

AGENDA

CITY OF STURGEON BAY COMMUNITY PROTECTION & SERVICES COMMITTEE

Thursday, August 11, 2022

4:30 p.m.

Council Chambers, City Hall – 421 Michigan Street

1. Roll Call
2. Adoption of Agenda
3. Approval of Minutes from August 3, 2022
4. Public Comment on Agenda Items
5. Consideration of: Liquor License Applications for Consideration of Combination Class B Beer & Class B Liquor licenses
6. Adjourn

NOTE: DEVIATION FROM THE AGENDA ORDER SHOWN MAY OCCUR

Notice is hereby given that a majority of the Common Council may be present at this meeting to gather information about a subject over which they have decision-making responsibility. If a quorum of the Common Council does attend, this may constitute a meeting of the Common Council and is noticed as such, although the Common Council will not take any formal action at this meeting.

Posted:

Date: 8/8/22

Time: 1:30 p.m.

By: SSO

Committee: Community Protection & Services

Dan Williams, Chr.

Kirsten Reeths

Seth Wiederanders

EXECUTIVE SUMMARY

TITLE: Liquor license applications for consideration of Combination Class B Beer & Class B Liquor licenses.

BACKGROUND: The City of Sturgeon Bay has three available Combination Class B Beer & Class B Liquor licenses available.

Through a process established by the Community Protection & Services Committee, a supplemental application was created to allow the Committee more information on the applicants for the available licenses.

Original applications, along with the Supplemental Applications, were due to the City Clerk's Office on July 28. Seven applications were received for consideration of the three available licenses. The applicants are:

1. 330 Jefferson Street LLC dba Music on Third
2. A to Z Cuisine LLC dba Bluefront Café
3. Amagma LLC dba "Not yet decided"
4. BH Canvas LLC dba Crate
5. Dromhus Door County LLC dba dromhus
6. Hot Tamales, LLC dba Hot Tamales
7. SB Plaza, LLC dba Sturgeon Bay Terrace

Through the process established by CPS, the Committee is to review the applications and forward those applications that they deem appropriate to the Common Council for a lottery drawing.

PREPARED BY:



Stephanie L. Reinhardt, City Clerk/Human Resources Director

REVIEWED BY:



Josh VanLieshout, City Administrator

DATE:

8/8/22

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 09/01/2023 ending: _____
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: ☐ Town of } STURGEON BAY
☐ Village of }
☒ City of }

County of DOOR Aldermanic Dist. No. _____
(if required by ordinance)

Check one: ☐ Individual ☒ Limited Liability Company
☐ Partnership ☐ Corporation/Nonprofit Organization

WILL APPLY FOR ONCE APPROVED

Applicant's Wisconsin Seller's Permit Number	
FEIN Number <u>88-3393381</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
TOTAL FEE	\$

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)

330 JEFFERSON STREET 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 full name and place of residence of each person.

President / Member Last Name <u>WEESE YOUNG</u>	(First) <u>SHIRLEY</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>30 N SEVENTH AVE, STURGEON BAY</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>54235</u>
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Agent Last Name <u>ROVER</u>	(First) <u>KAIRA</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>837 County Rd xc Forestville 54213</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name MUSIC ON THIRD Business Phone Number 920-493-2490
2. Address of Premises 330 Jefferson Street Post Office & Zip Code STURGEON BAY 54235

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

SEE ATTACHED

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

5. (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? _____

6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? If yes, explain ☐ Yes ☒ No
7. Is the applicant an employee or agent of, or acting on behalf of anyone except the named applicant? ☐ Yes ☒ No
If yes, explain.
8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? If yes, explain ☐ Yes ☒ No
9. (a) Corporate/limited liability company applicants only: Insert state _____ and date _____ of registration.
- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? If yes, explain ☐ 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? If yes, explain. ☐ Yes ☒ No
10. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277] ☒ Yes ☐ No
11. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No
12. 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 signer. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000. Signer agrees 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, or one member of a partnership applicant must sign; one corporate officer, one member/manager 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.

