

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

December 22, 2014  
4:00 p.m.

**Meeting Rooms F & G**  
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**

November 24, 2014

**III. REPORTS OF OFFICERS**

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

Limited Liability:	Vista 31 LLC
Agent Name:	Roger Vistain
Agent Address:	1044 Calypso Dr Winnecone, WI 54986
d/b/a:	The Bullpen
Location of Premises:	243 W 9 <sup>th</sup> St.
City Council Meet Date:	January 14, 2015

**IV. ADJOURN**

**ALCOHOL LICENSING COMMITTEE MINUTES  
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

**OPENING CEREMONIES**

ROLL CALL: Present: - Shawn Anhalt  
J. Geoffrey Bares  
Ray Lapierre  
Lee Ann Lorrigan  
Kerry Ann Strupp

Absent - David Hopper (excused)  
Tyler Vorpapel (excused)

Administrative Staff: - Steve Klein, Assistant Police  
Chief of Operations  
Deb Hoffmann, City Attorney

Chairperson Lapierre declared a quorum present.

**APPROVAL OF MINUTES**

**October 27, 2014**

Motion made by Anhalt to approve the minutes of the  
October 27, 2014 Alcohol Licensing Committee minutes  
as presented.

Seconded by Lorrigan.

ROLL CALL VOTE: Aye - Anhalt, Lapierre, Lorrigan,  
Strupp  
Nay - None  
Abstain - Bares

Carried.

**REPORTS OF OFFICERS**

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

**ALCOHOL LICENSING COMMITTEE MINUTES**

November 24, 2014

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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

Motion made by Bares to recommend to City Council approval of the new "Class A" Intoxicating Liquor and Class "A" Fermented Malt Beverage License d/b/a Mad Max 3240 Inc., 351 Fond du Lac Avenue.

Seconded by Strupp.

ROLL CALL VOTE: Aye - Anhalt, Bares, Lapierre,  
Lorrigan, Strupp  
Nay - None

Carried.

**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

Motion made by Lorrigan to recommend to City Council approval for new Class "B" Fermented Malt Beverage License d/b/a Tuffys Outpost, 384 Marquette Street.

Seconded by Bares.

ROLL CALL VOTE: Aye - Anhalt, Bares, Lapierre,  
Lorrigan, Strupp  
Nay - None

Carried.

**ADJOURN**

Motion made by Strupp to adjourn.

Seconded by Bares.

ROLL CALL VOTE: Aye - Anhalt, Bares, Lapierre,  
Lorrigan, Strupp  
Nay - None

Carried.

**ALCOHOL LICENSING COMMITTEE MINUTES**

November 24, 2014

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Meeting adjourned at 4:24 p.m.

MARGARET HEFTER  
CITY CLERK

MH/maa

# ***CITY OF FOND DU LAC - Memorandum***

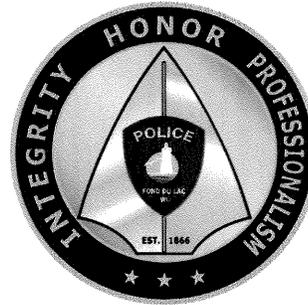
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**City Clerk's Office**

**Date:** December 18, 2014  
**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:** Vista 31 LLC  
**Agent:** Roger Vistain  
**Address:** 1044 Calypso Dr  
Winneconne, WI 54986  
**d/b/a:** The Bullpen  
**Location of Premises:** 243 W 9<sup>th</sup> Street



# Memo

**To:** City Manager Moore

**From:** Chief Lamb

**Date:** 12-15-14

**Re: Proposed Class B Intoxicating Liquor and Fermented Malt Beverage  
The Bull Pen Tavern 243 W. 9th Street**

On December 15, 2014, Assistant Chief Klein, Community Development Director Dyann Benson and City Clerk Maggie Hefter met with the listed applicant Roger Vistain to discuss his application for the proposed license for The Bull Pen Tavern, located at 243 W. 9<sup>th</sup> Street (formerly Wishing Well). Also present with the applicant was the landlord for the property Greg Barber as the applicant will be leasing the property from Mr. Barber.

Mr. Vistain is from the Winneconne area and has been looking for an opportunity to open his own bar business. He has never owned or operated a bar, but did bartend for a number of years. Vistain has previously helped set up and manage a Home Medical business in the Fox Valley area and does have business experience.

Mr. Vistain stated they will be doing some refurbishing of the interior of the building including new flooring and painting. There will also be a number of improvements made to the exterior of the building. Mr. Vistain, stated he plans on his establishment being a Sport Bar themed "Old Neighborhood" tavern, with 8 flat screen televisions. They do not plan on serving any food.

This location has held an alcohol license in the past for a number of years with no concerns noted from law enforcement. Mr. Vistain will manage the day to day operations.

Assistant Chief Klein discussed with the applicant the City's expectations of being a license holder and the importance of being a "good neighbor."

