

**ALCOHOL LICENSING COMMITTEE AGENDA
CITY OF FOND DU LAC, WISCONSIN**

November 24, 2014
4:00 p.m.

Meeting Rooms D & E
City-County Government Center

160 South Macy Street
Fond du Lac, Wisconsin

I. OPENING CEREMONIES

- A. Attendance
- B. Declaration Quorum Present

II. APPROVAL OF MINUTES

October 27, 2014

III. REPORTS OF OFFICERS

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

Corporation:	Mad Max 3240 Inc.
Agent Name:	Robert Wegele
Agent Address:	W6137 Subway Rd Fond du Lac, WI 54935
d/b/a:	Mad Max 3240 Inc.
Location of Premises:	351 Fond du Lac Ave
City Council Meet Date:	December 10, 2014

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

Limited Liability:	Tuffys Outpost LLC
Agent Name:	David Munson
Agent Address:	W7276 Waterway Dr Fond du Lac, WI 54937
d/b/a:	Tuffys Outpost
Location of Premises:	384 Marquette St
City Council Meet Date:	December 10, 2014

IV. ADJOURN

CITY OF FOND DU LAC - Memorandum

City Clerk's Office

Date: November 20, 2014

To: Alcohol License Committee

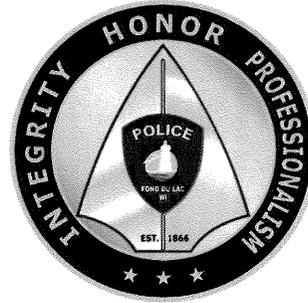
From: Maggie Hefter, City Clerk

Re: 2014- 2015 "Class A" Intoxicating Liquor and Class "A"
Fermented Malt Beverage License

"CLASS A" INTOXICATING LIQUOR AND CLASS "A" FERMENTED MALT BEVERAGE LICENSE

Corporation: Mad Max 3240 Inc.
Agent: Robert Wegele
Address: W6137 Subway Rd
Fond du Lac, WI 54937
d/b/a: Mad Max 3240 Inc.
Location of Premises: 351 Fond du Lac Ave.

**Fond du Lac City
Police Department**



Memo

To: City Manager Moore

From: Chief Lamb

Date: 11-19-14

Re: Proposed Class A Beer and Intoxicating Liquor License for Mad Max 3240 Inc, 351 Fond du Lac Ave.

On November 19, 2014, Captain Gutzmann, Community Development Director Dyann Benson and City Clerk Maggie Hefter, met with the listed applicant Robert Wegele who is the listed Agent for MAD MAX Inc., representing Steve Magestro and Janice Maxwell regarding their request for a Class A Intoxicating Liquor and Fermented Malt Beverage license for the above location.

Mr. Wegele has been employed O'Connor Oil for more than 30 years and will continue to be employed with O'Connor Oil, which was bought out by MAD MAX. Mr. Wegele will be the Agent for O'Connor in several locations around the FDL and Oshkosh areas. This location has been a licensed establishment for many years with no concerns noted by law enforcement.

Mr. Wegele advised that they have plans in place to train the current 4 employees and will meet all of the state's requirements for selling. The MAD MAX company also has a training program in place to train their current employees.

At this time the long term business plan is likely to turn the Mobil into another BP, however that will be down the road sometime. He advised that there are no plans to remodel the business yet and they would be using existing storage and coolers for their beer inventory. Their limited alcohol sales would be stored in the front of the business directly in the line of view of the cash register and office area.

Kathy Lemke is the current manager of the Mobil and will continue to manage the business after the purchase is final on Dec. 16th.

Background checks were conducted on Mr. Wegele and the Officers of Mad Max Inc., both in-house and NCIC/CIB. There is nothing in the applicants' backgrounds that would preclude them from obtaining the requested license. The Police Department has no objections to the approval of the proposed license.

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning 12/11 20 14 ;
ending 6/30 20 15

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

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

47-209625

Applicant's WI Seller's Permit No. / FEIN Number: <u>456-1028606783-02</u>	
LICENSE REQUESTED ▶	
TYPE	FEE
<input checked="" type="checkbox"/> Class A beer	\$ <u>133</u>
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$ <u>333</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>55</u>
TOTAL FEE	\$ <u>521</u>

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): Mad Max 3240 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 name, title, and place of residence of each person.

