ALCOHOL LICENSING COMMITTEE AGENDA
CITY OF FOND DU LAC, WISCONSIN

March 30, 2015
4:00 p.m.

Meeting Rooms D & E
City-County Government Center

160 South Macy Street
Fond du Lac, Wisconsin

I. ROLL CALL

A. Attendance

B. Declaration Quorum Present

C. Appointment of Officers

1) Chairperson
2) Vice-Chairperson

II. CONSENT AGENDA

February 23, 2015 Minutes

III. ACTIONS

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

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

IV. ADJOURN

ALCOHOL LICENSING COMMITTEE MINUTES
CITY OF FOND DU LAC, WISCONSIN

February 23, 2015
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
Lee Ann Lorrigan
Kerry Ann Strupp
Joseph Leventhal

Excused: Jacob Lehman
Jennifer Neibauer

Administrative Staff: Steve Klein, Asst. Police Chief

Vice-Chairperson Bares declared a quorum present.

APPROVAL OF MINUTES

January 26, 2015

Motion made by Anhalt to approve the minutes of the January 26, 2015 Alcohol Licensing Committee as presented.
Seconded by Lorrigan.
ROLL CALL VOTE: Aye – Anhalt, Bares, Lorrigan
Nay – None
Abstain – Leventhal, Strupp

Carried.

REPORTS OF OFFICERS

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

Limited Liability:	DB Petroleum LLC
Agent Name:	Shekhar Adhikari
Agent Address:	606 W Main St Hilbert, WI 54129
d/b/a:	DB Petroleum
Location of Premises:	473 Fond du Lac Ave
City Council Meeting Date:	March 11, 2015

Appeared in Support and to Ask/Answer Questions:
Shekkar Adhikari, 606 W Main St. Hilbert, WI
Bhuma D. Subedi, 3045 Winnipeg St. Menasha, WI

Motion made by Strupp to recommend to City Council Approval of New "Class A" Intoxicating Liquor and Class "A" Fermented Malt Beverage License d/b/a DB Petroleum, 473 Fond du Lac Avenue.
Seconded by Lorrigan.
ROLL CALL VOTE: Aye - Anhalt, Bares, Leventhal Lorrigan, Strupp
Nay - None
Carried.

REVIEW DELIBERATE AND MAKE RECOMMENDATION ON APPLICATION FOR NEW "CLASS A" INTOXICATING LIQUOR

Corporation:	Kwik Trip, Inc.
Agent Name:	Lori Null
Agent Address:	177 E 9th St. Fond du Lac, WI 54935
d/b/a:	Kwik Trip 613
Location of Premises:	456 S Main St
City Council Meet Date:	March 11, 2015

Motion made by Leventhal to recommend to City Council Approval of New "Class A" Intoxicating Liquor license d/b/a Kwik Trip #613, 456 S Main Street.
Seconded by Strupp.
ROLL CALL VOTE: Aye - Anhalt, Bares, Leventhal Lorrigan, Strupp
Nay - None
Carried.

ADJOURN

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

Meeting adjourned at 4:10 p.m.

MARGARET HEFTER
CITY CLERK

CITY OF FOND DU LAC - Memorandum

City Clerk's Office

Date: March 26, 2015

To: Alcohol License Committee

From: Maggie Hefter, City Clerk

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

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

Corporation:	SJR Investments Inc.
Agent:	James A Roberts
Address:	W7155 Rogersville Rd. Fond du Lac, WI 54935
d/b/a:	Pizza Ville
Location of Premises:	160 W Scott St.

Fond du Lac City Police Department

Memo

To: City Manager Moore

From: Chief Lamb

Date: 3-26-15

Re: Proposed Class B Combination for Pizza Ville Restaurant located 160 W. Scott St.

On March 24, 2015, Assistant Chief Klein, Community Development Director Dyann Benson and Joe Reitemeier (Association of Commerce), met with Jim Roberts regarding his request for a Class B Combination license for the Pizza Ville Restaurant.

Mr. Roberts recently took ownership of the restaurant business at this location. This location has been a licensed establishment in the past with no concerns noted by law enforcement. Mr. Roberts indicated they do not plan on any major changes to the restaurant operation. This license request will allow the restaurant to continue to offer alcohol beverages to their in store dining guests. Mr. Robert's indicated that his daughter Samantha will be managing the restaurant. Samantha's background includes a degree in business.

