

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

December 30, 2013
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

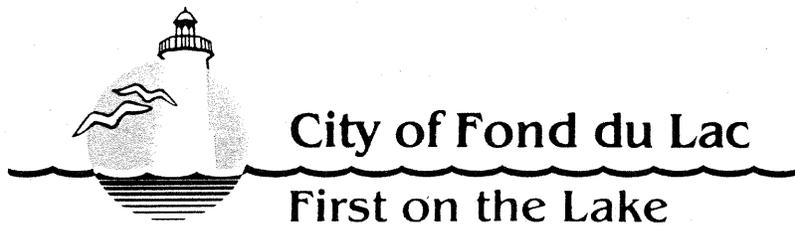
September 30, 2013

III. REPORTS OF OFFICERS

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

Limited Liability Co: Carlone's Bar LLC
Agent: Michael Carlone
N8301 Abler Road
Fond du Lac, WI
d/b/a: Carlone's Bar
Location of Premises: 8 5th Street
City Council Meet Date: January 8, 2014

IV. ADJOURN



Alcohol Licensing Committee

Dec. 30, 2013

4:00 P.M.

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

September 30, 2013
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
David Hopper
Ray Lapierre

Absent: - Paul Osterholm (excused)
Kerry Ann Strupp (excused)
Lee Ann Lorrigan (excused)

Administrative Staff: - Steve Thiry, Asst. Police Chief
of Administration

Vice-Chairperson Bares declared a quorum present.

APPROVAL OF MINUTES

July 29, 2013

Motion made by Hopper to approve the minutes of the
July 29, 2013 Alcohol Licensing Committee meeting as
presented.

Seconded by Lapierre.

ROLL CALL VOTE: Aye - Anhalt, Bares, Hopper,
Lapierre

Nay - None

Carried.

ALCOHOL LICENSING COMMITTEE MINUTES

September 30, 2013

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REPORTS OF OFFICERS

**REVIEW DELIBERATE AND MAKE RECOMMENDATIONS ON APPLICATION FOR
NEW CLASS "B" FERMENTED MALT AND "CLASS C" WINE LICENSE**

Limited Liability Co: Commonwealth Coffee Company, LLC
Agent: Jason Leffel
Home Address: 54 E 1st Street
Fond du Lac, WI 54935
d/b/a: Commonwealth Coffee Company & Deli
Location of Premises: 57 N Macy Street
City Council Meet Date: October 9, 2013

Appeared in Support and to Ask/Answer Questions:
Jason Leffel, 54 E 1st St., Fond du Lac

Motion made by Lapierre to recommend to City Council approval of New Class "B" Fermented Malt and "Class C" Wine License d/b/a Commonwealth Coffee Company & Deli, 57 N Macy Street.

Seconded by Hopper.

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

Carried.

ADJOURN

Motion made by Hopper to adjourn.

Seconded by Lapierre.

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

Carried.

Meeting adjourned at 4:10 p.m.

SUE STRANDS
CITY CLERK

SS/maa

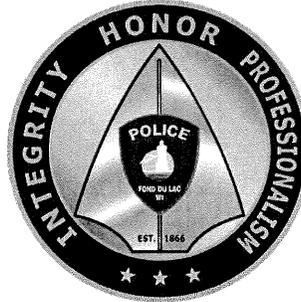
CITY OF FOND DU LAC - Memorandum

City Clerk's Office

Date: December 26, 2013
To: Alcohol License Committee
From: Sue L. Strands, City Clerk
Re: 2013-2014 "Class B" Intoxicating Liquor and Class "B"
Fermented Malt Beverage Application

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

Limited Liability Company: Carlone's Bar LLC
Agent: Michael Carlone
Home Address: N8301 Abler Rd
Fond du Lac, WI 54935
d/b/a: Carlone's Bar
Location of Premises: 8 5th Street



Memo

To: City Manager Moore

From: Chief Lamb

Date: 12-19-13

**Re: Proposed Class B Intoxicating Liquor and Fermented Malt Beverage
Carlone's Bar, 8 5th Street**

On December 19, 2013, Assistant Chief Klein, Division Fire Chief Troy Hasse, Fire Captain John Duffy, Community Development Director Wayne Rollin, City Clerk Sue Strands and Amy Hansen from the DFP met with the listed applicant Michael Carlone to discuss his application for the proposed Carlone's Bar located at 8 5th Street (formerly Schmitt's Bar).

Mr. Carlone is looking at purchasing the property and business located at 8 5th Street contingent upon approval of granting this licensing request. Mr. Carlone has over 25 years of experience in Management/Sales and Marketing and has been a long time resident of the Fond du Lac community. He has over 5-years of experience in working at a licensed establishment. Mr. Carlone will be a full-time owner manager of this business. His plans for this location include it being run as a neighborhood corner pub. He does not plan on making any major changes to the existing business other than some cosmetic updates to the interior and exterior. He anticipates an opening date of January 16th.

This location has operated as a licensed establishment for numerous years with no significant concerns noted by law enforcement.

Assistant Chief Klein emphasized the City's expectations of being a licensed agent and the importance of being a "good neighbor" with the applicant.

Background checks were performed on the applicant, 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 request.

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning JANUARY 9 20 14 ;
ending JUNE 30 20 14

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)

Applicant's Wisconsin Seller's Permit Number: <u>456-1028202715-02</u>	
Federal Employer Identification Number (FEIN): <u>46-4075917</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>
TOTAL FEE	\$ <u>405-</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): ▶ Carlone's Bar 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 <u>(Member)</u>	<u>Michael Carlone</u>	<u>N8301 Abler Rd Fond du Lac, WI</u>	<u>54937</u>
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent ▶	<u>Michael Carlone</u>	<u>N8301 Abler Rd Fond du Lac, WI</u>	<u>54937</u>
Directors/Managers			

3. Trade Name ▶ Carlone's Bar Business Phone Number _____
4. Address of Premises ▶ 8-5th 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 11/7/13 of registration.
(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? Yes No
(c) Is 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.) Bar, Basement, Closet

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? Schmit's Bar LLC

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 14TH day of NOVEMBER, 20 13

[Signature]
(Clerk/Notary Public)

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

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

My commission expires _____

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>12/3/2013</u>	Date reported to council/board <u>1/8/14</u>	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued <u>14-4390</u>	

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.

Town

To the governing body of: Village of FOND DU LAC County of FOND DU LAC

City

The undersigned duly authorized officer(s)/members/managers of Carlone's Bar 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

located at 8- 5th St. Fond du Lac, WI. 54935
(trade name)

appoints Michael Carlone
(name of appointed agent)

N8301 Abler 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).

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? 24 years

Place of residence last year _____

For: Carlone's Bar LLC
(name of corporation/organization/limited liability company)

By: Michael Carlone
(signature of Officer/Member/Manager)

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

ACCEPTANCE BY AGENT

I, Michael Carlone, 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.

Michael Carlone 11/14/13
(signature of agent) (date)

Agent's age

N8301 Abler Rd Fond du Lac, WI 54937
(home address of agent)

Date of birth

**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 12/19/13 by Steven Klea Title ASST. CHIEF OF POLICE
(date) (signature of proper local official) (town chair, village president, police chief)

Cell

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Carlone		Michael		Anthony	
Home Address (street/route)		Post Office	City	State	Zip Code
N8301 Abler Rd			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.
- Member/Agent of Carbone's Bar 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? 24 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. _____
(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>MAG-IAS LLC</u>	Employer's Address <u>142 Doty St Fond du Lac, WI 54935</u>	Employed From <u>Dec 2011</u>	To <u>Currently laid-off</u>
Employer's Name <u>ECP Inc</u>	Employer's Address <u>11210 Katherine's Crossing Webster, IL 60517</u>	Employed From <u>July 2010</u>	To <u>Sept 2011</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 3rd day of DECEMBER, 2013

[Signature]
(Clerk/Notary Public)

[Signature: Michael Carlone]
(Signature of Named Individual)

My commission expires 9-27-2015



Printed on
Recycled Paper

**Business Plan For
Carlone's Bar
8 - 5th St. Fond du Lac, WI.**

The tavern is a well established local pub that dates back to the 1940's. My goal is to keep the business in the downtown Fond du Lac area and continue to serve local residents with a nice clean place for adults to gather and spend time enjoying good company with friends.

The bar is currently owned by three local residents. I will be the sole owner and manager of the bar and will be making all business decisions. This will be my full time job and main source of income while my wife will continue working at her current job with company benefits.

Fair competitive pricing and weekly specials will attract customers of all ages. The great downtown location will be the best advertisement for new walk-in customers while still being able to keep the current customer base. My goal is to stay a small hometown pub with a warm comfortable atmosphere.

The bar will be open Monday thru Saturday (3:00 pm til close) and Sundays (11:00 am til close) during the Packer football season. I will have two other employees besides myself working for me. I will be using all local suppliers and vendors for my business needs.

The bar will be purchased through a cash offer which has been accepted by the current owners with a closing date of January 10th, 2014. Their current monthly sales have more than covered their out going bills and expenses over the past 14 years. I plan on keeping a reserve cash account on hand to cover any emergency's that may come up or additional improvements that could be made to the building.

A minor interior remodel will take place the week of January 5th 2014 with plans to have the doors open for business the following week. The current building had an exterior update with new siding and windows within the past 10 years.

Over the past 25 years I've been involved in Sales Management and have successfully assisted many customers in business solutions and ways to increase their productivity through sales training work shops and product knowledge seminars.

I look forward to becoming a small business owner in the downtown Fond du Lac area and living my dream of owning my own local pub. My goal is to become a well respected business that gives to the community with plans to become involved with local organizations, activities and charities.

Michael Carlone
N8301 Abler Road
Fond du Lac, WI. 54937
carlone@charter.net

CITY OF FOND DU LAC, WISCONSIN

SURRENDER OF ALCOHOL BEVERAGE LICENSE

This is to advise that, as licensee, I (We) hereby surrender a Combination "Class A" And "Class B" Intoxicating Liquor & Class "A" And Class "B" Fermented Malt Beverage license for the premise located at 8.5th St. Fond du lac, WI 54935, on the condition that it be granted to the applicant (future licensee).

Schmitz Bar LLC, d/b/a Schmitz's Bar LLC
(Current licensee) (Current business name)

and Michael Carlone, as applicant, make a
(Future licensee)
concurrent application for that license.

Licensee/Applicant Information

CURRENT LICENSEE

Please print the following information:

Name JULIE SCHMITZ

Home Address 8 5th ST.

City FOND DU LAC, WI

Phone (920) 948-2754

Signature Julie Schmitz Date _____

X Rachel Ruzette

NEW APPLICANT FUTURE LICENSEE

Please print the following information:

Name Michael Carlone

Home Address N8301 Abler Rd

City Fond du Lac

Phone (920) 924-7868

Signature Michael Carlone Date _____

WISCONSIN

SELLER / SERVER CERTIFICATION

Trainee Name: Michael Carlone
Date of Completion: 11/30/2013

School Name: 360training.com, Inc.
Certification # WI02981

I, 

certify that the above named person
successfully completed an approved
Learn2Serve Seller/Server course.

COMPLIES WITH WISCONSIN STATUTES 125.04, 125.17, 134.66



learn²
serve

Corporate Headquarters
13801 Burnet Rd., Suite 100
Austin, Texas 78727
P: 800-442-1149