ALCOHOL LICENSING COMMITTEE AGENDA
CITY OF FOND DU LAC, WISCONSIN

April 27, 2015
4:00 p.m.

Meeting Rooms D & E 160 South Macy Street
City-County Government Center Fond du Lac, Wisconsin

I. ROLL CALL

A. Attendance

B. Declaration Quorum Present

C. Appointment of Officers

1) Chairperson
2) Vice-Chairperson

II. CONSENT AGENDA

March 30, 2015 Minutes

III. ACTIONS

A. REVIEW DELIBERATE AND MAKE RECOMMENDATION ON APPLICATION FOR NEW "CLASS B" INTOXICATING LIQUOR AND CLASS "B" FERMENTED MALT BEVERAGE LICENSE

Limited Liability:	FDL Pro LLC
Agent Name:	Brock Winkler
Agent Address:	225 Whisperings Springs Dr Fond du Lac, WI 54937
d/b/a:	Holiday Inn Express and Suites
Location of Premises:	55 Holiday Lane
City Council Meet Date:	May 12, 2015

B. REVIEW DELIBERATE AND MAKE RECOMMENDATION ON APPLICATION FOR NEW "CLASS B" INTOXICATING LIQUOR AND CLASS "B" FERMENTED MALT BEVERAGE LICENSE

Limited Liability:	Theo's 24 Main, LLC
Agent Name:	Ted Buetow
Agent Address:	951 Mequon Ave Fond du Lac, WI 54935
d/b/a:	Theo's 24
Location of Premises:	24 N Main Street
City Council Meet Date:	May 12, 2015

IV. ADJOURN

"The City of Fond du Lac provides equal opportunities and services to all individuals, including those individuals with disabilities."

ALCOHOL LICENSING COMMITTEE MINUTES
CITY OF FOND DU LAC, WISCONSIN

March 30, 2015
4:00 p.m.

Meeting Rooms D & E 160 South Macy Street
City-County Government Center Fond du Lac, Wisconsin

OPENING CEREMONIES

ROLL CALL: Present: J. Geoffrey Bares
Jacob Lehman (arrived @ 4:05pm)
Lee Ann Lorrigan
Kerry Ann Strupp

Excused: Joseph Leventhal
Jennifer Neibauer

Administrative Staff: Steve Thiry, Asst. Police Chief

Vice-Chairperson Bares declared a quorum present.

Appointment of Officers

Motion made by Strupp to postpone the Appointment of Officers to the next meeting.
Seconded by Lorrigan.
ROLL CALL VOTE: Aye- Bares, Lorrigan, Strupp
Nay- None

Carried.

CONSENT AGENDA

February 23, 2015 Minutes

Motion made by Lorrigan to approve the minutes of the February 23, 2015 Alcohol Licensing Committee as Presented.
Seconded by Strupp.
ROLL CALL VOTE: Aye- Bares, Lorrigan, Strupp
Nay- None

Carried.

ACTIONS

REVIEW DELIBERATE AND MAKE RECOMMENDATION ON APPLICATION FOR NEW "CLASS B" INTOXICATING LIQUOR AND CLASS "B" FERMENTED MALT BEVERAGE LICENSE

Corporation: SJR Investments Inc.
Agent Name: James A. Roberts
Agent Address: W7155 Rogersville Rd
Fond du Lac, WI 54935
d/b/a: Pizza Ville
Location of Premises: 106 W Scott Street
City Council Meet Date: April 8, 2015

Appeared in Support and to Ask/Answer Questions:
James A Robert, W7155 Rogersville Rd., Fond du Lac

Motion made by Strupp to recommend to City Council Approval of New "Class B" Intoxicating Liquor and Class "B" Fermented Malt Beverage License.
Seconded by Lorrigan.
ROLL CALL VOTE: Aye- Bares, Lehman, Lorrigan, Strupp
Nay- None
Carried.

ADJOURN

Motion made by Strupp to adjourn.
Seconded by Lorrigan.
ROLL CALL VOTE: Aye- Bares, Lehman, Lorrigan, Strupp
Nay- None

Carried.