Background checks performed on the applicant, both in-house and NCIC/CIB, indicate no criminal history. There is nothing in the applicant's background that would preclude her from obtaining the requested license. The Police Department has no objections to the approval of the proposed license request.

**ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION**

Submit to municipal clerk.

For the license period beginning JANUARY 15 20 15 ;  
ending JUNE 30 20 15

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

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

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): VISTA 31 LLC

Applicant's Wisconsin Seller's Permit Number:	
Federal Employer Identification Number (FEIN): <u>47-2421351</u>	
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>58-</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input checked="" type="checkbox"/> Class B liquor	\$ <u>292-</u>
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$ <u>55</u>
<b>TOTAL FEE</b>	\$ <u>405</u>

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</u>	<u>ROGER VISTAIN</u>	<u>1044 CALYPSO DR WINNECONNE WI</u>	<u>54986</u>
Vice President/Member				
Secretary/Member				
Treasurer/Member				
Agent ▶		<u>ROGER V. VISTAIN</u>	<u>1044 CALYPSO DR WINNECONNE WI</u>	<u>54986</u>
Directors/Managers				

3. Trade Name ▶ THE BULLPEN Business Phone Number 920-470-6905

4. Address of Premises ▶ 243 W. NINTH ST. FOND DU LAC 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 NOV, 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, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) BUILDING IS A HOUSE DOWNSTAIRS IS A BAR AREA WITH BASEMENT FOR STORAGE OUTSIDE DECK AREA

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 24<sup>th</sup> day of NOVEMBER, 20 14

Theresa R. Rahmlow  
(Clerk/Notary Public)

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

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

My commission expires 5-1-17

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

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <u>12-1-14</u>	Date reported to council/board <u>1-14-15</u>	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued <u>15-4586</u>	

06-2543

R# 69691

# AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
VISTAIN		ROGER		VINCENT	
Home Address (street/route)		Post Office	City	State	Zip Code
1044 CALYPSO DR			WINNECONNE	WI	54986
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.
  - ROGER V VISTAIN of VISTA31 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? 40 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.)  
OWI SEPT 1987, BROWN COUNTY FINE / OWI FEB 1991 RACINE COUNTY FINE 10 DAYS JAIL
- 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 <u>LINCARE</u>	Employer's Address <u>1750 PROSPECT</u>	City <u>APPLETON WI</u>	Employed From <u>2-2-08</u>	To <u>1-27-14</u>
Employer's Name <u>ANODYNE</u>	Employer's Address <u>6024 BLUECIRCLE DR,</u>	City <u>MINNETONKA MN</u>	Employed From <u>1-1-06</u>	To <u>11-30-06</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 24 day of NOVEMBER, 2014  
[Signature]  
(Clerk/Notary Public)

[Signature]  
(Signature of Named Individual)

My commission expires 5-1-2017



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 FOND DU LAC County of FOND DULAC  
 City

The undersigned duly authorized officer(s)/members/managers of VISTA31 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 THE BULLPEN  
(trade name)

located at 243 W. NINTH ST. FOND DU LAC WI 54935

appoints ROGER V. VISTAIN  
(name of appointed agent)

1044 CALYPSO DR WINNECONNE WI 54986  
(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 1044 CALYPSO DR WINNECONNE WI 54986

For: VISTA31 LLC  
(name of corporation/organization/limited liability company)

By:   
(signature of Officer/Member/Manager)

And: \_\_\_\_\_  
(signature of Officer/Member/Manager)

**ACCEPTANCE BY AGENT**

I, ROGER V. VISTAIN, 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.

 11-30-14  
(signature of agent) (date)

Agent's age             
Date of birth           

1044 CALYPSO DR WINNECONNE WI 54986  
(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 12/5/14 by  Title ASST. POLICE CHIEF  
(date) (signature of proper local official) (town chair, village president, police chief)

## Business Plan

### Hours of Operation

Monday-Thursday 2pm to 2:30am

Friday-Sunday 11am to 2:30am

Tentative opening day Friday, January 16<sup>th</sup>

### The Bullpen

A Sports bar establishment complete with TV's, Billiards, Darts, Jukebox and Coin machines.

Providing a sports tavern for people to want to enjoy a game and good company.

Will be offering non-alcoholic beverages and alcoholic beverages. We will not have a kitchen but are looking to provide frozen pizza as well as other bar food items (chips, Beef Sticks ect.)

We will be doing special sporting event parties for Packers, Badgers, Superbowl, NASCAR races ect.

Other special event such as live DJ and karaoke night anything along that line of entertainment.

Do bus trips to Packers, Bucks and Brewer games.



DOWNSTAIRS  
ALCOHOL  
STORAGE

WALK IN  
COOLER  
14' X 14'

DOWNSTAIRS  
TOTAL SQUARE FEET  
1,288'

||| STAIRS |||  
TO UPSTAIRS

STORAGE  
AREA  
IN  
BASEMENT

26'

42'