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

SELLER PERMIT
456-102863367-02

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk

For the license period beginning 3-1- 20 15
ending 6-30 20 15

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

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

Applicant's WI Seller's Permit No.:	FEIN Number: 47-3095419
LICENSE REQUESTED ▶	
TYPE	FEE
☐ Class A beer	$
☒ Class B beer	$ 33
☐ Class C wine	$
☐ Class A liquor	$
☒ Class B liquor	$ 167
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 55-
TOTAL FEE	$ 255-

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): ▶ SJR INVESTMENTS 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	PRES	JAMES A ROBERTS	W7155 ROGERSVILLE RD,	FDL 54937
Vice President/Member	VP	JAMES A ROBERTS	"	
Secretary/Member	SEC	JAMES A ROBERTS	"	
Treasurer/Member	TRES	JAMES A ROBERTS	"	
Agent ▶		JAMES A ROBERTS	"	
Directors/Managers			"	

3 Trade Name ▶ PIZZA VILLE Business Phone Number 920-579-5890

4 Address of Premises ▶ 160 W. SCOTT ST., FOND DUAC Post Office & Zip Code ▶ WI 54935

5 Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? ☒ Yes ☐ No

6 Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? ☐ Yes ☒ No

7 Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? ☐ Yes ☒ No

8 (a) **Corporate/limited liability company applicants only:** Insert state WI and date 2-11-15 of registration

(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? ☐ Yes ☒ No

(c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? ☐ Yes ☒ No

(NOTE. All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.)

9. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) SEE ATTACHED MAIN FLOOR & BASEMENT

10 Legal description (omit if street address is given above): NA

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? JACQUES ENTRIPRISES INC

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 25th day of February, 20 15

(Clerk/Notary Public)

My commission expires JANUARY, 2019

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued 15-4622	

AT-105 (R. 6-14) Wisconsin Department of Revenue

RHIANNON GRAMS
Notary Public
State of Wisconsin

OL-2556

LEGAL DESCRIPTION

EXHIBIT "A"

Parcel I:
Lot No. Sixteen (16) in Block No. Twelve (12) of the Original Plat of the City of Fond du Lac, Fond du Lac County, Wisconsin.

Also commencing at the Northeast corner of Lot Fifteen (15) in Block Twelve (12) Original Plat of the Town (now City) of Fond du Lac, thence running South on the East line of said Lot No. Fifteen (15) to the Southeast corner thereof, thence West on the South line of said Lot 30 feet, thence North 90 feet, thence East 4 feet, thence North 90 feet to the North line of said Lot, thence East on said North line 26 feet to the place of beginning. Also the North Half of that part of the vacated alley adjacent to said Lot Fifteen (15) and Lot Sixteen (16) on the South, all being in Block Twelve (12) of the Original Plat to the City of Fond du Lac, Fond du Lac County, Wisconsin.

Parcel II:
Lot Number Seventeen (17) and the North Eighty (80) feet of Lot Number Eighteen (18) in Block Twelve (12) of the Original Plat of the City of Fond du Lac, Fond du Lac County, Wisconsin. Also the North Half of that part of the vacated alley adjacent to said Lot Seventeen (17) on the South.

AUXILIARY QUESTIONNAIRE
ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name *(please print)* *(last name)*	*(first name)*	*(middle name)*		
ROBERTS	JAMES	A		
Home Address *(street/route)*	Post Office	City	State	Zip Code
W7155 ROGERSVILLE 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.

☒ PRESIDENT *(Officer/Director/Member/Manager/Agent)* of SJR INVESTMENTS INC *(Name of Corporation, Limited Liability Company or Nonprofit Organization)*

which is making application for an alcohol beverage license.