Contact Person's Name (Last, First, M.I.) WEESE YOUNG, SHIRLEY	Title/Member Manager, LLC	Date July 25, 2022
Signature <i>Shirley Weese Young</i> <i>Shirley Weese Young</i>	Phone Number 920-493-2490	Email Address shirleywyounge@yahoo.com

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 7-27-22	Date reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name) WEESE YOUNG		(first name) SHIRLEY		(middle name)	
Home Address (street/route) 30 N SEVENTH AVE		Post Office		City STURGEON BAY	State WI
Home Phone Number 920-493-2490		Age 73	Date of Birth 3/26/1949		Zip Code 54235
				Place of Birth CHICAGO	

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.

☒ **MANAGER** of **330 JEFFERSON STREET 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? 6 YEARS
2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? ☐ Yes ☒ No
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? ☐ Yes ☒ No
If yes, describe status of charges pending.
4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? ☐ Yes ☒ No
If yes, identify. _____
(Name, Location and Type of License/Permit)
5. Do you hold and/or are you an officer, director, stockholder, agent or employee 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 SELF EMPLOYED	Employer's Address	Employed From	To
Employer's Name	Employer's Address	Employed From	To

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Shirley Weese Young
(Signature of Named Individual)
Shirley Weese Young
Wisconsin Department of Revenue

KAIRA

**Auxiliary Questionnaire
Alcohol Beverage License Application**

Submit to municipal clerk.

Individual's Full Name (please print) (last name) <u>Rouer</u>		(first name) <u>Kaira</u>		(middle name) <u>Rose</u>	
Home Address (street/route) <u>837 City Rd Xc</u>		Post Office <u>P.O. Box 5, Forestville</u>		City <u>Forestville</u>	State <u>WI</u> Zip Code <u>54213</u>
Home Phone Number <u>920 660 9576</u>		Age <u>27</u>	Date of Birth <u>06-17-1995</u>		Place of Birth <u>Green Bay, WI</u>

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 330 Jefferson Street 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? 27 years
2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? ☐ Yes ☒ No
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? ☐ Yes ☒ No
If yes, describe status of charges pending.
4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? ☐ Yes ☒ No
If yes, identify. (Name, Location and Type of License/Permit)
5. Do you hold and/or are you an officer, director, stockholder, agent or employee of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? ☐ Yes ☒ No
If yes, identify. (Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

Employer's Name <u>Self-Employed (Polished Cleaning)</u>	Employer's Address <u>837 County Road Xc Forestville, WI 54213</u>	Employed From <u>April, 2021</u>	To <u>Present</u>
Employer's Name <u>Rusty Tractor Breakfast Barn</u>	Employer's Address <u>6216 WI-42 Egg Harbor, WI 54209</u>	Employed From <u>April 2019</u>	To <u>Oct 2020</u>

April 2022 - Present (Took a year of Polished)

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Kaira Rouer
(Signature of Named Individual)

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 an officer of the corporation/organization or one member/manager of a limited liability company and the recommendation made by the proper local official.

To the governing body of: ☐ Town ☐ Village ☒ City of Sturgeon Bay County of Door

The undersigned duly authorized officer/member/manager of 330 Jefferson Street, 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

Music on Third
(Trade Name)

located at 330 Jefferson Street, Sturgeon Bay, WI 54235

appoints Kaira Rower
(Name of Appointed Agent)

837 County Road XC Forestville, WI 54213
(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? 27 years

Place of residence last year 837 County Road XC Forestville, WI 54213

For: 330 JEFFERSON STREET LLC
(Name of Corporation / Organization / Limited Liability Company)

By: Shirley Wase Young Manager
(Signature of Officer / Member / Manager)

Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

ACCEPTANCE BY AGENT

I, Kaira Rower, 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] 7-25-2022
(Signature of Agent) (Date)

Agent's age 27

Date of birth 06-17-1995

837 County Road XC Forestville, WI 54213
(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 _____ by _____ Title _____
(Date) (Signature of Proper Local Official) (Town Chair, Village President, Police Chief)

CITY OF STURGEON BAY
SUPPLEMENTAL CLASS B LIQUOR LICENSE APPLICATION

The Supplemental Application is the applicant's opportunity to explain their business plan and why their plan is best suited for a Combination Class B Liquor and Beer license.

The Supplemental Application will be reviewed by members of the Community Protection and Services Committee.

Applicant Must Complete:

- 1 Property Address: 330 JEFFERSON STREET, STURGEON BAY WI 54235
- 2 Is the Class B Liquor License being applied to a new business development? ☒ Yes ☐ No
If yes, provide details about proposed use (attach additional pages if need)

- 3 Is the Class B Liquor License being applied to an existing location? ☐ Yes ☒ No
If yes, provide details about any changes in scope or operation of existing business: (attach additional pages if need)

- 4 Number of years this business has been in existence: NA
- 5 Number of years applicant has been conducting business in the community: _____
- 6 Hours of operation? TBD PER EVENT SCHEDULE
Full time operation: ☐ Yes ☒ No
Seasonal operation: ☐ Yes ☒ No
If yes to seasonal, list the anticipated number of days of operation during license year: _____
- 7 Will the business be open to the general public during during normal operations? ☒ Yes ☐ No
- 8 Number of proposed seats: 60
Attach Floor Plan SEE ATTACHED
- 9 Explain your internal control procedures: (attach additional pages if needed)
SEE ATTACHED

- 10 Explain your policies/procedures to train employees regarding serving alcohol:
Attach policy or additional pages if needed.
SEE ATTACHED

- 11 Size of business including but not limited to:
Number of full-time jobs created (or full time equivalents) 2-3
Jobs retained 2-3 \$ 2,640 c 10% of rental in sales, 5.5% c 8 events
Annual Sales Tax Revenue anticipated 2,640
Anticipated capacity of business (e.g. number of seats, patron capacity) 200 per month x 12.

12 Current assessed value of improvements on property: NA
Will improvements (renovations/additions) be made to the property if license issued: ___ Yes ___ No
If yes, anticipated expected value _____

13 How will issuance of this license enhance the quality of experience in the City of Sturgeon Bay?
(Attach additional pages if needed) _____
SEE ATTACHED

I, the undersigned, hereby state that the information contained in this application is true and correct.

Signature Shirley Weese Young Date July 25, 2022

City Clerk office Use Only:

Date Received: _____

X

Supplemental Class B Liquor License Application

9. Explain your internal control procedures:

All alcohol, regardless of the event type, will be purchased and regulated internally by the appointed agent, Kaira Rouer. An inventory for each event will be calculated before and after the event and kept on record in the administrative office. Alcohol will be stored in the locked storage room adjacent to the bar/kitchen area, which will only be accessed by Music on Third administrators and 330 Jefferson Street LLC manager(s).

10. Explain your policies/procedures to train employees regarding serving alcohol:

All employees asked to serve alcohol will be subject to a state-required safe-serve beverage course either online or in person recommended by the Wisconsin Department of Revenue. The said employee would then undergo a period of time during training where they will be supervised directly by Kaira Rouer, the agent of 330 Jefferson Street, LLC or an appointed licensed server.

13. How will issuance of this license enhance the quality of experience in the City of Sturgeon Bay?

Vision: Provide affordable year-round access to the musical arts and positively impact the quality of Door County residents' lives through performance, workshops, and education.

Mission: Our mission is to provide inclusive year-round quality musical education, musical entertainment, and cultural enrichment for our local community by:

- Providing affordable music instruction to low-income students of all ages and affordable space for independent teachers to teach marketable musical skills.
- Be an inclusive creative musical space for all to learn through music
- Offer captivating music and cross-disciplinary entertainment, both on and off tourism season, from student and professional artists and lecturers.

Projected Impact: In the first year, we hope to provide 3-7 accessible concerts/workshops a month, provide space to teach 20-30 students, and offer the opportunity for performing monthly for students and teachers involved in the Music on Third community.

In the first 5 years, we hope to establish a regular student base of 30-50 students, establish 1-3 concert series of varying genres, create a lecture series discussing a variety of topics, institute a resident chamber ensemble, and develop collaborative and supportive relationships with the other arts/musical organizations in Door County.

As an event venue, we plan to impact the community by providing an upscale, contemporary space for the community to gather for a variety of reasons, including but not limited to: weddings, business meetings, private parties, etc. Anyone who rents the space for their event can expect a safe, clean, and contained space for any of their reasonable needs with a staff that

City Staff to Complete:

- 1 Date of application: 7/27/22
Is the application complete and in order: ☒ Yes ☐ No
- 2 Are there any outstanding delinquent taxes on the property? ☐ Yes ☒ No
If yes, explain: _____
- 3 Are there any outstanding delinquent taxes for the individual/corporation applying? ☐ Yes ☒ No
If yes, explain: _____
- 4 Any outstanding/delinquent payments owed to the City or SBU? ^{NO NO} ☐ Yes ☒ No
If yes, explain: _____
- 5 Is the location consistent with the City of Sturgeon Bay Comprehensive Plan? ☒ Yes ☐ No
- 6 Is the proposed use/development of the license and property consistent with the City of Sturgeon Bay development plans? ☒ Yes ☐ No
- 7 Is the property zoned properly? ☒ Yes ☐ No
- 8 Does the site accomodate the City Parking Code Ordinance? ☒ Yes ☐ No
(parking not required)
- 9 Has the property been inspected by the following:
Sturgeon Bay Fire Department? ☐ Yes ☒ No
Sturgeon Bay Police Department? ☒ Yes ☐ No
Door County Sanitarian ☒ Yes ☐ No
- Explain any no answers: Nothing to inspect - vacant land - DO
*
- 10 Record of incidents for existing property: ☐
- 11 How many service calls have been made to the property in the last three years? New Commercial
- 12 What has been the nature of the calls: _____
- 13 Disorderly conduct? ☒
- 14 Underage drinking? ☒
- 15 Other? ☒

For Staff Use:

City Clerk Office Review
Finance Office Review
Community Development Office Review
Police Department Review
Fire Department Review
City Administrator Review

Shanharat
Mark Pley
Chad
Mark

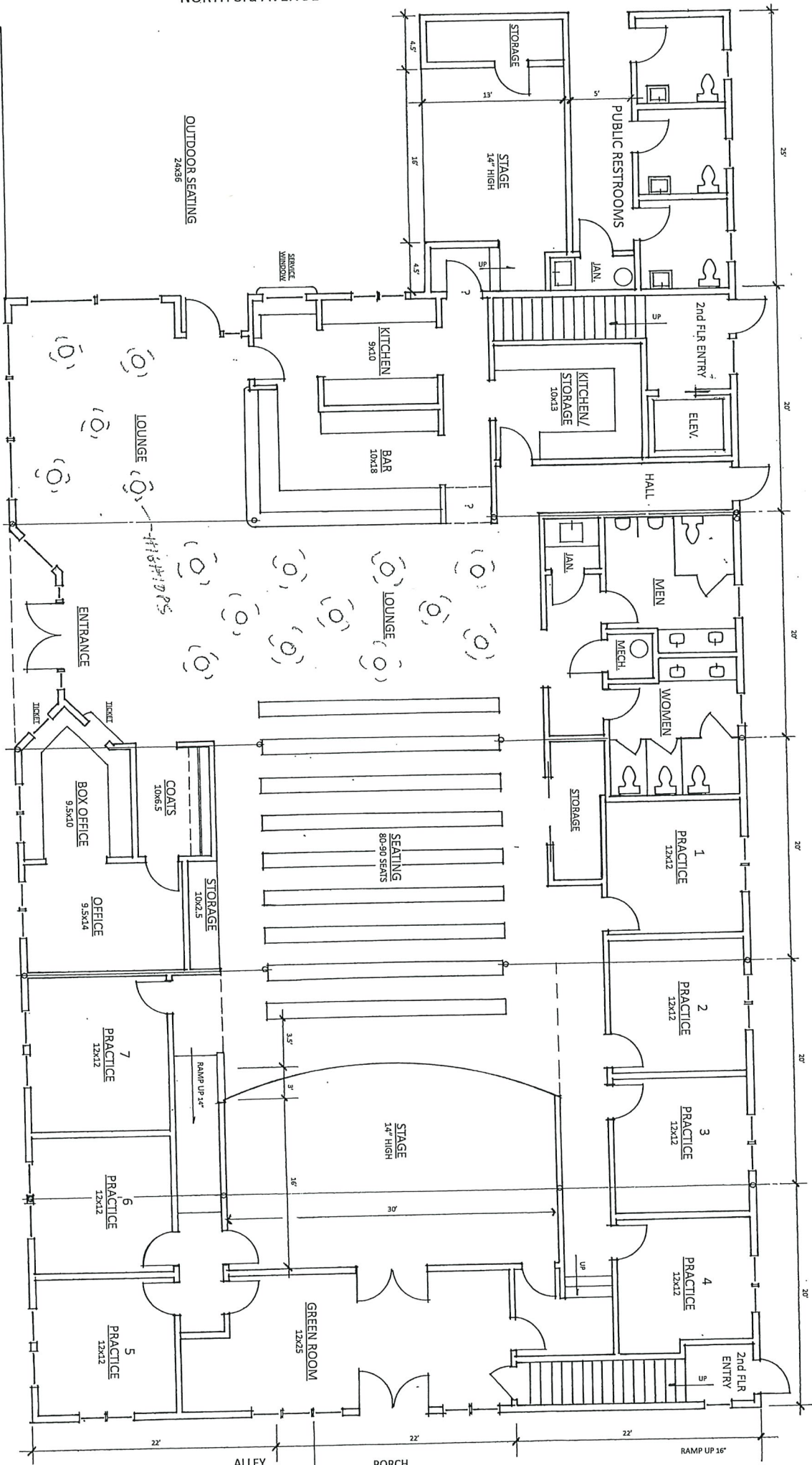
NORTH 3rd AVENUE



FLOOR PLAN

1/8" = 1'-0"

JEFFERSON STREET



04-26-22

Music School
Third and Jefferson
Sturgeon Bay, Wisconsin

Richard Toyne Architect
Sturgeon Bay WI 920-746-7568
richardtoynearchitect.com

Click mouse in For the license period beginning field to begin and tab throughout. Use mouse to check appropriate boxes, spacebar or enter.

Save

Print

Clear

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: _____ ending: 6/30/2023
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: ☐ Town of } STURGEON BAY
☐ Village of }
☒ City of }

County of DOOR Aldermanic Dist. No. 5
(if required by ordinance)

Check one: ☐ Individual ☒ Limited Liability Company
☐ Partnership ☐ Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number <u>456-1028969448-02</u>	
FEIN Number <u>47-5470737</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
TOTAL FEE	\$

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)

A TO Z CUISINE 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 full name and place of residence of each person.

President / Member Last Name <u>ZUPPANO - STACK</u>	(First) <u>ADRIANA</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>905 SANDHILL CT, BRUSSELS, WI 54204</u>
Vice President / Member Last Name <u>STACK</u>	(First) <u>JOSHUA</u>	(Middle Name) <u>JOHN</u>	Home Address (Street, City or Post Office, & Zip Code) <u>SMILE ABOVE</u>
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name BLUEFRONT CAFE Business Phone Number (920) 743-9218

2. Address of Premises 86 W MAPLE ST STURGEON BAY, WI Post Office & Zip Code 54235

3. 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.)

MAIN BUILDING CONSISTED OF A DINING ROOM (INDOOR) AND A PATIO AND SIDEWALK TABLES (OUTDOOR SEATING), KITCHEN, BASEMENT, 2 CAR GARAGE AND 3RD / 1 BATH APARTMENT.

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

5. (a) Was this premises licensed for the sale of liquor or beer during the past license year? ☒ Yes ☐ No
(ONLY BEER / WINE)

(b) If yes, under what name was license issued? A TO Z CUISINE LLC

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

FOLLOWING THE REQUIREMENTS OF THE LAW AND
IN ACCORDANCE WITH THE COMMON COUNCIL OF
THE CITY OF STURGEON BAY FOR BEVERAGE OPERATORS LICENSE.

7. Is the applicant an employee or agent of, or acting on behalf of anyone except the named applicant? ☐ Yes ☒ No
If yes, explain.

8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? If yes, explain ☐ Yes ☒ No

9. (a) Corporate/limited liability company applicants only: Insert state WI and date 05/20/22
of registration.

- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? If yes, explain ☐ 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
If yes, explain.

10. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277] ☒ Yes ☐ No

11. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No

12. 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 signer. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000. Signer agrees 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, or one member of a partnership applicant must sign; one corporate officer, one member/manager 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.

Contact Person's Name (Last, First, M.I.) <u>ZUPANO-STACK, ADRIANA</u>	Title/Member <u>PRESIDENT / OWNER</u>	Date <u>05/20/22</u>
Signature <u>[Signature]</u>	Phone Number <u>(561) 929-7679</u>	Email Address <u>adriana@a-to-zcuisine.com</u>

TO BE COMPLETED BY CLERK

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

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name) (first name) (middle name)				
ZUPPANO-STOCK, ADRIANA				
Home Address (street/route)	Post Office	City	State	Zip Code
925 SANDHILL CT		BRUSSELS	WI	54204
Home Phone Number	Age	Date of Birth	Place of Birth	
(561) 929-7679	52	05/30/1969	Brazil	

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** of **ATO Z CUISINE 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? 7 YEARS
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? ☐ Yes ☒ No
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? ☐ Yes ☒ No
If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? ☐ Yes ☒ No
If yes, identify. (Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employee 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
JACOBI'S BLUEFRONT CAFE	86 W MARIE ST, STURGEON BAY, WI 54221	2018	2021
COOPER STATE BREWING	313 DOUGLASS ST, GREEN BAY, WI 54303	2017	2018

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

(Signature of Named Individual)

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 an officer of the corporation/organization or one member/manager of a limited liability company and the recommendation made by the proper local official.

To the governing body of: ☐ Town ☐ Village ☒ City of STURGEON BAY County of DOOR

The undersigned duly authorized officer/member/manager of A TO Z CUISINE 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

BLUEFRONT CAFE
(Trade Name)

located at 86 W MAPLE ST, STURGEON BAY, WI 54235

appoints ADRIANA LUMPAO-STACK
(Name of Appointed Agent)

925 SANDHILL CT, BRUSSELS, WI 54204
(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? 7 YEARS

Place of residence last year SAME ABOVE

For: A TO Z CUISINE LLC
(Name of Corporation / Organization / Limited Liability Company)

By: ADRIANA LUMPAO-STACK
(Signature of Officer / Member / Manager)

Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

ACCEPTANCE BY AGENT

I, ADRIANA LUMPAO-STACK, 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.

ADRIANA LUMPAO-STACK
(Signature of Agent)
925 SANDHILL CT, BRUSSELS, WI 54204
(Home Address of Agent)

Agent's age 52y
Date of birth 05/30/1969

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 _____ 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) Stack		(first name) Joshua		(middle name) John	
Home Address (street/route) 925 Sandhill Ct		Post Office Brussels	City Brussels	State Wi	Zip Code 54204
Home Phone Number (920) 495-5100		Age 49	Date of Birth 04/23/1973	Place of Birth Minneapolis MN	

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** of **The Bluefront Cafe**
(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? **37 years**
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? ☐ Yes ☒ No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? ☐ Yes ☒ No
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? ☐ Yes ☒ No?
 If yes, identify. (Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employee 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 Jim Olson Motors	Employer's Address 632 Green Bay Rd Sturgeon Bay	Employed From 3/15/93	To Present
Employer's Name Jorns	Employer's Address Kewaunee, Center St	Employed From 2/92	To 3/93

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

John Stack
(Signature of Named Individual)

WISCONSIN DEPARTMENT OF REVENUE

CITY OF STURGEON BAY
SUPPLEMENTAL CLASS B LIQUOR LICENSE APPLICATION

The Supplemental Application is the applicant's opportunity to explain their business plan and why their plan is best suited for a Combination Class B Liquor and Beer license.

The Supplemental Application will be reviewed by members of the Community Protection and Services Committee.

Applicant Must Complete:

- 1 Property Address: 86 W. MAPLE STREET
- 2 Is the Class B Liquor License being applied to a new business development? Yes ☒ No
If yes, provide details about proposed use (attach additional pages if need)

- 3 Is the Class B Liquor License being applied to an existing location? ☒ Yes ☐ No
If yes, provide details about any changes in scope or operation of existing business: (attach additional pages if need)
- 60 PATIO / OUTDOOR SEATS ADDED;
- EVENING HOURS ADDED.
- 4 Number of years this business has been in existence: 20 YEARS
- 5 Number of years applicant has been conducting business in the community: 20 YEARS DBA BLUEFRONT CAFE AND 7 YEARS A TO Z CUISINE LLC IS IN BUSINESS.
- 6 Hours of operation? TUESDAY TO SUNDAY FROM 11AM TO 3PM / WEDNESDAY TO SATURDAY FROM 5PM TO 10PM
Full time operation: ☒ Yes ☐ No
Seasonal operation: ☐ Yes ☒ No
If yes to seasonal, list the anticipated number of days of operation during license year: _____
- 7 Will the business be open to the general public during during normal operations? ☒ Yes ☐ No
- 8 Number of proposed seats: 147 (INDOOR AND OUTDOOR SEATINGS)
Attach Floor Plan
- 9 Explain your internal control procedures: (attach additional pages if needed)
SEE PAGE 1 ATTACHED
- 10 Explain your policies/procedures to train employees regarding serving alcohol:
Attach policy or additional pages if needed.
SEE PAGE 2 ATTACHED
- 11 Size of business including but not limited to:
Number of full-time jobs created (or full time equivalents) 16* WITH POSSIBILITY OF HIRING
Jobs retained 8* NOPE IF GET THE LIQUOR LICENSE
Annual Sales Tax Revenue anticipated \$44,000.00
Anticipated capacity of business (e.g. number of seats, patron capacity) 147

- 12 Current assessed value of improvements on property: \$340,500.00
Will improvements (renovations/additions) be made to the property if license issued: ☒ Yes ☐ No
If yes, anticipated expected value \$29,000.00 TO \$40,000.00
\$115,000.00 PATIO JUST COMPLETED

- 13 How will issuance of this license enhance the quality of experience in the City of Sturgeon Bay?
(Attach additional pages if needed) _____
SEE PAGE 3 ATTACHED

I, the undersigned, hereby state that the information contained in this application is true and correct.

Signature _____

Date

July 25, 2022

City Clerk office Use Only:

Date Received: _____

City Staff to Complete:

- 1 Date of application: 7/25/02
Is the application complete and in order: ☒ Yes ☐ No
- 2 Are there any outstanding delinquent taxes on the property? ☐ Yes ☒ No
If yes, explain: _____
- 3 Are there any outstanding delinquent taxes for the individual/corporation applying? ☐ Yes ☒ No
If yes, explain: _____
- 4 Any outstanding/delinquent payments owed to the City or SBU? ☐ Yes ☒ No
If yes, explain: _____
- 5 Is the location consistent with the City of Sturgeon Bay Comprehensive Plan? ☒ Yes ☐ No
- 6 Is the proposed use/development of the license and property consistent with the City of Sturgeon Bay development plans? ☒ Yes ☐ No (TID #2)
- 7 Is the property zoned properly? ☒ Yes ☐ No
- 8 Does the site accomodate the City Parking Code Ordinance? ☒ Yes ☐ No
(parking not required)
- 9 Has the property been inspected by the following:
Sturgeon Bay Fire Department? ☒ Yes ☐ No
Sturgeon Bay Police Department? ☒ Yes ☐ No
Door County Sanitarian ☒ Yes ☐ No
- Explain any no answers: _____
- 10 Record of incidents for existing property: 7
- 11 How many service calls have been made to the property in the last three years? 2
- 12 What has been the nature of the calls: Mental + Suspicious (Complainant)
- 13 Disorderly conduct? ☒ No
- 14 Underage drinking? ☒ No
- 15 Other? ☒ No

For Staff Use:

City Clerk Office Review
Finance Office Review
Community Development Office Review
Police Department Review
Fire Department Review
City Administrator Review

Stenhardt
Val
Maria Gilly
Chad
W



Internal Control Procedures

The Bluefront Cafe front of house operates on a hierarchy management structure with a hands-on owner, front of house managers, front of house team leaders, and servers. Everyone is given clear instructions and job expectations during extensive pre-work and on-the-job training.

