

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

June 29, 2015
4:00 p.m.

Meeting Rooms D
City-County Government Center

160 South Macy Street
Fond du Lac, Wisconsin

I. ROLL CALL

- A. Attendance
- B. Declaration Quorum Present

II. CONSENT AGENDA

- A. May 18, 2015 Regular Meeting
- B. June 15, 2015 Special Meeting

III. ACTIONS

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

Limited Liability:	Shopko Stores Operating Co., LLC
Agent Name:	Eric Rath sack
Agent Address:	2801 Newport Ave Oshkosh, WI 54904
d/b/a:	Shopko #050
Location of Premises:	616 W Johnson Street
City Council Meet Date:	July 8, 2015

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

Limited Liability:	Bars of Choice LLC
Agent Name:	Leon Wiedmeyer
Agent Address:	150 N Butler St Fond du Lac, WI 54935
d/b/a:	Leon's Corner Pub
Location of Premises:	261 N Main Street
City Council Meet Date:	July 8, 2015

IV. ADJOURN

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

May 18, 2015
4:00 p.m.

Meeting Rooms D & E
City-County Government Center

160 South Macy Street
Fond du Lac, Wisconsin

ROLL CALL

Present: Shawn Anhalt
Gary Miller
Jennifer Neibauer

Absent: J. Geoffrey Bares
Jacob Lehman
Joseph Leventhal (excused)
Jennifer Neibauer (excused)
Kerry Ann Strupp (excused)

Administrative Staff: Steve Klein, Asst. Police Chief

Clerk Maggie Hefter declared a quorum present.

APPOINTMENT OF OFFICERS

Chairperson

Jennifer Neibauer nominated **Shawn Anhalt** for the Position of Chairperson of the Alcohol License Committee.

With no further nominations being made, the nominations were closed.

ROLL CALL VOTE: Aye- Anhalt, Neibauer, Miller
 Nay- None

Carried.

Shawn Anhalt was elected to the position of Chairperson of the Alcohol License Committee.

Vice-Chairperson

Motion made Anhalt to postpone the appointment Of Vice-Chairperson.

Seconded by Neibauer.

ROLL CALL VOTE: Aye- Anhalt, Neibauer, Miller
 Nay- None

Carried.

CONSENT AGENDA

April 27, 2015 Minutes

Motion made by Miller to approve the April 27, 2015 Minutes of the Alcohol License Committee as presented. Seconded by Anhalt.

ROLL CALL VOTE: Aye- Anhalt, Neibauer, Miller
 Nay- None

Carried.

ACTIONS

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

Limited Liability: 1848 A&J Ventures LLC
Agent Name: Jessica Koepke
Agent Address: 114 Everett Street
 Fond du Lac, WI 54935
d/b/a: 1848
Location of Premises: 11 E 2nd St
City Council Meet Date: June 10, 2015

Appeared in Support to answer/ask questions:

Jessica Koepke, 114 Everett St., Fond du Lac, WI
Alan Blaine, 114 Everett St., Fond du Lac, WI

Motion made by Miller to recommend to City Council Approval of New "Class B" Intoxicating Liquor and Class "B" Fermented Malt Beverage License. Seconded by Neibauer.

ROLL CALL VOTE: Aye- Anhalt, Neibauer, Miller
 Nay- None

Carried.

ADJOURN

Motion made by Neibauer to adjourn. Seconded by Anhalt.

ROLL CALL VOTE: Aye- Anhalt, Neibauer, Miller
 Nay- None

Carried.

Meeting adjourned at 4:25 p.m.

MARGARET HEFTER
CITY CLERK

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

June 15, 2015
4:00 p.m.

Meeting Rooms D & E
City-County Government Center

160 South Macy Street
Fond du Lac, Wisconsin

ROLL CALL

Present: Shawn Anhalt
J. Geoffrey Bares
Jacob Lehman
Joseph Leventhal
Gary Miller
Jennifer Neibauer
Kerry Ann Strupp

Administrative Staff: Steve Klein, Asst. Police Chief
Dyann Benson, Dir of Comm Dev
Deb Hoffmann, City Attorney
Tracy Salter, Deputy Comptrollers/Treasurer
Chad Wade, Asst. City Attorney

Chairperson Anhalt declared a quorum present.