The *above named individual* provides the following information to the licensing authority:

1. How long have you continuously resided in Wisconsin prior to this date? 58 years
2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? ☐ Yes ☒ No
   If yes, give law or ordinance violated, trial court, trial date and penalty imposed. and/or date, description and status of charges pending. *(If more room is needed, continue on reverse side of this form.)*
3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? ☐ Yes ☒ No
   If yes, describe status of charges pending.
4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? ☐ Yes ☒ No
   If yes, identify. *(Name, Location and Type of License/Permit)*
5. Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? ☐ Yes ☒ No
   If yes, identify. *(Name of Wholesale Licensee or Permittee)* *(Address By City and County)*
6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
JVINVESTMENTS INC	1315 S. MAIN ST FDL	1988	present
Employer's Name	Employer's Address	Employed From	To
JAMES A ROBERTS	W7155 ROGERSVILLE RD	1974	1988

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 25th day of February, 20 15

(Clerk/Notary Public)

My commission expires JANUARY, 2019

(Signature of Named Individual)

RHIANNON GRAMS
Notary Public
State of Wisconsin

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 ☒ City of FOND DU LAC County of FOND DU LAC

The undersigned duly authorized officer(s)/members/managers of SJR INVESTMENTS 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

PIZZA VILLE
(trade name)

located at 160 W. SCOTT ST., FOND DU LAC, WI 54935

appoints JAMES A ROBERTS
(name of appointed agent)

W7155 ROGERSVILLERD., 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? 58 years

Place of residence last year FOND DU LAC, WI

For: SJR INVESTMENTS INC
(name of corporation/organization/limited liability company)

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

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

ACCEPTANCE BY AGENT

I, James A. Roberts, hereby accept this appointment as agent for the
(print/type agent's name)

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

[signature] 2/25/15 Agent's age [redacted]
(signature of agent) (date)

W7155 Rogersville Rd Fond du Lac WI 54937 Date of birth [redacted]
(home address of agent)

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

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

Approved on 03/24/15 by [signature] Title ASST. CHIEF OF POLICE
(date) (signature of proper local official) (town chair, village president, police chief)

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 160 W. SCOTT ST. F.D.L, on the condition that it be granted to the applicant (future licensee).

DOUGLAS D. JACQUES, d/b/a PIZZA VILLE
(Current licensee) (Current business name)

and JAMES A ROBERTS, as applicant, make a
(Future licensee)
concurrent application for that license.

Licensee/Applicant Information

CURRENT LICENSEE

Please print the following information:

Name DOUGLAS D. JACQUES

Home Address 618 E. JOHNSON

City FOND DU LAC WI

Phone (920) 921-1700

Signature [signature] Date 2-19-15

NEW APPLICANT FUTURE LICENSEE

Please print the following information:

Name JAMES A ROBERTS

Home Address W7155 ROGERSVILLE RD

City FOND DU LAC, WI 54937

Phone ( ) 920-579-5890

Signature [signature] Date 2/25/2015

SERVERlicense.com

Wisconsin Responsible Beverage Server Training

James Roberts

has met all training requirements and successfully completed the above course and/or exam.

Certification Number: SL60553

Date of Completion: 02/10/2015

Kelly Bailey

Authorized Signature

ServerLicense.com is approved by the Wisconsin Department of Revenue and fully complies with statutes 125.04 and 125.17. Present this certificate to your local municipal clerk's office to receive your Operator's or Retail license.

Diversys Learning, Inc.
1101 Arrow Point Drive, Suite 302
Cedar Park, TX 78613

BUSINESS PLAN – SJR INVESTMENTS INC.

TO WHOM IT MAY CONCERN:

DBA PIZZA VILLE AT 160 S. SCOTT ST., FOND DU LAC, WI 54935

THE NUMBER ONE OBJECTIVE FOR THE COMPANY IS TO MAINTAIN A CLEAN AND FRIENDLY

DINING EXPERIENCE FOR ITS CUSTOMERS.

JAMES ROBERTS HAS PROVEN OVER THE LENGTH OF HIS CAREER TO BE AN EXCELLENT BUSINEES MANAGER AND PLANS ON WORKING WITH HIS DAUGHTER, SAMANTHA ROBERTS, TO REVIEW ALL COSTS AND INITATE IMPROVEMENTS WHERE NEEDED.

AS JIM IS IN A POSITION HE DOES NEED TO TAKE ANY SALARY FROM THE COMPANY HIS INTENT IS TO RETIRE DEBT .

THEY PLAN ON MAINTAINING PRESENT MENU AND BUFFET AND EXPAND HOURS FOR DELIVERY SERVICES.

ATTACHED IS A GENERAL BUDGET FOR THE COMPANY

The new management will continue with the present loans used by prior operator.