Title	Name	Home Address	Post Office & Zip Code
President/Member	<u>Steve Magastro</u>	<u>725 N Progress Drive</u>	<u>Saukville</u>
Vice President/Member	<u>Jantice Maxwell</u>	<u>725 N Progress Dr</u>	<u>Saukville WI 5308</u>
Secretary/Member			
Treasurer/Member			
Agent ▶	<u>Robert Wegele</u>	<u>W6137 SUBWAY Rd.</u>	<u>FDL</u>
Directors/Managers			

3. Trade Name ▶ Mad Max 3240 inc Business Phone Number 2622354054
4. Address of Premises ▶ 35 / Fond du Lac Ave 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 10/16/14 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.) coolers, display, back storage
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 3 day of November, 20 14

Jean Seaman
(Clerk/Notary Public)

My commission expires Feb 26, 2017

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

OLYN SEAMAN
Notary Public
State of Wisconsin
(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
<u>11-3-14</u>	<u>12-10-14</u>		
Date license granted	Date license issued	License number issued	
		<u>15-4574</u>	

Mad Max 1024 - Sheboygan WI
Mad Max 1230 - West Bend WI
Mad Max 1240 - West Bend WI
Mad Max 1400 - Port Washington WI
Mad Max 1400 - Port Washington WI
Mad Max 3150 - Fond du Lac WI

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 Mad Max 3240 Inc
(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 Mad Max 3240 Inc
(trade name)

located at 351 Fond du Lac Ave Fond du Lac, WI 54935

appoints Robert Wegele
(name of appointed agent)

W6137 Subway Rd 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).

O'Connor at Co

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?

Place of residence last year same as above

For: Mad Max 3240 Inc
(name of corporation/organization/limited liability company)

By: 
(signature of Officer/Member/Manager)

And: 
(signature of Officer/Member/Manager)

ACCEPTANCE BY AGENT

I, Robert Wegele
(print type agent's name), hereby accept this appointment as agent for the

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.

Robert A. Wegele, Jr. 11-3-14 Agent's age 
(signature of agent) (date)
W6137 Subway Road, Fond du Lac, WI 54937-1604 Date of birth 
(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 11/19/14 by Steven J. Kee 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)	
Wegeler Jr.		Robert		Allen	
Home Address (street/route)	Post Office	City	State	Zip Code	
W6137 Subwayspd		Fond du Lac	WI	54937-1604	
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.
- Agent of Mad Max 3240 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:

- How long have you continuously resided in Wisconsin prior to this date? 30 years
- 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. O'Connor Oil Corporation Oshkosh
(Name, Location and Type of License/Permit)
- 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)
- Named individual must list in chronological order last two employers.

Employer's Name <u>O'Connor Oil Co.</u>	Employer's Address <u>335 N. Pioneer Rd North Fond du Lac, WI</u>	Employed From <u>1979</u>	To <u>2014</u>
Employer's Name _____	Employer's Address _____	Employed From _____	To _____

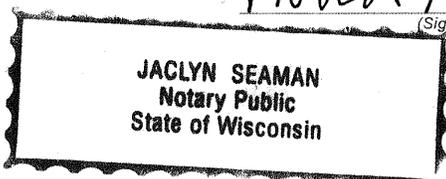
The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that 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 3 day of November, 2014
Jaclyn Seaman
(Clerk/Notary Public)

Robert Allen Wegeler Jr.
(Signature of Named Individual)

My commission expires FEB 26, 2017



AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name) Maxwell		(first name) Janiece		(middle name) R	
Home Address (street/route) 725 N Progress Dr.		Post Office	City Saukville	State WI	Zip Code 53080
Home Phone Number		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.
- officer of Mad Max 3240
(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? 9y
- 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 any 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. Mad Max 1024, 1230, 1240, 1400, 1460 & 3150 Port Washington Sheboygan, West Bend Fond du Lac
(Name, Location and Type of License/Permit)
- 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 MAD MAX	Employer's Address SAUKVILLE WI	Employed From 4/2007	To Current
Employer's Name EXECUTIVE FINANCIAL	Employer's Address HOWELL, MI	Employed From 1/2001	To 6/2007

