent, provide State Permit or Municipal Retail License Number

6. Describe the reason for appointing a successor agent, if successor is checked above.  
**PREVIOUS AGENT NO LONGER WORKS FOR THE COMPANY**

**Part B: Agent Information**

1. Last Name <b>SCHIMMEL</b>	2. First Name <b>SARA</b>	3. M.I.
4. Email [REDACTED]	5. Phone [REDACTED]	
6. Home Address [REDACTED]		
7. City [REDACTED]	8. State <b>WI</b>	9. Zip Code [REDACTED]
[REDACTED]		10. Date of Birth [REDACTED]
[REDACTED]		ID State <b>WI</b>

**Part C: Agent Questions**

1. Have you satisfied the responsible beverage server training requirement? .....  Yes       No  
Submit proof of completion.

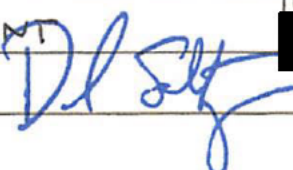
2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire (licensee) or Form AB-300, Alcohol Beverage Personal Questionnaire (permittee)? .....  Yes       No

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

Continued →

**Part D: Business Attestation**

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name SELTZER	First Name DAVID	M.I. L
Title PRESIDENT	Email [REDACTED]	Phone [REDACTED]
Signature 		Date 5/27/26

**Part E: Agent Attestation**

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name SCHIMMEL	First Name SARA	M.I.
Signature 		Date 5/27/26

**BUSINESS OF THE PUBLIC SAFETY COMMITTEE**

MEETING DATE: June 15, 2026

PLACEMENT: Action Item

ITEM TITLE: Application for Appointment of Successor Agent: Speedway  
#4495, W164N11233 Squire Dr; Agent for Consideration: Johnny  
Bradley (ACTION)

SUBMITTED BY:

SUMMARY EXPLANATION:

ATTACHMENT:

1. Speedway 4495 Squire New Agent, Bradley\_Redacted

STAFF RECOMMENDATION:

ACTION BY COMMITTEE:

**Agent Type (check one)**

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

**Part A: Business Information**

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

2. Business Trade Name or DBA  
Speedway 4495 (46076)

3. Entity Type (check one)       Limited Liability Company       Corporation       Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)      5. If successor agent, provide State Permit or Municipal Retail License Number  
 Municipal Retail License       State Permit

6. Describe the reason for appointing a successor agent, if successor is checked above.  
PRIOR AGENT NO LONGER WITH COMPANY

**Part B: Agent Information**

1. Last Name      2. First Name      3. M.I.  
Bradley      Johnny

4. Email      5. Phone

6. Home Address

7. City      8. State      9. Zip Code      10. Date of Birth  
WI

11. Driver's License/State ID Number      12. Driver's License/State ID State of Issuance  
WI

**Part C: Agent Questions**

1. Have you satisfied the responsible beverage server training requirement? .....  Yes     No  
Submit proof of completion.

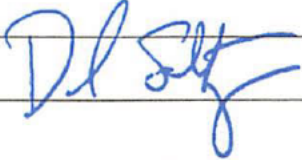
2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire (licensee) or  
Form AB-300, Alcohol Beverage Personal Questionnaire (permittee)? .....  Yes     No

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

Continued →

**Part D: Business Attestation**

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name SELTZER	First Name DAVID	M.I. L
Title PRESIDENT	Email [REDACTED]	Phone [REDACTED]
Signature 		Date 5-27-26

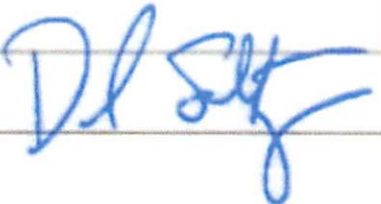
**Part E: Agent Attestation**

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name	First Name	M.I.
Signature		Date