APPOINTMENT OF OFFICERS

Vice Chairperson

J. Geoffrey Bares nominated **Jacob Lehman** for the
Position of Vice Chairperson of the Alcohol License Committee.

With no further nominations being made, the nominations were
closed.

ROLL CALL VOTE: Aye- Anhalt, Bares, Lehman, Leventhal,
Miller, Neibauer, Strupp
Nay- None

Carried.

Jacob Lehman was elected to the position of Vice Chairperson of
the Alcohol License Committee.

CONSENT AGENDA

May 18, 2015 Minutes

Motion made by Miller to approve the May 18, 2015 Minutes of
the Alcohol License Committee as presented.
Seconded by Anhalt.

ROLL CALL VOTE: Aye- Anhalt, Lehman, Miller, Neibauer
Nay- None
Abstain- Bares, Leventhal, Strupp

Carried.

REPORTS OF OFFICERS

REVIEW DELIBERATE AND MAKE RECOMMENDATIONS ON RENEWAL APPLICATION "CLASS B" INTOXICATING LIQUOR AND CLASS "B" FERMENTED MALT BEVERAGE

Limited Liability Co: North Main Hospitality LLC
Agent: Heidi Sonnenberg
Agent Address: 159 ½ 4th Street
Fond du Lac, WI
d/b/a: Retlaw Hotel
Location of Premises: 1 North Main Street

Chairman Anhalt opened the hearing regarding the Combination "Class B" Intoxicating Liquor and Class "B" Fermented Malt License for North Main Hospitality LLC d/b/a Retlaw Hotel, One North Main Street.

The license holder received notice of the hearing, their local agent was personally served, but was not present for the hearing and is considered to be in default.

The City's case was presented by Chad Wade, Assistant City Attorney.

Witness Appeared on Behalf of the City of Fond du Lac:
Tracy Salter, Deputy Comptroller/Treasurer, 160 S. Macy St,
Fond du Lac, WI

Ms. Salter testified that the Retlaw Hotel remained in arrears in the amount of \$61,046.61 for their delinquent property taxes and their water bills.

Motion made by Miller to recommend to City Council Non-Renewal of the Combination "Class B" Fermented Malt Beverage and Intoxicating Liquor License.

Seconded By: Strupp.

ROLL CALL VOTE: Aye- Anhalt, Bares, Lehman, Leventhal, Miller,
Neibauer, Strupp
Nay- None

Carried.

ADJOURN

Motion made by Bares to adjourn.

Seconded by Strupp.

ROLL CALL VOTE: Aye- Anhalt, Bares, Lehman, Leventhal, Miller,
Neibauer, Strupp
Nay- None

Carried.

Meeting adjourned at 4:20 p.m.

Margaret Hefter
City Clerk

CITY OF FOND DU LAC - Memorandum

City Clerk's Office

Date: July 1, 2015
To: City Council
From: Maggie Hefter, City Clerk
Re: 2015-2016 Class "A" Fermented Malt Beverage Application

CLASS "A" FERMENTED MALT BEVERAGE

Corporation:	Shopko Holding Company LLC Owned By Specialty Retail Shops Holding Corp
Agent:	Eric Rathsack
Agent Address:	2801 Newport Avenue Oshkosh, WI 54935
d/b/a:	Shopko Stores Operating Company LLC #050
Location of Premises:	616 W. Johnson St.



Memo

To: City Manager Moore

From: Chief Lamb

Date: 6-22-15

Re: Proposed Class A Fermented Malt Beverage License
Shopko Holding Company d/b/a Shopko Stores, 616 W. Johnson Street

On June 22, 2015, Assistant Chief Klein, met with Eric Rathsack who is the store Manager from Shopko to discuss the proposed license request for the Shopko Store located at 616 W. Johnson Street.

The proposed request would allow Shopko to sell carry-out beer products for their customers. This request would be similar in nature to licenses that have been granted previously to other grocery and retail discount stores. Mr. Rathsack indicated they are in the process of getting their clerks trained and licensed as operators.

Mr. Rathsack is the proposed agent for Shopko and has been with the company for over 20 years. Assistant Chief Klein discussed with the applicant the City's expectations of being a licensed agent.

Background checks performed on Mr. Rathsack and the officers of the Corporation, both in-house and NCIC/CIB, indicate no prior criminal history. There is nothing in the applicants' background that would preclude them from obtaining the requested license. The Police Department has no objections to the approval of the proposed license request and recommends approval.

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning June 30 20 15 ;
ending July 1 20 16 ;

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>456-1020161146-03</u>	
Federal Employer Identification Number (FEIN): <u>20-3606109</u>	
LICENSE REQUESTED ▶	
TYPE	FEE
<input checked="" type="checkbox"/> Class A beer	\$ 200
<input type="checkbox"/> Class B beer	\$
<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	\$ 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): Shopko Stores Operating Co., 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>See Attached Exhibit A</u>		
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent	<u>Eric Rathsack - Store Manager</u>		
Directors/Managers			

3. Trade Name Shopko #050 Business Phone Number 920-921-2950
4. Address of Premises 616 W. Johnson St. Post Office & Zip Code 54935-3134

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 Delaware and date 10/11/05 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.) Single story; approximately 102,205 sq feet

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

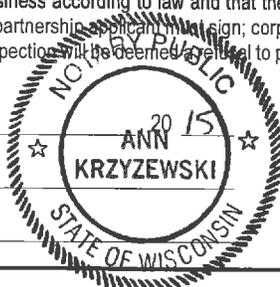
14. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

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 refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

SUBSCRIBED AND SWORN TO BEFORE ME

this 19 day of May

Ann Krzyzewski
(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)

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

My commission expires 1-22-2018

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>5-29-15</u>	Date reported to council/board <u>7-8-15</u>	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued <u>16-4695</u>	

Control # : 724

Attachment 1

Explanation of "Yes" Answers to the following questions:

- 8 (b) ShopKo Stores Operating Co., LLC is a wholly owned subsidiary of ShopKo Holding Co., LLC
- 8 (c) ShopKo Stores Operating Co., LLC holds Class A licenses for multiple locations in Wisconsin. Please see Exhibit B.

S:\TAX\License\LIQUOR LICENSING\WI Application explanation of #5, 6, 7, 8.xls]Post Merger as LLC

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 du Lac City

The undersigned duly authorized officer(s)/members/managers of Shopko Stores Operating Co., 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 Shopko #050
(trade name)

located at 616 W. Johnson St.

appoints Eric Rathsack - Store Manager
(name of appointed agent)

(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? 22 years

Place of residence last year Oshkosh, WI 54904

For: Shopko Stores Operating Co., LLC
(name of corporation/organization/limited liability company)

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

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

ACCEPTANCE BY AGENT

I, Eric J. Rathsack, 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] 5/15/15
(signature of agent) (date)

Agent's age [Redacted]
Date of birth [Redacted]

2801 Newport Avenue Oshkosh, WI 54904
(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 06/22/15 by [Signature] Title ASST. POLICE CHIEF
(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)	Social Security Number	
Rathsack		Eric	John	[REDACTED]	
Home Address (street/route)		Post Office	City	State	Zip Code
2801 Newport Avenue			Oshkosh	WI	54935
Home Phone Number		Age	Date of Birth	Place of Birth	
[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 - Store Manager** of **Shopko Stores Operating Co., 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? 22 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. See Attached Listing
(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 license, 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
Shopko Stores LLC	700 Pilgrim Way Green Bay, WI 54307	01/05/1987	05/15/2015
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 14th day of May, 2015

Marcus J. Majewski
(Clerk/Notary Public)



Eric J. Rathsack
(Signature of Named Individual)

My commission expires April 21, 2018



AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
MCMAHON		PETER		K	
Home Address (street/route)		Post Office	City	State	Zip Code
2455 MARINA CIRCLE, UNIT 1			GREEN BAY	WI	54303
Home Phone Number		Age	Date of Birth	Sex	Color of Eyes

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.
 - CHIEF EXECUTIVE OFFICER** of **SHOPKO STORES OPERATING CO., 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:

1. How long have you continuously resided in Wisconsin prior to this date? 1 Year
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. SEE ATTACHED EXHIBIT
(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 SHOPKO STORES	Employer's Address GREEN BAY, WI 54307	Employed From 11/25/2013	To
Employer's Name Loblaw Companies Ltd.	Employer's Address ONTARIO, CANADA	Employed From 02/14/2006	To 11/22/2013

The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application.

Subscribed and sworn to before me

this 1 day of May, 20 15

Joseph W. Nelson
(Clerk/Notary Public)

[Signature]
(Signature of Named Individual)

My commission expires 8-24-18



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)	
VANDENHOUTEN		PETER		G	
Home Address (street/route)		Post Office	City	State	Zip Code
121 ROSELAWN BLVD			GREEN BAY	WI	54301
Home Phone Number		Age	Date 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.
- SVP - GEN COUNSEL, SECRETAR** of **SHOPKO STORES OPERATING CO., 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:

1. How long have you continuously resided in Wisconsin prior to this date? 20+ YRS
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.)
Convicted of OWI, 8/2011 in Allouez, WI Municipal Court
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. SEE ATTACHED EXHIBIT
(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
SHOPKO STORES	GREEN BAY, WI	07/01/1999	
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 1 day of May, 20 15

Jessica Waber
(Clerk/Notary Public)

[Signature]
(Signature of Named Individual)

My commission expires 8-24-18



Printed on Recycled Paper

Wisconsin Department of Revenue

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
STEINHORST		RUSSELL		L	
Home Address (street/route)		Post Office	City	State	Zip Code
408 E SONGBIRD LANE			APPLETON	WI	54913
Home Phone Number					

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.
- SVP-CHIEF FINANCIAL OFFICER** of **SHOPKO STORES OPERATING CO., 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? 5+ 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. SEE ATTACHED EXHIBIT
(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
SHOPKO STORES	GREEN BAY, WI	2009	Current
Employer's Name	Employer's Address	Employed From	To
HUDSON-SHARP	GREEN BAY, WI	2006	2009

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 March, 20 14

Jessica M. Walden
(Clerk/Notary Public)

[Signature]
(Signature of Named Individual)

My commission expires 8-24-2014



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)	
DE PAUL		JAMES		M	
Home Address (street/route)		Post Office	City	State	Zip Code
501 KADINGER WAY			LITTLE CHUTE	WI	54140
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.
- SVP - STORE OPERATIONS** of **SHOPKO STORES OPERATING CO., 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? 11+ 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. SEE ATTACHED EXHIBIT
(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 SHOPKO STORES	Employer's Address GREEN BAY, WI	Employed From	To
Employer's Name	Employer's Address	Employed From	To

The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application.

Subscribed and sworn to before me

this 1 day of May, 20 15

Jessica Walsh
(Clerk/Notary Public)

My commission expires 8-24-18

James M. Paul
(Signature of Named Individual)



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Wisconsin Department of Revenue

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
GIBSON		GARY		LEE	
Home Address (street/route)		Post Office	City	State	Zip Code
1721 W CRUSADE LANE			GREEN BAY	WI	54313
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.
- VP - TREASURER** of **SHOPKO STORES OPERATING CO., 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? 10+ 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. SEE ATTACHED EXHIBIT
(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 SHOPKO STORES	Employer's Address GREEN BAY, WI	Employed From <u>5 sept 2002</u>	To <u>present</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 9th day of April, 2014

[Signature]
(Clerk/Notary Public)

My commission expires 8-24-14

[Signature]
(Signature of Named Individual)



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Wisconsin Department of Revenue

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
BRESNEHAN		WILLIAM		SCOTT	
Home Address (street/route)		Post Office	City	State	Zip Code
2240 ONTARIO ROAD			GREEN BAY	WI	54311
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.
- SVP - SHOPKO STORES** of **SHOPKO STORES OPERATING CO., 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:

1. How long have you continuously resided in Wisconsin prior to this date? 20+ YRS
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. SEE ATTACHED EXHIBIT
(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 SHOPKO STORES	Employer's Address GREEN BAY, WI	Employed From 1994	To Current
Employer's Name Kohl's	Employer's Address Menomonee Falls, WI	Employed From 1992	To 1994

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 19 day of May, 20 15

Jessie M. Wilaba
(Clerk/Notary Public)

William Sub Bura
(Signature of Named Individual)

My commission expires 8-24-18



Printed on Recycled Paper

CITY OF FOND DU LAC - Memorandum

City Clerk's Office

Date: July 1st, 2015
To: City Council
From: Maggie Hefter, City Clerk
Re: 2015-2016 "Class B" Intoxicating Liquor and Class "B"
Fermented Malt Beverage Application

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

Limited Liability Co: Bars of Choice LLC
Agent Address: 150 N. Butler Street
Fond du Lac, WI 54935
d/b/a: Leon's Corner Pub
Location of Premises: 261 N. Main Street



Memo

To: City Manager Moore

From: Chief Lamb

Date: 6-22-15

Re: Proposed Class B Intoxicating Liquor and Fermented Malt Beverage Leon's Corner Pub 261 N. Main Street

On June 22, 2015, Assistant Chief Klein, met with Leon Wiedmeyer to discuss his application for the proposed license for Leon's Corner Pub, located at 261 N. Main Street (currently Jodi's Pit Stop).

Mr. Wiedmeyer is a Fond du Lac resident and owns a construction business. He has been looking for an opportunity to open his own bar business. He has never owned or operated a bar, but does have previous managerial experience and has owned a construction business for the past 11 years.

Mr. Wiedmeyer stated he will be doing some refurbishing to the bathrooms and possibly putting a roof of some sorts over the outdoor patio area. Mr. Wiedmeyer, stated he plans to keep this location as a neighborhood corner bar. They will sponsor some dart and pool leagues and do not plan on serving food other than pizzas and nachos.

Mr. Wiedmeyer will serve as the licensed agent for this location. This location has been a licensed establishment for many years with no recent concerns noted by law enforcement. 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 7-1 20 15 ;
 ending 6-30 20 16

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)

Applicant's WI Seller's Permit No.:		FEIN Number:	
		<u>47-4115953</u>	
LICENSE REQUESTED ▶			
TYPE		FEE	
<input type="checkbox"/> Class A beer		\$	
<input checked="" type="checkbox"/> Class B beer		\$	<u>100⁰⁰</u>
<input type="checkbox"/> Class C wine		\$	
Class A liquor		\$	
<input checked="" type="checkbox"/> Class B liquor		\$	<u>500⁰⁰</u>
<input type="checkbox"/> Reserve Class B liquor		\$	
<input type="checkbox"/> Class B (wine only) winery		\$	
Publication fee		\$	<u>55⁰⁰</u>
TOTAL FEE		\$	<u>655⁰⁰</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): Bars of Choice 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			
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent ▶	<u>Leon Wiedmeyer</u>	<u>150 W. Butler ST,</u>	<u>Fond du Lac, WI 54935</u>
Directors/Managers			

3. Trade Name ▶ Bars of Choice LLC DBA Leon's Corner Pub Business Phone Number 720-251-2046
 4. Address of Premises ▶ 261 W. Main ST. Post Office & Zip Code ▶ Fond du Lac, 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 5/26/15 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.) Inside 261 W. Main Building + 12'x30' outside beer garden

10. Legal description (omit if street address is given above): 1420 sq. ft.
 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? Jodi Schmidt of Jodi's Pit Stop
 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 they must hold a Wisconsin Seller's Permit? [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 1 day of June, 20 15

Adrian Hall
 (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 3-23-19

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>6-1-15</u>	Date reported to council/board <u>7-8-15</u>	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued <u>16-4694</u>	

Control # 2567

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 Bars of Choice 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 Leon's Corner Pub
(trade name)

located at 261 W. Main St. Fond du Lac, WI

appoints Leon Wiedmeyer
(name of appointed agent)

150 W. Butler St. Fond du Lac, WI 54935
(home address of appointed agent)

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

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

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

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 49 yrs

Place of residence last year Same

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

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

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

ACCEPTANCE BY AGENT

I, Leon Wiedmeyer, 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] 5/26/15
(signature of agent) (date)

Agent's age [Redacted]
Date of birth [Redacted]

150 W. Butler St. Fond du Lac, WI 54935
(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 06/22/15 by [Signature] Title ASST. POLICE CHIEF
(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)	
Wiedmeyer		Leon		Stanley	
Home Address (street/route)		Post Office	City	State	Zip Code
150 W. Butler St.			Fond du Lac	WI	54935-3108
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.
 - Agent of Bars of Choice 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:

1. How long have you continuously resided in Wisconsin prior to this date? 49 yrs.
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.)
Fluding an Officer 1986 Wa. Co. - 30 days in jail / OVI 1989 FDL Co. 6 months revocation
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
<u>Self/Wiedmeyer-Carpenter</u>	<u>150 W. Butler St. FDL</u>	<u>4/2004</u>	<u>Present</u>
Employer's Name	Employer's Address	Employed From	To
<u>Walters Buildings</u>	<u>6600 Midland Court, P.O. Box 388 Allenton WI 53002</u>	<u>10/1985</u>	<u>4/2004</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 1 day of June, 2015

Aileen Mael
(Clerk/Notary Public)

[Signature]
(Signature of Named Individual)

My commission expires 3-23-19



Printed on Recycled Paper

Dear Sirs ;

Here is what I plan to do at 261 N. Main St. / LEON'S Corner Pub

Purchase building and acquire Alcohol Beverage License . I put these together because I am trying to get both at same time . Building isn't worth much without license . I am also waiting for quotes for insurance from Smith-Hatch or Theresa Mutual .

After purchase I will need to close the doors for as short of time as possible to do cleaning and repairs as inspectors and I deem necessary . I have looked the building over using my 30+ yrs. of construction experiance and found it to be a realy old building , In pretty good shape . I have no major remodel projects planed for now . I tried to schedule an appointment w/Inspection Services Dept. , was told , could not get inspection till I owned the building .

While this is being done I need to get in touch with all beer & liquor distributors needed to set up accounts & deliveries . Frozen pizzas , snacks are also included with this . I have an inspection date for County Health Department on (6/23/15 at 9:00 am) .Also Amusement Device accounts need to be set up & devices installed in bar .

Interview potential help if needed .

Hours of operation for Leon's Corner Pub will be Mon through Fri (3:00 pm to close) Sat. & Sun (12:00 pm to Close) . Hours may change if there is special sporting event (Packer game) or Holiday where customers would encourage me to open at an earlier time . I plan to open as soon as Beverage License is approved , maybe by 7/9/15 .

I hope to have a friendly hometown bar when this is all done , where people can come in and relax and feel at home . I have ran my own small construction co. named Wiedmeyer Carpentry for 11 yrs. now . I take pride in very neat , clean and well built projects & buildings . My wife and I plan on putting the same pride and quality into Leon's Corner Pub . My name will be on the sign,(that needs to be made also) . I like the outdoors so the bar theme will be wildlife and the outdoors

I will be looking to have Dart , Pool and maybe Trap or Volleyball teams when the leagues are forming . Being my first time doing this I'm sure I have overlooked somethings . I have several friends (Brian Kibler & Dave Keopki) who have bars now and are helping me . They have no problem telling me what to do . Paperwork I do myself , (much better at building) I hope it is O K . Thank you for youre time , have a nice day .

Sincerely , Leon Wiedmeyer



Google earth

feet
meters



This is outdoor beer garden. I plan to have chairs & tables w/umbrellas for people to enjoy warm summer days + nights outside.