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 3 day of November, 2014
Juan Seaman
(Clerk/Notary Public)
My commission expires Feb 26, 2017

JACLYN SEAMAN
Notary Public
State of Wisconsin

(Signature of Named Individual)



AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name) Magestro		(first name) Steve		(middle name) J	
Home Address (street/route) 725 N Progress Dr		Post Office	City Saukville	State WI	Zip Code 53080
Home Phone Number [Redacted]		Age [Redacted]	Date of Birth [Redacted]	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.
- Officer** of **Mad Max 3240**
(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? 50+
- 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. Mad Max 1024, 1230, 1240, 1400, 1460, 3150 Port Washington Sheboygan, West Bend, Fond du Lac
(Name, Location and Type of License/Permit)
- 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.

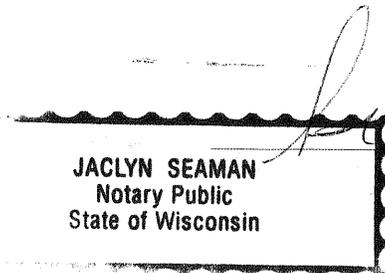
Employer's Name MAD MAX	Employer's Address SAUKVILLE WI	Employed From 6/2007	To Current
Employer's Name TAC Petroleum	Employer's Address West Bend WI	Employed From 1/2000	To Current

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 3 day of November, 2014
Jaclyn Seaman
(Clerk/Notary Public)

My commission expires Feb 26, 2017



(Signature of Named Individual)



Printed on Recycled Paper

Business Plan Summary for Mad Max 3240 Inc.

M Six International Properties LLC started the convenience store brand name of MAD MAX with the purchase of a location in Sheboygan Wisconsin in 2007. Since then it has acquired locations in West Bend, Port Washington and Fond Du Lac Wisconsin, bringing the total to ten locations with this acquisition.

All properties that are purchased through M Six International Properties LLC automatically leases the newly acquired property to its sister company, Mad Max Inc. Mad Max Inc. is the holder of the MAD MAX brand name and also runs the day to day operations of each convenience store that M Six International Properties LLC owns.

Mad Max's business model is that it can and does provide all the convenience items that today's customer requires in a convenience store and more. Friendly customer service and always listening to the needs of the customer base that it has to bring in new items. Running promotions on a weekly and monthly timeline. Mad Max sells top named items at very competitive prices.

M Six International Properties LLC is always looking to purchase undervalued sites so that it can increase its net worth and add another location to the Mad Max brand.

The mission of M Six International Properties LLC is to do several things. Bring a new brand name to the market that customers will associate value with superior products, great service, and a clean and friendly environment. Provide a happy and rewarding work environment for the team members, management and it's owners. Run a profitable business through continual success and expansion of the brand to other locations throughout South Eastern Wisconsin.

M Six International Properties LLC will introduce a new brand name in the marketplace within the Fond du lac Wisconsin area, Mad Max, but the principal officers are no strangers at running a business.

Janiece Maxwell has run several stock brokerage firms in Michigan and Wisconsin. With over 26 years of experience in the financial arena she is more then qualified to get this business up and running in no time. Janiece also holds a commercial realtors license that allows her to buy and sell properties anywhere in the country. She has a BS degree in finance and has also been a financial planner for many people over the years. Ms. Maxwell has been in the convenience store business since October 2007 doing everything from cashier to financial reporting. Ms Maxwell is currently CFO of Mad Max Convenience Stores overseeing the accounting and financial side of the business.