Meeting adjourned at 4:05 p.m.

MARGARET HEFTER
CITY CLERK

CITY OF FOND DU LAC - Memorandum

City Clerk's Office

Date: April 23, 2015

To: Alcohol License Committee

From: Maggie Hefter, City Clerk

Re: 2014-2015 "Class B" Intoxicating Liquor and Class "B" Fermented Malt Beverage Application

"CLASS B" INTOXICATING LIQUOR AND CLASS "B" FERMENTED MALT BEVERAGE:

Limited Liability: FDL Pro LLC
Agent: Brock Winkler
Agent Address: 225 Whispering Springs Dr.
Fond du Lac, WI 54937
d/b/a: Holiday Inn Express and Suites
Location of Premises: 55 Holiday Lane

Fond du Lac City Police Department

Memo

To: City Manager Moore

From: Chief Lamb

Date: 4-21-15

Re: Proposed Class B Combination for Holiday Inn Express and Suites 55 Holiday Lane.

On April 21, 2015, Assistant Chief Klein, Division Chief of Fire Prevention Troy Haase and City Clerk Maggie Hefter met with Brock Winkler from Holiday Inn Express regarding their request for a Class B Combination license for the Holiday Inn Express, located at 55 Holiday Lane.

Mr. Winkler will serve as the licensed agent for this business. Mr. Winkler stated that they have no plans at this point to open a full scale bar in the hotel, but that they will have a gift shop and market place where they will serve packaged alcohol beverages. This request if granted will allow for the sale and consumption of alcohol beverages on the hotel property, including all rooms and guest patio areas. Mr. Winkler stated they anticipate a June 2, 2015 opening.

Background checks conducted on Mr. Winkler and the officers of FDL Pro LLC., both in-house and NCIC/CIB, indicate no prior criminal history that would preclude the issuance of this request. The Police Department has no objections to the license request and recommends approval.

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning N/A 1/14 20 15 ;
ending JUNE 30 20 15

TO THE GOVERNING BODY of the: ☐ Town of ☐ Village of ☒ City of Fond du Lac

County of Fond du Lac Aldermanic Dist. No. ____ (if required by ordinance)

Applicant's WI Seller's Permit No.:	FEIN Number:
600-10 & 8679681-04	46-2724247

LICENSE REQUESTED ▶	
TYPE	FEE
☐ Class A beer	$
☒ Class B beer	$ 25
☐ Class C wine	$
☐ Class A liquor	$
☒ Class B liquor	$ 125
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 55.00
TOTAL FEE	$ 205 -

1. The named ☐ INDIVIDUAL ☐ PARTNERSHIP ☒ LIMITED LIABILITY COMPANY ☐ CORPORATION/NONPROFIT ORGANIZATION hereby makes application for the alcohol beverage license(s) checked above.
2. Name (individual/partners give last name, first, middle; corporations/limited liability companies give registered name): ▶ FDL Pro 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 name, title, and place of residence of each person.

Title	Name	Home Address	Post Office & Zip Code
President/Member	William P. Zanetis	1155 Dearborn	Chicago, IL 60610
Vice President/Member	Walter Hickey Jr.	12 Tobey Brook	Pittsford NY 14534
Secretary/Member	Kristin Hinze	235 E Waupun St	Oakfield, WI 53065
Treasurer/Member	Kristin Hinze	235 E Waupun St	Oakfield, WI 53065
Agent ▶ General Manager	Brock Winkler	225 Whispering Springs drive	FDL WI 54937
Directors/Managers			

3. Trade Name ▶ Holiday Inn Express and Suites Business Phone Number ____
4. Address of Premises ▶ 55 Holiday Lane Post Office & Zip Code ▶ 54937
5. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? ☒ Yes ☐ No
6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? ☒ Yes ☐ No
7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? ☐ Yes ☒ No
8. (a) **Corporate/limited liability company applicants only:** Insert state WI and date 5/7/13 of registration.
   (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? ☒ Yes ☐ No
   (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? ☒ Yes ☐ No

   (NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.)
9. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Hotel, guest rooms, outdoor patio, marketplace
10. Legal description (omit if street address is given above): ____
11. (a) Was this premises licensed for the sale of liquor or beer during the past license year? ☐ Yes ☒ No
    (b) If yes, under what name was license issued? ____
12. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5) before beginning business? [phone 1-800-937-8864] ☒ Yes ☐ No
13. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown in Section 2, above? [phone (608) 266-2776] ☒ Yes ☐ No
14. 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 signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.) Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

SUBSCRIBED AND SWORN TO BEFORE ME

this 26th day of February, 20 15

Kristin A. Hinze NOTARY PUBLIC STATE OF WISCONSIN

Kristin A. Hinze
(Clerk/Notary Public)

My commission expires February 22, 2019

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
4-7-15	5-13-15		
Date license granted	**Date license issued**	**License number issued**	
		15-4634	

AT-106 (R. 6-14) Wisconsin Department of Revenue

CL-2560

SCHEDULE FOR APPOINTMENT OF AGENT BY CORPORATION/NONPROFIT ORGANIZATION OR LIMITED LIABILITY COMPANY

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by the officer(s) of the corporation/organization or members/managers of a limited liability company and the recommendation made by the proper local official.

To the governing body of: ☐ Town ☐ Village ☒ City of Fond du Lac County of Fond du Lac

The undersigned duly authorized officer(s)/members/managers of FDL Pro LLC
(registered name of corporation/organization or limited liability company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as

Holiday Inn Express and Suites
(trade name)

located at 55 Holiday Lane Fond du Lac WI

appoints Brock Winkler
(name of appointed agent)

225 Whispering Springs drive Fond du Lac, WI 54937
(home address of appointed agent)

to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?

☐ Yes ☒ No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).

Is applicant agent subject to completion of the responsible beverage server training course? ☒ Yes ☐ No

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 26 years

Place of residence last year

For: FDL Pro LLC.
(name of corporation/organization/limited liability company)

By: [signature]
(signature of Officer/Member/Manager)

And:
(signature of Officer/Member/Manager)

ACCEPTANCE BY AGENT

I, Brock Winkler, hereby accept this appointment as agent for the
(print/type agent's name)

corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

[signature] 2-23-15
(signature of agent) *(date)*

Agent's age [redacted]

225 Whispering Springs drive, Fond du Lac, WI 54937
(home address of agent)

Date of birt [redacted]

APPROVAL OF AGENT BY MUNICIPAL AUTHORITY
(Clerk cannot sign on behalf of Municipal Official)

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on 04/22/15 *(date)* by Steven J Kle *(signature of proper local official)* Title ASST. CHIEF OF POLICE *(town chair, village president, police chief)*

AUXILIARY QUESTIONNAIRE
ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name *(please print)* *(last name)*	*(first name)*	*(middle name)*
Winkler	Brock	Garrett

Home Address *(street/route)*	Post Office	City	State	Zip Code
225 whispering Springs drive	54937	Fond du Lac	WI	54937

Home Phone Number	Age	Date of Birth	Place of Birth
[redacted]	[redacted]	[redacted]	[redacted]

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.
- ☒ General Manager *(Officer/Director/Member/Manager/Agent)* of FDL Pro LLC *(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? 26 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. Managers R Mil pro LLC Milwaukee WI
   (Name, Location and Type of License/Permit)
5. Do you hold and/or are you an officer, director, stockholder, agent or employe 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
Wisco hotels	625 Rolling meadows drive	6-25-07	Current
Employer's Name	Employer's Address	Employed From	To

The undersigned, being first duly sworn on oath, deposes and says 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.

Subscribed and sworn to before me

this 26th day of February, 2015

Kristin A Ehrig
(Clerk/Notary Public)

My commission expires February 28, 2019

KRISTIN A EHRIG NOTARY PUBLIC STATE OF WISCONSIN

(Signature of Named Individual)

Printed on Recycled Paper

AUXILIARY QUESTIONNAIRE
ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name *(please print)* *(last name)*	*(first name)*	*(middle name)*		
Hinze	Kristin			
Home Address *(street/route)*	Post Office	City	State	Zip Code
235 E Waupun Street		Oakfield	WI	53065
Home Phone Number [redacted]	Age	Date of Birth	Place of Birth	

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.
- ☑ Secretary/Treasurer *(Officer/Director/Member/Manager/Agent)* of FDL Pro LLC *(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? _____
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 employe 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
Wisco Hotel Group	625 W. Rolling Meadows Dr. Fond du Lac	7/6/1988	Present
Employer's Name	Employer's Address	Employed From	To

The undersigned, being first duly sworn on oath, deposes and says 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.

Subscribed and sworn to before me
this 27th day of February, 2015
Tina Hunt
(Clerk/Notary Public)

My commission expires June 13, 2017

Kristin Hinze
(Signature of Named Individual)

Printed on Recycled Paper

AUXILIARY QUESTIONNAIRE
ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name *(please print)* *(last name)*	*(first name)*	*(middle name)*
Hickey	Walter	B.D.

Home Address *(street/route)*	Post Office	City	State	Zip Code
12 Tobey Brook		Pittsford	NY	14534

Home Phone Number	Age	Date of Birth	Place of Birth
[redacted]			

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.
- [x] Vise President *(Officer/Director/Member/Manager/Agent)* of FDL Pro LLC *(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?
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 employe 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
Employer's Name	Employer's Address	Employed From	To

The undersigned, being first duly sworn on oath, deposes and says 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.

Subscribed and sworn to before me

this 4th day of March, 20 15

Kristin A. Hinz *(Clerk/Notary Public)*

My commission expires February 22, 2019

KRISTIN A. HINZ NOTARY PUBLIC STATE OF WISCONSIN

Walter B D Hickey *(Signature of Named Individual)*

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AT-103 (R. 8-11)

Wisconsin Department of Revenue

AUXILIARY QUESTIONNAIRE
ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name *(please print)* *(last name)*	*(first name)*	*(middle name)*
Zanetis,	William	

Home Address *(street/route)*	Post Office	City	State	Zip Code
1155 Dearborn Unit 1102		Chicago	IL	60610

Home Phone Number	Age	Date of Birth	Place of Birth
[redacted]			

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.
- ☑ President *(Officer/Director/Member/Manager/Agent)* of FDL Pro LLC *(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?
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 employe 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
Self Employeed for 20 Years			
Employer's Name	Employer's Address	Employed From	To

The undersigned, being first duly sworn on oath, deposes and says 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.

Subscribed and sworn to before me

this 26th day of February, 20 15

Kristin A Uhrig
(Clerk/Notary Public)

My commission expires February 22, 2019

(Signature of Named Individual)

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HOTEL GROUP

Corporate Accounting Office

625 W. Rolling Meadows Drive
Fond du Lac, WI 54937
(920) 322-8205

Current Alcohol Beverage Licenses

Wisco JZ Inc., Holiday Inn Fond du Lac, WI

WZ Wisco Inc., Comfort Inn Fond du Lac, WI

Mad Pro of Madison Inc., Baymont Inn Madison, WI

App Pro of Appleton Inc., Comfort Suites Appleton, WI

Comfort West Inc., Comfort Suites Madison, WI

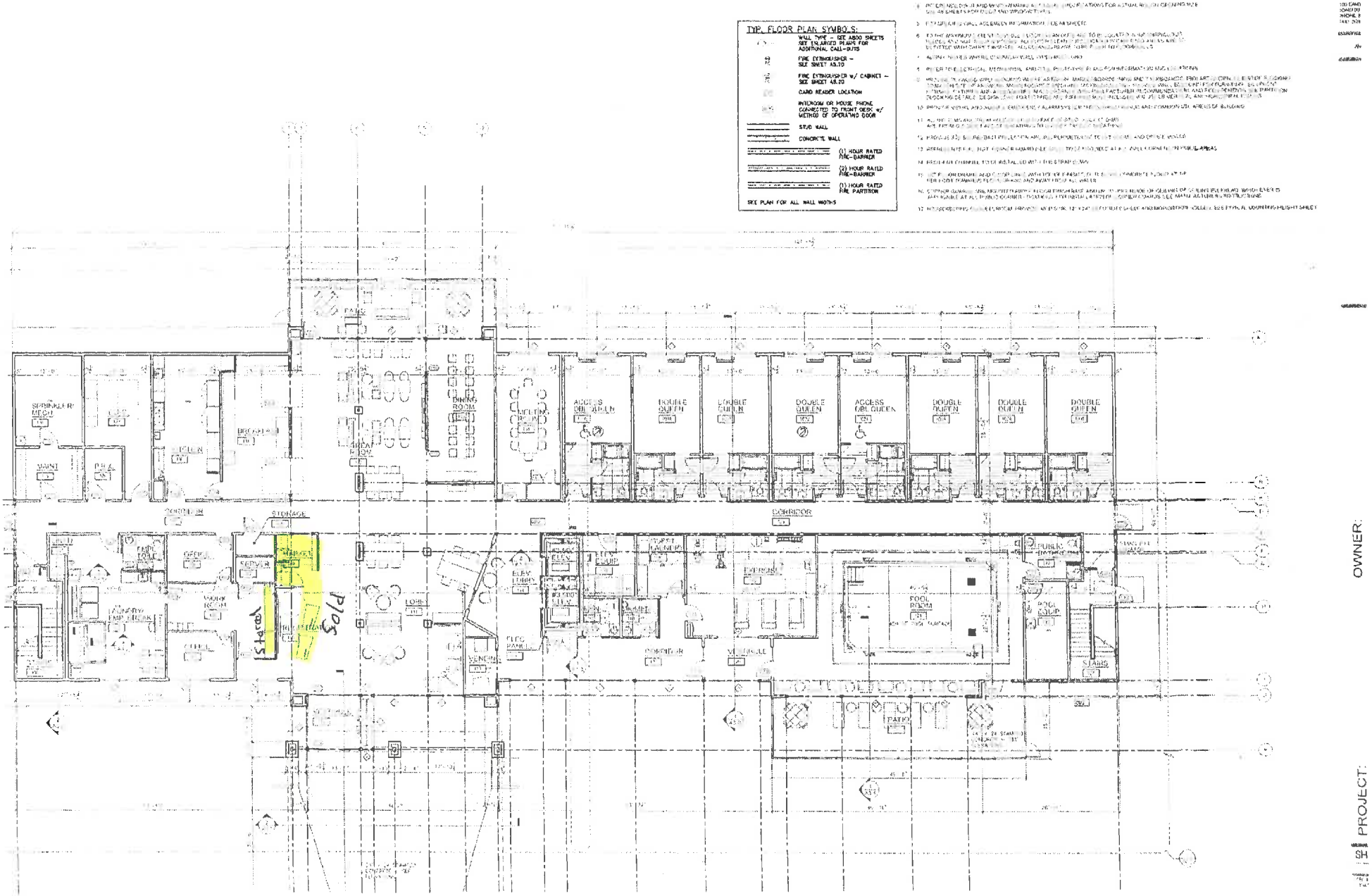
HIW, Inc., Holiday Inn Express Oshkosh, WI

Comfort South Inc., Comfort Suites Oak Creek, WI

Café Rigoletto LLC, Holiday Inn Hotel & Suites Madison, WI

Mil Pro LLC, Holiday Inn Express Milwaukee, WI

Oak Pro II, LLC, Fairfield Inn & Suites Oak Creek, WI



OWNER:

PROJECT:

Holiday Inn Express and Suites Fond du Lac

Legal Name – FDL PRO LLC

FEIN – 46-2724247

The purpose of our business is a hotel – We provide lodging to guests that need a night stay in Fond du Lac, WI

The purpose of the license is to be able to sell beer and wine to the guests.

They would be able to take it to their rooms.

The beer and wine would be locked up in a cabinet behind the front desk.

We would not sell past 9pm.