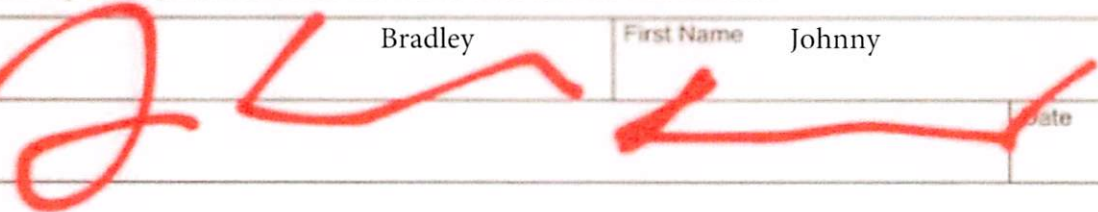
**Part D: Business Attestation**

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name SELTZER		First Name DAVID	M.I. L
Title PRESIDENT	Email GM-ELECRENEWALS@7-11.COM		Phone (972) 828-7820
Signature 			Date 5-27-26

**Part E: Agent Attestation**

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name Bradley		First Name Johnny	M.I. L
Signature 			Date 05/27/26

**BUSINESS OF THE PUBLIC SAFETY COMMITTEE**

MEETING DATE: June 15, 2026

PLACEMENT: Action Item

ITEM TITLE: 2026-2027 Alcohol Beverage License Renewal Applications  
(ACTION)

SUBMITTED BY: Kasie Miller, Chief Deputy Clerk

SUMMARY EXPLANATION:

The Clerk's Office received the three remaining Alcohol Beverage License renewal applications for the 2026-2027 licensing year after the Clerk's Office deadline, therefore creating the need for a Special Public Safety Committee meeting and an additional newspaper publication .

The only changes for the 2026-2027 licensing year for these business are the Change of Agents for both Speedway locations.

ATTACHMENT:

1. LATE Alcohol Beverage Renewal Notice Publication

STAFF RECOMMENDATION:

Approval of the attached list of Alcohol Beverage License renewals for the 2026-2027 licensing year contingent upon premises not having any delinquent or unpaid real property taxes in excess of six months, room taxes, or special assessments per Chapter 12.01(7)(b) of the Municipal Code.

ACTION BY COMMITTEE:

## VILLAGE OF GERMANTOWN

### OFFICIAL NOTICE

**PUBLIC NOTICE** is hereby given that the following applications have been submitted to the Clerk's Office for consideration of renewal of a Retail Alcohol Beverage License to sell fermented malt beverages and/or intoxicating liquors in the Village of Germantown under the provisions of Wis. Stats. Chap. 125 for the period to commence July 1, 2026, through June 30, 2027, unless sooner revoked. The applications will be acted on at the special Germantown Public Safety Committee and regular Village Board meetings to be held on June 15, 2026, at the Village Hall located at N112W17001 Mequon Rd, Germantown, WI 53022.

#### **Combination "Class A" Alcohol Beverage License:**

COLGATE BP INC  
COLGATE BP  
N96W21962 COUNTY LINE RD  
AGENT: SUMIT CHOCHAN

SPEEDWAY LLC  
SPEEDWAY 4465  
W178N9653 RIVERSBEND LN  
AGENT: SARA SCHIMMEL

SPEEDWAY LLC  
SPEEDWAY 4495  
W164N11233 SQUIRE DR  
AGENT: CHAD NICKERSON

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

MEETING DATE: June 15, 2026

PLACEMENT: Action Item

ITEM TITLE: 2026-2027 Delinquent Alcohol Beverage License Renewal Applications (ACTION)

SUBMITTED BY: Clerks Office

### SUMMARY EXPLANATION:

Wisconsin Statute §125.12 authorizes the governing body to decline to renew a retail alcohol beverage license where the licensee has failed to meet applicable requirements.

As part of the Village's retail alcohol license renewal process, staff identified that two current license holders — Matteo's AC (W156N11058 Pilgrim Road) and Holy Hill Road Shell (N128W21760 Holy Hill Road) — have outstanding delinquent real estate tax obligations owed to the Village of Germantown. Additionally, Matteo's AC has outstanding delinquent payments to an alcohol wholesaler.

At the time this agenda was published, neither licensee had satisfied the outstanding balances.

### ATTACHMENT:

### STAFF RECOMMENDATION:

Direct the Village Attorney to commence a non-renewal process for the Combination Class "B" / "Class B" Retail Alcohol Beverage License for Matteo's AC due to delinquent real estate taxes and wholesaler payments, and the Combination Class "A" / "Class A" Retail Alcohol Beverage License for Holy Hill Road Shell due to delinquent real estate taxes, pursuant to Wis. Stat. §125.12.

### ACTION BY COMMITTEE: