

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

June 30, 2014
4:00 p.m.

Meeting Rooms D & E
City-County Government Center

160 South Macy Street
Fond du Lac, Wisconsin

I. OPENING CEREMONIES

- A. Attendance
- B. Declaration Quorum Present

II. APPROVAL OF MINUTES

May 19, 2014

III. REPORTS OF OFFICERS

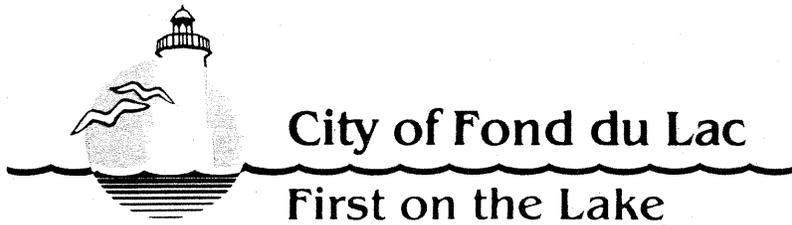
**A. REVIEW DELIBERATE AND MAKE RECOMMENDATIONS ON
APPLICATION FOR NEW "CLASS A" INTOXICATING LIQUOR AND
CLASS "A" FERMENTED MALT BEVERAGE LICENSE**

Corporation: Walgreen Co.
Agent Name: Jason Bischoff
Agent Address: 2540 W Sunnyview Cir
Appleton, WI 54914
d/b/a: Walgreens #15916
Location of Premises: 1060 E Johnson Street
City Council Meet Date: July 9, 2014

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

Limited Liability Co: Escape House Pub & Grill LLC
Agent Name: Edward Daniel
Agent Address: 655 S 7th Ave
West Bend, WI 53095
d/b/a: Escape House Pub & Grill
Location of Premises: 65 N Main Street
City Council Meet Date: July 9, 2014

IV. ADJOURN



Alcohol Licensing Committee

June 30, 2014

4:00 P.M.

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

May 19, 2014
4:00 P.M.

Meeting Rooms D&E
City-County Government Center

160 South Macy Street
Fond du Lac, Wisconsin

OPENING CEREMONIES

ROLL CALL: Present: - Shawn Anhalt
Ray Lapierre
Lee Ann Lorrigan
Kerry Ann Strupp

Absent: - J. Geoffrey Bares (excused)
David Hopper (excused)
Tyler Vorpapel (excused)

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

Chairperson Lapierre declared a quorum present.

APPROVAL OF MINUTES

April 28, 2014

Motion made by Strupp to approve the minutes of the
April 28, 2014 Alcohol Licensing Committee minutes as
presented.

Seconded by Lorrigan.

ROLL CALL VOTE: Aye - Anhalt, Lapierre, Lorrigan,
Strupp

Nay - None

Carried.

REPORTS OF OFFICERS

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

ALCOHOL LICENSING COMMITTEE MINUTES

May 19, 2014

Page 2

Limited Liability Co: Backstage Bar & Grill LLC
Agent Name: Dawn Smet
Agent Address: 167 E 13th Street
Fond du Lac, WI 54935

d/b/a: Backstage Bar & Grill
Location of Premises: 101 N Main Street
City Council Meet Date: May 28, 2014

Appeared in Support and to Ask/Answer Questions:

Dawn Smet, 167 E 13th St., Fond du Lac
John Hoekstra, 167 E 13th St., Fond du Lac

Motion made by Lorrigan to recommend to City Council approval of "Class B" Intoxicating Liquor and Class "B" Fermented Malt Beverage License d/b/a Backstage Bar & Grill, 101 N Main Street.
Seconded by Strupp.

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

Carried.

REVIEW OF ANNUAL LICENSE RENEWAL QUALIFICATIONS

Presented by City Attorney Deb Hoffmann

General discussion ensued on above topic. No action was taken at this meeting.

ADJOURN

Motion made by Lorrigan to adjourn.
Seconded by Strupp.

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

Carried.

Meeting adjourned at 4:20 p.m.

MARGARET HEFTER
CITY CLERK

MH/maa

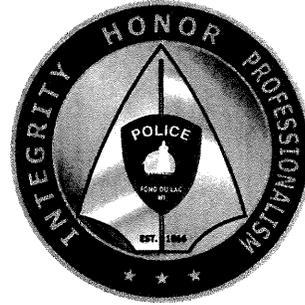
CITY OF FOND DU LAC - Memorandum

City Clerk's Office

Date: June 26, 2014
To: Alcohol License Committee
From: Maggie Hefter
RE: 2014-2015 License "Class A" Intoxicating Liquor and
Class "A" Fermented Malt Beverage

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

Corporation: Walgreen Co.
Agent: Jason Bischoff
Home Address: 2540 W Sunnyview cir
Appleton, WI 54914
d/b/a: Walgreens #15916
Location of Premises: 1060 E Johnson Street



Memo

To: City Manager Moore

From: Chief Lamb

Date: 06-24-14

Re: Proposed Class A Combination License for Walgreens Store (#15916) 1060 E. Johnson Street

On June 24, 2014, Assistant Chief Klein, Division Chief of Fire Safety Troy Hasse, Community Development Director Wayne Rollin, City Clerk Maggie Hefter, Joe Reitemeier from the Association of Commerce and Amy Hansen from the DFP met with the listed applicant Jason Bischoff who is the Manager of the new Walgreen's Store located at 1060 E. Johnson St. regarding their request for a Class A Intoxicating Liquor and Fermented Malt Beverage license for the above location.

This request will allow the new Walgreens Store to sell liquor, wine and beer for carry-out purposes to their customers similar to their two other store locations within the City. The Walgreens stores are good community partners and are well managed. The applicant advised that they will have cash register alerts on all registers that require a D.O.B. to be entered before completing a sale of alcohol and that the registers will not allow sales transactions to take place during the hours of 9 p.m. and 8 a.m. as mandated by Fond du Lac City Ordinance. In addition, it is Walgreens store policy that no employees under the age of 21-years old may sell alcohol beverages, even though State law does allow for those 18-years or older to sell with a valid operator's license.

Asst. Chief Klein discussed the department's expectations of a licensed agent with the applicant.

Background checks were performed on Mr. Bischoff and the corporate officers of the Company, both in-house and NCIC/CIB, indicating no prior criminal history. There is nothing in the applicants' backgrounds that would preclude them from obtaining the requested license. The Police Department has no objections to the approval of the proposed license.

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning July 9 20 14 ;
ending June 30 20 15 ;

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

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

1. The named INDIVIDUAL PARTNERSHIP LIMITED LIABILITY COMPANY
 CORPORATION/NONPROFIT ORGANIZATION

hereby makes application for the alcohol beverage license(s) checked above.

2. Name (individual/partners give last name, first, middle; corporations/limited liability companies give registered name): Walgreen Co.

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	President/CEO	Gregory Wasson	1724 RFD Holly Court Long Grove, IL 60047
Vice President/Member	Pres. Community Mgmt	Mark Wagner	1127 S. Ridge Road Lake Forest, IL 60045
Secretary/Member	Assistant Secretary	John Mann	1409 Royal Oak Lane Glenview, IL 60025
Treasurer/Member	Treasurer	Jason Dubinsky	1156 Cherry St Deerfield, IL 60015
Agent	Store Manager	Jason Bischoff	
Directors/Managers	Assistant Secretary	Michael Felish	2230 Butterfly Ln Glenview, IL 60026

3. Trade Name Walgreens #15916 Business Phone Number pending

4. Address of Premises 1060 E. Johnson St Post Office & Zip Code Fond du Lac, 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 Illinois and date 2/15/1909 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? see attached store listing 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.) Retail drug store w/ sundries

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

11. (a) Was this premises licensed for the sale of liquor or beer during the past license year? Yes No
(b) If yes, under what name was license issued? _____

12. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5) before beginning business? [phone 1-800-937-8864] Yes No

13. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown in Section 2, above? [phone (608) 266-2776] Yes No

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

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.) Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

SUBSCRIBED AND SWORN TO BEFORE ME

this 30th day of May 2014
Gregory S. Finney (Clerk/Notary Public)
My commission expires 5-21-2017

OFFICIAL SEAL (Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)
AURORA G LINANG (Officer of Corporation/Member/Manager of Limited Liability Company/Partner)
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES: 05/21/17 (Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>6-10-14</u>	Date reported to council/board <u>7-9-14</u>	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued <u>15-4484</u> <u>15-4485</u>	

OL-2503

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 Walgreen Co.
(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
Walgreens #15916
(trade name)

located at 1060 E Johnson St. Fond du Lac, WI 54935

appoints Jason Bischoff
(name of appointed agent)
2540 W Sunnyview Circle
(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).
Walgreen Co.

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

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? [REDACTED]

Place of residence last year 2540 W Sunnyview Circle, Appleton, WI

For: Walgreen Co.
(name of corporation/organization/limited liability company)

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

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

ACCEPTANCE BY AGENT

I, Jason Bischoff
(print/type agent's name), hereby accept this appointment as agent for the

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

[Signature] 5/22/14 Agent's age [REDACTED]
(signature of agent) (date)
2540 W Sunnyview Circle 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 06/24/14 by Steven Klein ASST. CHIEF OF POLICE
(date) (signature) (title)

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name) Bischoff		(first name) Jason		(middle name) Chadwick	
Home Address (street/route) 2540 W Sunnyview Cir		Post Office		City Appleton	State WI
Home Phone Number 920-209-1293		Age	Date of Birth		Zip Code 54914
				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 **Walgreen Co.**
(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? 38
- 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)
- Named individual must list in chronological order last two employers.

Employer's Name Walgreens	Employer's Address	Employed From 8/26/2002	To present
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 22 day of May, 2014
Merry D. Arnold
(Clerk/Notary Public)
My commission expires 9/18/16

[Signature]
(Signature of Named Individual)



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AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Driver's License # W250-2845-8298
Driver's License State Illinois

INDIVIDUAL'S FULL NAME (Please Print) (Last Name)		(First Name)	(Middle Name)	SOCIAL SECURITY NUMBER	
Wasson		Gregory	D.	303-74-2851	
HOME ADDRESS (Street/Route)			POST OFFICE	STATE	ZIP CODE
1724 RFD Holly Court			Long Grove	IL	60047
HOME PHONE NUMBER		AGE	DATE OF BIRTH	PLACE OF BIRTH	
847-914-2500					

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an **individual**.
- A member of a **partnership** which is making application for an alcohol beverage license.
- Officer of WALGREEN CO.
(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? n/a
- 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 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 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.) Walgreen Co. currently holds an interest in hundreds of liquor licenses in various jurisdictions nationwide
(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 permit or wholesale liquor permit in the State of Wisconsin? Yes No
(If yes, identify.) _____
(NAME OF WHOLESALE LICENSEE OR PERMITTEE) (ADDRESS BY CITY AND COUNTY)
- Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	From	Employed To
<u>Walgreen Co.</u>	<u>108 Wilmot Rd., Deerfield, IL 60015</u>		<u>Present</u>

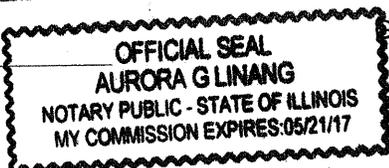
The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that 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 23rd day of August, 2013
Qua. J. Piney
(CLERK/NOTARY PUBLIC)

Gregory D. Wasson
(SIGNATURE OF NAMED INDIVIDUAL)

My commission expires 5-21-2017



Gregory D. Wasson

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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)	
Wagner, Mark					
Home Address (street/route)		Post Office		City	State
1127 S Ridge Road				Lake Forest	IL
Home Phone Number		Age	Date of Birth		Zip Code
847-315-2500			[REDACTED]		60045
				Place of Birth	
				[REDACTED]	

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an **individual**.
- A member of a **partnership** which is making application for an alcohol beverage license.
- Officer** of **WALGREEN CO.**

(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? N/A
- 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. WALGREEN CO. currently holds an interest in hundreds of liquor licenses in various jurisdictions nationwide
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
If yes, identify.
(Name of Wholesale Licensee or Permittee) (Address By City and County)
- Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
WALGREEN CO.	108 Wilmot Rd., Deerfield, IL 60015		Present
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

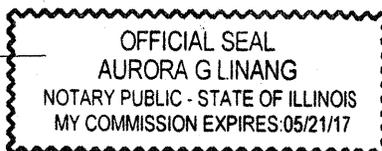
this 30th day of May, 20 14

[Signature]
(Clerk/Notary Public)

[Signature]

(Signature of Named Individual)

My commission expires 5-21-2017



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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)	
Mann, John A					
Home Address (street/route)		Post Office		City	
1409 Royal Oak Lane				Glenview	
Home Phone Number		Age		Date of Birth	
847-315-2500				[REDACTED]	
				Place of Birth	
				[REDACTED]	

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an **individual**.
- A member of a **partnership** which is making application for an alcohol beverage license.

Officer _____ of **WALGREEN CO.**
(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? N/A
- 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.)
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 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. WALGREEN CO. currently holds an interest in hundreds of liquor licenses in various jurisdictions nationwide
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify. _____
(Name of Wholesale Licensee or Permittee) (Address By City and County)
- Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
WALGREEN CO.	108 Wilmot Rd., Deerfield, IL 60015		Present
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.

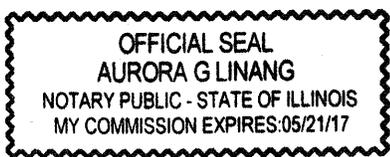
Subscribed and sworn to before me

this 30th day of May, 20____

(Clerk/Notary Public)

John A. Mann
(Signature of Named Individual)

My commission expires 5-21-2017



AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Dubinsky, Jason M.					
Home Address (street/route)		Post Office		City	
1156 Cherry St.				Deerfield	
Home Phone Number		Age		Date of Birth	
847-315-2500				[REDACTED]	
				Place of Birth	
				[REDACTED]	

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an **individual**.
- A member of a **partnership** which is making application for an alcohol beverage license.
- Officer** _____ of **WALGREEN CO.**
(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? N/A
- 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. WALGREEN CO. currently holds an interest in hundreds of liquor licenses in various jurisdictions nationwide
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify. _____
(Name of Wholesale Licensee or Permittee) (Address By City and County)
- Named individual must list in chronological order last two employers.

Employer's Name WALGREEN CO.	Employer's Address 108 Wilmot Rd., Deerfield, IL 60015	Employed From 08/2009	To Present
Employer's Name Goldman Sachs	Employer's Address Chicago, IL	Employed From 03/2006	To 08/2009

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.

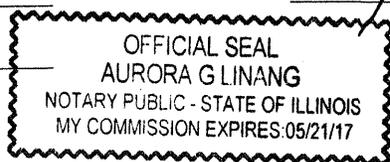
Subscribed and sworn to before me

this 30th day of May, 2014

[Signature]
(Clerk/Notary Public)

[Signature]
(Signature of Named Individual)

My commission expires 5-21-2017



AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Felish, Michael Dominik					
Home Address (street/route)		Post Office		City	
2230 Butterfly Lane, Unit B				Glenview	
Home Phone Number		Age		Date of Birth	
847-315-2500				[REDACTED]	
				Place of Birth	
				[REDACTED]	

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an **individual**.
- A member of a **partnership** which is making application for an alcohol beverage license.
- Officer** _____ of **WALGREEN CO.**
(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? N/A
- 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. WALGREEN CO. currently holds an interest in hundreds of liquor licenses in various jurisdictions nationwide.
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify. _____
(Name of Wholesale Licensee or Permittee) (Address By City and County)
- Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
WALGREEN CO.	300 Wilmot Rd., Deerfield, IL 60015	06/2005	Present
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.

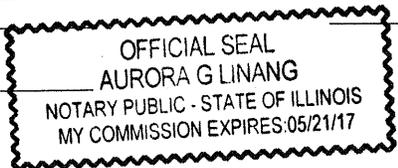
Subscribed and sworn to before me

this 30th day of May, 20 14

[Signature]
(Clerk/Notary Public)

[Signature]
(Signature of Named Individual)

My commission expires 5-21-2017





Corporate Offices
302 Wilmot Road Ms # 3353
Deerfield, IL 60015
www.walgreens.com

June 2, 2014

City of Fond Du Lac
PO Box 150
160 S Macy St
Fond Du Lac, WI 54935

RE: Alcohol Beverage License application
Business Plan

Location: Walgreens #15916
1060 E Johnson St
Fond Du Lac, WI 54935

To Whom It May Concern:

Walgreen Co. is scheduled to open Walgreens #15916, located at the address stated above, on June 27, 2014. This location would like to apply for a Class A beer and Class A Liquor license. They would like to begin selling alcoholic beverage in the period of July 1, 2014.

The sale of alcoholic beverages will represent only a small percentage of the store's total sales and the retail floor space allotted to the possible sale of beer and wine is slated at less than 5 percent.

Walgreen Co. is seeking to add beer and wine offerings in many of its stores across the nation as a response to customer demand. Being responsive to customer needs is our top priority. They want the convenience of one-stop shopping and the opportunity to purchase adult beverages in a clean, safe, and trusted environment that they are familiar with. We have pledged to meet these needs safely and responsibly, in compliance with local and state regulations, and in keeping with our overall mission as a responsible retailer and a good corporate citizen of the communities where our stores reside.

Walgreens takes the responsibility of selling alcoholic beverages very seriously. We manage alcoholic beverage sales with the same concerns for safety as our exceptionally strong history of distributing highly regulated prescription medications. The following is a list of management tools utilized by the company to maximize compliance at the Fond Du Lac store:

--Walgreen Co. will only offer standard packs of beer—no singles or pints.

--Walgreen Co. has developed and implemented detailed sales policies and procedures that are strictly enforced. Many of these policies were drafted with specific state and local laws in mind. All employees undergo Walgreen's extensive internal training.

Walgreens #15916's operating hours will be Sunday – Saturday from 8am – 10pm.

EVERY DAY WE HELP PEOPLE GET, STAY AND LIVE WELL.

CITY OF FOND DU LAC - Memorandum

City Clerk's Office

Date: June 26, 2014

To: Alcohol License Committee

From: Maggie Hefter, City Clerk

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

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

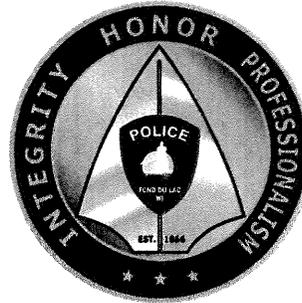
Limited Liability Co: Escape House Pub & Grill LLC

Agent Name: Edward Daniel

Agent Address: 655 S 7th Ave
West Bend, WI 53095

d/b/a: Escape House Pub & Grill

Location of Premises: 65 N Main Street



Memo

To: City Manager Moore

From: Chief Lamb

Date: 06-24-14

Re: Proposed Class B Combination License for Escape House Pub and Grill LLC.
65 N. Main Street

On June 24, 2014, Assistant Chief Klein, Division Chief of Fire Safety Troy Hasse, Community Development Director Wayne Rollin, City Clerk Maggie Hefter, Joe Reitemeier from the Association of Commerce and Amy Hansen from the DFP met with the listed applicant Edward Daniel who is seeking the requested license to open a bar at 65 N. Main Street which is the former sight of JR's Sports Bar and Grill.

Mr. Daniel currently owns and operates two other licensed establishments in the West Bend area, the Washington House and Eddies Lake House. Mr. Daniel stated that he was looking for an opportunity to expand his business to the Fond du Lac area. Mr. Daniel stated that he would be looking to remove a number of the dining tables from the proposed location and would add some pool tables and more opportunities for entertainment. He is proposing to bring in bands, D.J.'s and other live entertainment. He did state they would serve some food, mostly bar type food including burgers, sandwiches and deep fried foods. Mr. Daniel told the committee that he plans on serving food daily from 3 p.m. to 9 p.m. Mr. Daniel stated that his plan is to purchase the property and that he will make some repairs and updates to the interior.