Thank you for your time

Brock Winkler
General Manager

CITY OF FOND DU LAC - Memorandum

City Clerk's Office

Date: April 23, 2015

To: Alcohol License Committee

From: Maggie Hefter, City Clerk

Re: 2014-2015 "Class B" Intoxicating Liquor and Class "B" Fermented Malt Beverage Application

"CLASS B" INTOXICATING LIQUOR AND CLASS "B" FERMENTED MALT BEVERAGE:

Limited Liability: Theo's 24 Main, LLC
Agent: Ted Buetow
Agent Address: 951 Mequon Ave
Fond du Lac, WI 54935
d/b/a: Theo's 24
Location of Premises: 24 N Main Street

Fond du Lac City Police Department

Memo

To: City Manager Moore

From: Chief Lamb

Date: 4-21-15

Re: Proposed Class B Combination for Theo's 24 located 24 N. Main Street.

On April 21, 2015, Assistant Chief Klein, Division Chief of Fire Prevention Troy Haase and City Clerk Maggie Hefter met with Ted Buetow regarding his request for a Class B Combination license for Theo's 24 Restaurant, located at 24 N Main Street.

Mr. Buetow is looking to reestablish his restaurant operations at this current location. Mr. Buetow formerly operated Theo's Restaurant at this location for many years with no concerns noted by law enforcement. He also ran the former Trinity Restaurant with no concerns noted.

Mr. Buetow stated that his restaurant will pride itself on providing the finest steaks, seafood and wine selection in Fond du lac County. He anticipates opening for business sometime in June of 2015. He is in the process of a total remodel of the building. Theo's 24 plans its hours of operation to be 4 p.m. to 10 p.m. Tuesday thru Friday and 10 a.m. to 10 p.m. on Saturday and 10 a.m. to 8 a.m. on Sunday. They will be serving an a la carte brunch on the weekends. They plan on providing some entertainment with the piano bar and will occasionally provide some acoustic entertainers. The restaurant will have an approximate capacity of 65 and will also offer some outside dining tables on the front sidewalk of restaurant front. The outside dining area has operated in the past at this location with no concerns noted.

Mr. Buetow will serve as the licensed agent for this location. Background checks conducted on Mr. Buetow, both in-house and NCIC/CIB, indicate no prior criminal history that would preclude the issuance of this request. The Police Department has no objections to the license request and recommends approval.

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning MAY 14 20 15;
ending JUNE 30 20 15

TO THE GOVERNING BODY of the: ☐ Town of ☐ Village of ☒ City of FOND DU LAC

County of FOND DU LAC Aldermanic Dist. No. _____ (if required by ordinance)

Applicant's Wisconsin Seller's Permit Number:	
Federal Employer Identification Number (FEIN):	47-3238200
LICENSE REQUESTED ▶	
TYPE	**FEE**
☐ Class A beer	$
☒ Class B beer	$ 25
☐ Class C wine	$
☐ Class A liquor	$
☒ Class B liquor	$ 125
☐ Reserve Class B liquor	$
Publication fee	$ 55
TOTAL FEE	$ 205.-

1. The named ☐ INDIVIDUAL ☐ PARTNERSHIP ☒ LIMITED LIABILITY COMPANY ☐ CORPORATION/NONPROFIT ORGANIZATION hereby makes application for the alcohol beverage license(s) checked above.
2. Name (individual/partners give last name, first, middle; corporations/limited liability companies give registered name): ▶ Theos 24 MAIN, 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 name, title, and place of residence of each person.