Steve Magestro has had several businesses of his own. He started in 1979 working for his step father in the wholesale business. Selling cigarettes and snacks to taverns, grocery stores, and gas stations, eventually running the business from 1982 to 1985. In February 1987, Steve started Profitable Products with \$2,000.00 dollars and turned a profit each year that he had the business. It was a wholesale company that sold merchandise to gas stations / convenience stores and to grocery stores throughout eastern Wisconsin. He sold that business in 2002, at a nice profit. While Steve was running Profitable Products he started TAC Petroleum in January 2000. Steve also has worked for two companies in the Wisconsin area that owned and operated gas station / convenience stores. One company had over 25 locations and the other location had over 156 locations located in nine states. Steve's primary roll was to run construction projects, budgets, and day to day operations. Steve continues that roll with Mad Max.

Between these two principals, M Six International Properties LLC is more than capable of taking this business model throughout the state. By purchasing good locations, aligning the company with strategic partners within the industry, Mad Max will become a name that customers will trust and recognize throughout Wisconsin. M Six has a bright future and the two principals know this.

The products that will be sold at this location include:

- **Gasoline**
- **Oil, Windshield solvent, additives, automotive accessories, and maps**
- **Beer, soda, juices, water, and milk**
- **Snacks, candy, and grocery items**
- **Cigarettes, cigars, chewing tobacco, and tobacco accessories**
- **Novelty and general merchandise**
- **Soda Fountain Program**
- **Coffee Program**
- **Donuts**
- **Wisconsin Lottery Ticket program**
- **Car Wash Chemicals**
- **Liquor and Wine**
- **Slushy Machines**
- **Dairy Products, Ice Cream, Ice Cream novelties, premade sandwiches**

M Six International believes that it will have a competitive edge over the nearby competition due to competitive pricing of name brand items on a regular basis. Providing a clean and friendly atmosphere and to get customers in and out quickly.

Mad Max will run cartons of cigarettes at the state minimum market up of 6%. The fuel that is sold at this location will be competitively shopped with the competition within the city limits to provide the customer with the lowest price. Promotions will be continually run to attract customers into the store. Case's of major brands of beer will be sold at the state minimum of 6% to bring in additional customers. Milk will be sold as a leader item to attract customers in the door. Mad Max will carry a large selection of Wisconsin Lottery tickets.

The Mad Max staff for the location at 345 Fond Du Lac Ave., Fond du Lac will have a staff of five to thirteen people. This will include the current staff of five people that are currently working at this location.

- **Manager – Full Time**
- **Assistant Manager – 1 Full Time**
- **Team Leaders - 2 Part Time**
- **Convenience store staff – 6-10 Part Time**

All wages paid through Mad Max 3240 Inc.

In conclusion Mad Max believes that this is a great location that will help bring the Mad Max name to a new area and increase company sales, profits, and presence.

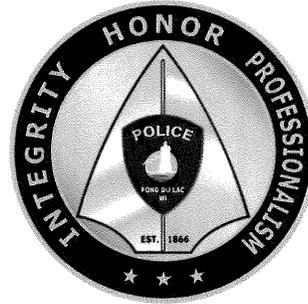
CITY OF FOND DU LAC - Memorandum

City Clerk's Office

Date: November 20, 2014
To: Alcohol License Committee
From: Maggie Hefter, City Clerk
Re: 2014- 2015 Class "B" Fermented Malt Beverage

CLASS "B" FERMENTED MALT BEVERAGE LICENSE

Limited Liability Co: Tuffys Outpost LLC
Agent: Dave Munson
Address: W7276 Waterway Dr
Fond du Lac, WI 54937
d/b/a: Tuffys Outpost
Location of Premises: 384 Marquette St



Memo

To: City Manager Moore

From: Chief Lamb

Date: 11-19-14

Re: Proposed Class B Beer and Wine License for Tuffy's Outpost, 384 Marquette St.

On August 18, 2014, Assistant Chief Klein, Community Development Director Wayne Rollin and Division Chief of Fire Prevention Troy Hasse and Association of Commerce President Joe Reitemeier, met with the listed applicant Dave Munson who is the listed Agent for Tuffy's Outpost, regarding their request for a Class B Beer and Wine license for the above location.

Tuffy's Outpost is a Sporting Goods and Outdoor specialty store. Tuffy's recently expanded their operations and opened a full indoor 3-D archery range in an approximate 12,000 square foot warehouse attached to their main business. Mr. Munson stated they will be hosting Archery Leagues as well as some Archery tournaments. Mr. Munson would like the ability to serve soda and beer to his league participants and those customers who come to watch. Mr. Munson stated they would not be serving beer until all of the league participants had completed their shooting rounds. The bar area would be a small designated area in the observation section of the Archery Range and would allow the participants to stick around to have a beer or soda afterwards. Mr. Munson anticipates only opening the bar area on league nights or during tournaments.

Wisconsin law does allow for "Bowling Alleys and Recreational Centers" such as Archery Centers or Gun Clubs to be licensed establishments.

Mr. Munson stated this very small operation will be very controlled and limited in scope that will not have a significant impact on the surrounding neighborhood. Mr. Munson will serve as the licensed agent. Assistant Chief Klein discussed with Mr. Munson the City's expectations of being a licensed agent.

Background checks were conducted on Mr. Munson both in-house and NCIC/CIB. There is nothing in the applicant's background that would preclude him from obtaining the requested license. The Police Department has no objections to the approval of the proposed license.

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning Sept. 11 20 14 ;
ending June 30 20 15

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

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

Applicant's Wisconsin Seller's Permit Number: <u>456-102805417-02</u>	
Federal Employer Identification Number (FEIN): <u>76-2277673</u>	
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>80</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$ <u>55</u>
TOTAL FEE	\$ <u>135</u>

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): ▶ Tuffys Outpost 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	<u>owner Kathleen M. Munson</u>	<u>W7276 WATERWAY DR FOND DU LAC, WI 54937</u>	
Vice President/Member	<u>CO OWNER DAVID C. MUNSON</u>	<u>W7276 WATERWAY DR FOND DU LAC, WI 54937</u>	
Secretary/Member			
Treasurer/Member			
Agent ▶	<u>DAVID MUNSON</u>	"	"

3. Trade Name ▶ TUFFYS OUTPOST Business Phone Number 920 933 5110

4. Address of Premises ▶ 384 Marquette St FDL WI 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 5/2013 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.) 12,800 sq ft Warehouse building separate entrance on Marquette St
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 4th day of August, 20 14

[Signature]
(Clerk/Notary Public)

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

My commission expires 9-27-2015

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>8-4-14</u>	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

0L-2528

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
MUNSM		DAVID		CHARLES	
Home Address (street/route)		Post Office		City	State
W7776 Waterway Dr				FDL	WI
Home Phone Number		Age	Date of Birth	Zip Code	
[REDACTED]		[REDACTED]	[REDACTED]	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.
- MEMBER of TUFFY'S OUTPOST 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? 50 yrs
- 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. (Name, Location and Type of License/Permit)
- 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
Dutens Trading Post			12/5/12
Wisconsin Central		1/12/90	11/20/92

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 August, 2014
[Signature]
(Clerk/Notary Public)

[Signature]
(Signature of Named Individual)

My commission expires 9-27-2015



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)	
Home Address (street/route)		Post Office	City	State	Zip Code
Home Phone Number		Age	Date of Birth	Place of Birth	

Handwritten entries:
 Name: Kathleen M Munson
 Address: W 7276 Waterway Dr
 Post Office: FDL
 City: FDL
 State: WI
 Zip Code: 54937
 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 of TUFFY'S OUTPOST 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? 51 yrs
- 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. (Name, Location and Type of License/Permit)
- 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
<u>FDL School/Dist</u>		<u>1997</u>	<u>Present</u>
<u>Fleet Farm</u>		<u>1981</u>	<u>1997</u>

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 5th day of Aug, 20 14
[Signature]
(Clerk/Notary Public)

[Signature]
(Signature of Named Individual)

My commission expires 9-27-2015



Printed on Recycled Paper

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 of FDL County of FDL
 City

The undersigned duly authorized officer(s)/members/managers of TUFFY'S OUTPOST
(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 TUFFY'S OUTPOST
(trade name)

located at 384 MARQUETTE ST FDL WI 54935

appoints DAVID MUNSON
(name of appointed agent)

17276 WATERWAY DR FDL 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? 55 yrs

Place of residence last year same

For: TUFFY'S OUTPOST
(name of corporation/organization/limited liability company)

By: David C. Munson
(signature of Officer/Member/Manager)

And: Nathaniel M. Munson
(signature of Officer/Member/Manager)

ACCEPTANCE BY AGENT

I, DAVID MUNSON, 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.

David C. Munson 8/3/14
(signature of agent) (date)

Agent's age [REDACTED]

17276 WATERWAY DR FOND DU LAC WI 54937
(home address of agent)

Date of birth [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 11/9/14 by Steven Kee Title ASST. CHIEF
(date) (signature of proper local official) (town chair, village president, police chief)

Tuffy's Outpost, LLC

Business Plan

May 15, 2013

I. Executive Summary

Tuffy's Outpost, is intended to be formed as a Limited Liability Company located at 371 North Main St, Fond du Lac, WI 54935, poised for rapid growth in the sporting goods industry. The Business seeks funding to take advantage of a window of opportunity for introducing a new hunting, fishing, and other sporting goods products, which has the potential to dominate the market.

Business Description. The Business is to be organized as a Limited Liability Company promoted by Kathleen and David Munson. David has been an avid hunter and fisherman his whole life. He also, previously, worked for another sporting goods business for 10 years. He has learned a lot about products and what customers are looking for.

New Product. The Business will be selling hunting, fishing, and other sporting goods products. We will be carrying:

PSE, TruGlo, Easton, NAP, QAD, Delta McKenzie, Barnett, ScentBlocker, Remington, Ruger, Springfield Armory as well as many other used firearms and archery products.

The Business has a window of opportunity to introduce these products and gain a significant piece of the market share.

II. Business Summary

The business is a start-up business, providing clients with hunting, fishing, and other sporting goods. Our products will be geared towards hunters and fishermen and trappers. We would also like to secure the warehouse in the rear of the building to bring in 3D archery. This would bring in a wider range of clientele and allow for additional income. We would like to have tournaments and also like to provide a beer bar only. With this new addition we could attract new customers allowing for business growth and added

employees

Industry Overview. In Fond du Lac, we do not have many sporting goods stores geared only toward hunters and fishermen. We will concentrate on the customer and their every need which is something big retail stores cannot do. By treating customers the way we would want to be treated at a store, we are hoping they will come back and bring others with them. We would like to secure the warehouse in the rear of the building to build a 3D Archery Range in the future. It would allow us to bring in additional income.

Seasonal Factors. The Business would only be influenced by the seasonal factors that affect our customers. Since the demand for our services crosses many different industries, seasonal fluctuations are expected to be limited.

Position in the industry. Since we are located so close to Lakeside Park, we will attract many fishermen for live bait and other fishing items. Also, being one of the few businesses in town that services bows and guns, we will attract many hunters and sport shooters. Being attached to a 40000 square foot indoor baseball facility will generate huge sales in that area as well.

III. Marketing Summary

Target Markets. The main target markets for the business will include hunters, fishermen, and baseball enthusiasts.

Competition. The customers in this industry like to feel welcome in a store. They want to feel like they are getting all of their needs met. We will concentrate on just that. We will be offering free coffee and refreshments every day and will treat customers like family. By doing this we hope to beat out our competition.

Services. The Business intends to provide exceptional, personalized service, which will be the crucial factor in building and protecting the Business's brand within the community.

IV. Strategy and Implementation Summary

The Business plans the following tactics as part of sales promotion:

- Develop a list of potential customers in the central region of the state and send brochures by mail.

- Advertising through regional newspapers.

- Television commercials on ESPN and during the Milwaukee Brewers games.

- Anglin Adventures television show

- Internet marketing

- Posting signage and flyers about the new business on bulletin boards in stores and public places.

In addition, the Business will also engage in the following marketing campaigns:

- We will host a grand opening in July and have professional hunters and fisherman making appearances.

V. Financial Plan

The Funding Request in this Business Plan outline the major start-up costs associated with this business. Other costs include regular monthly expenses, paying for employee salaries, and other business expenses. This Business is expected to generate \$500,000 in the first year and gross profit is expected to be \$200,000.