Mr. Daniel was asked how he would characterize his working relationship with the West Bend Police Department and the City of West Bend, he stated that it was a good working relationship. He stated he has had some problems with his operations in the City of West Bend and that the City Alderman for his District was not happy with his operations. He stated he has met with Chief Meuler from the West Bend Police Department and has taken some of his advice to correct issues. He no longer allows employees to drink while on duty time behind the bar, no additional people are allowed into his bar after 1 a.m. on weekends.

Background checks were performed on Mr. Daniel, both in-house and NCIC/CIB. In addition, Assistant Chief Klein obtained records from both the West Bend Police Department and Washington County Sheriff's Department where he operates licensed establishments. In response to Question #2 on the Auxiliary Questionnaire Alcohol Beverage License Application, Mr. Daniel indicates that he has never been convicted of violating any federal or state laws or ordinances of any municipality. During the meeting with the committee, Assistant Chief Klein asked Mr. Daniel if he had ever been convicted of any offenses, he stated he had not and that the Auxiliary Questionnaire was accurate. In conducting the background check on Mr. Daniel, it was discovered that he did not disclose 4-previous drunk driving convictions with the last one being in December of 2000. When Assistant Chief Klein pointed this out to Mr. Daniel, his response was, "Oh, those were old, I didn't know I had to report those." He stated that he could note the change on his application.

In addition to the previous 4-OWI convictions which were not disclosed, the following arrests and citations were discovered on Mr. Daniels background thru the West Bend Police Department just going back in the last year.

07/06/2013	13-024111	125.07(2)(a)(1)	Sell/Supply Alcohol to Intox Pers (Bartender)
07/07/2013	13-024290	125.07(2)(a)2	Alcohol Sale by Licensee to Intox.Person
07/26/2013	13-027111	125.07(2)(a)2	Alcohol Sale by Licensee to Intox.Person
09/14/2013	13-034999	125.07(2)(a)2	Alcohol Sale by Licensee to Intox.Person
10/20/2013	13-040554	125.07(2)(a)2	Alcohol Sale by Licensee to Intox.Person
10/26/2013	13-041453	125.07(2)(a)(1)	Sell/Supply Alcohol to Intox Pers (Bartender)
11/03/2013	13-042606	125.07(2)(a)(1)	Sell/Supply Alcohol to Intox Pers (Bartender)
11/17/2013	13-044900	125.07(2)(a)1	Alcohol Sale to Intoxicated Person

Tuesday, June 24, 2014 9:40:29
 ** For official use only **

West Bend Police Department
Name Activity

Citations

Date	Case	Citation	Charge	
11/17/2013	13-008625	42111286	125.07(2)(a)(1)	Alcohol Sale to Intox (Bartender)
11/03/2013	13-008637	42120536	125.07(2)(a)(1)	Alcohol Sale to Intox (Bartender)
10/26/2013	13-007584	42111272	125.07(2)(a)(1)	Alcohol Sale to Intox (Bartender)
10/20/2013	14-000065	42110315	125.07(2)(a)(2)	Sell/Supply Alcohol to Intox P
09/14/2013	13-007015	N1367909	125.07(2)(a)2	Alcohol Sale by Licensee to I
07/26/2013	13-007570	4211038	125.07(2)(a)(1)	Alcohol Sale to Intox (Bartender)
07/07/2013	13-005128	N1377378	125.07(2)(a)2	Alcohol Sale by Licensee to I
07/06/2013	13-006970	42111261	125.07(2)(a)(1)	Alcohol Sale to Intox (Bartender)

In addition to the undisclosed citations and arrests listed above, there were pages of police calls for service to his operation in West Bend in the past couple of years.

Based upon the failure to disclose his previous record which appears to be extensive in regards to alcohol related issues and his track record with his licensed operation in West Bend, the Police Department and the Committee recommend denial of this license request. We believe that granting a license at this location would result in an adverse impact on the peace, quiet, and cleanliness of the neighborhood, and would impact the ability of the police to provide law enforcement services to the rest of the community.

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning July 9 20 14 ;
ending June 30 20 15

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

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

Applicant's Wisconsin Seller's Permit Number:	
Federal Employer Identification Number (FEIN): <u>47-1081694</u>	
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input checked="" type="checkbox"/> Class B liquor	\$ <u>500</u>
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$ <u>55</u>
TOTAL FEE	\$ <u>655</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): ▶
Daniel, Edward, John Escape House Pub & Grill LLC

An "Auxiliary Questionnaire," Form AI-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>Edward Daniel</u>	<u>655 S. 7th Ave</u>	<u>West Bend, WI</u>
Vice President/Member				
Secretary/Member				
Treasurer/Member				
Agent		<u>Edward Daniel</u>		
Directors/Managers				

3. Trade Name ▶ Escape House Pub and Grill Business Phone Number 262-483-4640
4. Address of Premises ▶ 65 N. 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 6/14 of registration.
(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? Yes No
(c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? Washington House Yes No

(NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.) Eddie's Lake House West Bend, WI
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.) Main floor, basement, and floor storage

10. Legal description (omit if street address is given above): _____
11. (a) Was this premises licensed for the sale of liquor or beer during the past license year? Yes No
(b) If yes, under what name was license issued? _____
12. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5) before beginning business? [phone 1-800-937-8864] Yes No
13. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown in Section 2, above? [phone (608) 266-2776]. Yes No
14. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.) Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

SUBSCRIBED AND SWORN TO BEFORE ME
this 12th day of JUNE, 20 14

Mark J. [Signature]
(Clerk/Notary Public)

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

My commission expires 9-27-2015

(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 <u>6-10-14</u>	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued <u>15-4486</u>	

CL-2516

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 Escape House Pub & Grill 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 Escape House Pub and Grill LLC
(trade name)

located at 65 N. Main St Fond du Lac, WI 54935

appoints Edward Daniel
(name of appointed agent)

655 S. 7th Ave West Bend, WI 53095
(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? [REDACTED]

Place of residence last year 655 S 7th Ave

For: Escape House Pub and Grill 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, Edward Daniel
(print/type agent's name), hereby accept this appointment as agent for the

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

[Signature] 6/12/2014 Agent's age [REDACTED]
(signature of agent) (date)

655 SOUTH 7 AVE WEST BEND WI 53095 Date of birth [REDACTED]
(home address of agent)

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

*** OBJECTIONS NOTED IN MEMO ACK'd**

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 _____ by _____ Title _____
(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) Daniel		(first name) Edward	(middle name) John	
Home Address (street/route) 655 S. 7th Ave		Post Office	City West Bend WI	State WI
Zip Code 53095		Home Phone Number 262-483-4640	Age [REDACTED]	Date of Birth [REDACTED]
Place of Birth [REDACTED]				

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an individual.
- A member of a partnership which is making application for an alcohol beverage license.
- MEMBER / AGENT of ESCAPE HOUSE PUB & GRILL LLC
(Officer/Director/Member/Manager/Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)
- which is making application for an alcohol beverage license.

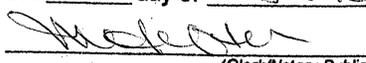
The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 39 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 Eddies Lake House LLC - West Bend, WI 53095
(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 Washington House	Employer's Address 228 S. 6th Ave West Bend, WI	Employed From 2-14-2012	To Present
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 12th day of JUNE, 20 14

(Clerk/Notary Public)


(Signature of Named Individual)

My commission expires _____



Escape House Pub and Grill LLC Business Plan

I Eddie Daniel plan to run a full kitchen
daily - Mon. - Sun. 11am - 9pm.

Serve alcohol - Sun. - Thurs. 11am - 2am

Fri - Sat. 11am - 2:30am.

Occasionally have bands and or D.J.'s,

I will also have a full staff of Security
on the weekends,