	Title	Name	Home Address	Post Office & Zip Code
President/Member	~~OWNER~~ MEMBER	Ted Bueton	951 MEQUON	FOND DU LAC WI
Vice President/Member				
Secretary/Member				
Treasurer/Member				
Agent ▶		Ted W Bueton		
Directors/Managers				

3. Trade Name ▶ Theo's 24 Business Phone Number 920-251-9100 CELL
4. Address of Premises ▶ 24 N MAIN Fond du Lac Post Office & Zip Code ▶ 54935
5. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? ☒ Yes ☐ No
6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? ☐ Yes ☒ No
7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? ☐ Yes ☒ No
8. (a) **Corporate/limited liability company applicants only:** Insert state WI and date 2/24/15 of registration.
   (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? ☐ Yes ☒ No
   (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? ☐ Yes ☒ No

   (NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.)
9. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) SEE BACK
10. Legal description (omit if street address is given above): _____
11. (a) Was this premises licensed for the sale of liquor or beer during the past license year? ☐ Yes ☒ No
    (b) If yes, under what name was license issued? _____
12. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5) before beginning business? [phone 1-800-937-8864] ☒ Yes ☐ No
13. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown in Section 2, above? [phone (608) 266-2776] ☒ Yes ☐ No
14. 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 signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.) Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

SUBSCRIBED AND SWORN TO BEFORE ME
this 6th day of April, 20 15

_____ (Clerk/Notary Public)

My commission expires 9-27-2015

_____ *(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)*

_____ *(Officer of Corporation/Member/Manager of Limited Liability Company/Partner)*

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 4-6-15	Date reported to council/board 5-13-15	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued 15-4635	

AT-106 (R. 1-12) Wisconsin Department of Revenue

OL-2561

SCHEDULE FOR APPOINTMENT OF AGENT BY CORPORATION/NONPROFIT ORGANIZATION OR LIMITED LIABILITY COMPANY

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by the officer(s) of the corporation/organization or members/managers of a limited liability company and the recommendation made by the proper local official.

To the governing body of: ☐ Town ☐ Village ☒ City of FOND DU LAC County of FOND DU LAC

The undersigned duly authorized officer(s)/members/managers of Theos 24 MAIN, LLC
(registered name of corporation/organization or limited liability company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as

Theo's 24
(trade name)

located at 24 N MAIN ST FOND DU LAC WI

appoints TED WILLIAM BUETOW
(name of appointed agent)

951 MEADOW AVE FOND DU LAC WI 54935
(home address of appointed agent)

to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?

☐ Yes ☒ No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).

Is applicant agent subject to completion of the responsible beverage server training course? ☒ Yes ☐ No

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 40 YEARS

Place of residence last year 951 MEADOW AVE FOND DU LAC WI

For: Theo's 24 MAIN, LLC
(name of corporation/organization/limited liability company)

By: _____
(signature of Officer/Member/Manager)

And: _____
(signature of Officer/Member/Manager)

ACCEPTANCE BY AGENT

I, TED W BUETOW, hereby accept this appointment as agent for the
(print/type agent's name)

corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

_____ 4/6/15 Agent's age [redacted]
(signature of agent) *(date)*

951 MEADOW AVE FOND DU LAC WI Date of birth [redacted]
(home address of agent)

APPROVAL OF AGENT BY MUNICIPAL AUTHORITY
(Clerk cannot sign on behalf of Municipal Official)

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on 04/21/15 by _____ Title ASST. CHIEF of POLICE
(date) *(signature of proper local official)* *(town chair, village president, police chief)*

AUXILIARY QUESTIONNAIRE
ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name *(please print)* *(last name)*	*(first name)*	*(middle name)*
BUETOW	TED	W

Home Address *(street/route)*	Post Office	City	State	Zip Code
951 MEQUON AVE	FOND DU LAC	FOND DU LAC	WI	54935

Home Phone Number	Age	Date of Birth	Place of Birth
[redacted]			

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.
- ☒ MEMBER *(Officer/Director/Member/Manager/Agent)* of THEOS 24 MAIN, LLC *(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? 48 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 employe 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
SELF	951 MEQUON AVE	JUNE 12	DEC 14
Employer's Name	Employer's Address	Employed From	To
THEOS SELF	951 MEQUON AVE	FEB 1994	MAY 2013

The undersigned, being first duly sworn on oath, deposes and says 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.

Subscribed and sworn to before me

this 6th day of April, 20 15

(Clerk/Notary Public)

(Signature of Named Individual)

My commission expires

Printed on Recycled Paper