We strive for open lines of communication between all levels of employees so that any problems that may be arising can be dealt with proactively.

We use several risk management techniques, when regarding the sale of alcohol. We strictly adhere to the law, and rely on our management structure to identify any potential breaches of law, as well as customer and/or employee safety. We take this very seriously, correct any issues immediately, and monitor the result closely to confirm resolution of the issue.

While we do have a great level of trust with the employees, we do implement high definition 24-hour video surveillance of most areas to verify actions.

We use a high-tech point of sale system with an integrated inventory management system that can generate reports on product loss, which helps identifies any problems.

We use an external accounting firm to assure compliance with all tax, insurance, and labor laws including payroll.

We have a consultant on board who will identify any unknown oversights in our procedures that pertain to alcohol sales.



Policies and Procedures Regarding Training of Bar Managers, Bartenders, and Servers

Currently with the Class "A" wine and Class "B" beer permits we hold, we require the front of house managers to hold full bartender licenses. We also offer to pay for the ServSafe Alcohol® certification course and license for any eligible person who would like to be licensed.

All employees who are legally eligible, and will sell or handle alcohol, will have extensive hands-on and verbal training from the owner or the front of house managers not only in compliance of laws and safety but in product knowledge as we strive for 10/10 customer experience.

Going forward, if we receive a combined Class "B" license, we will very likely hire an experienced full-time bar manager who will take the role of trainer and have oversight on anyone who is handling alcohol.

We also have a consultant on board who will help with initial training for the potential elevated license level.



As the highest rated restaurant in Sturgeon Bay, the addition of liquor-based craft cocktails and Wisconsin-staple drinks added to our local beer and wine offerings will attract discriminating food customers that may bypass or leave Sturgeon Bay in favor of establishments further north or south.

We also think there is a market in Sturgeon Bay in the evenings for a trendy, but relaxed and calm environment for patrons to have a few cocktails, a bite to eat, and a conversation. The same patrons that are likely to stay away from the typical "bar scene."

If we are deemed eligible and win the lottery for one of the available combined Class "B" liquor licenses, we believe that we will offer a higher-level experience than what is currently offered, therefore raising the bar in the overall Sturgeon Bay experience.

Patio

GARAGE

RESTROOM
1

2

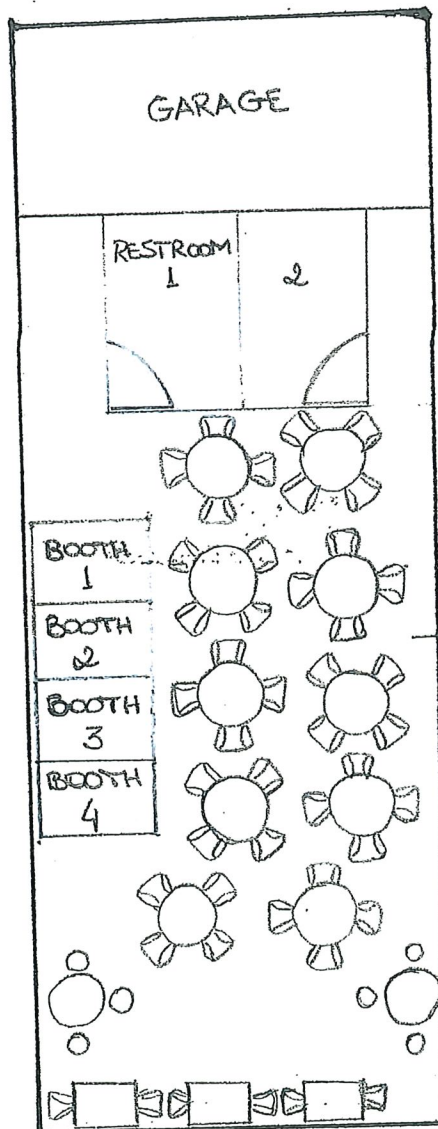
BOOTH
1

BOOTH
2

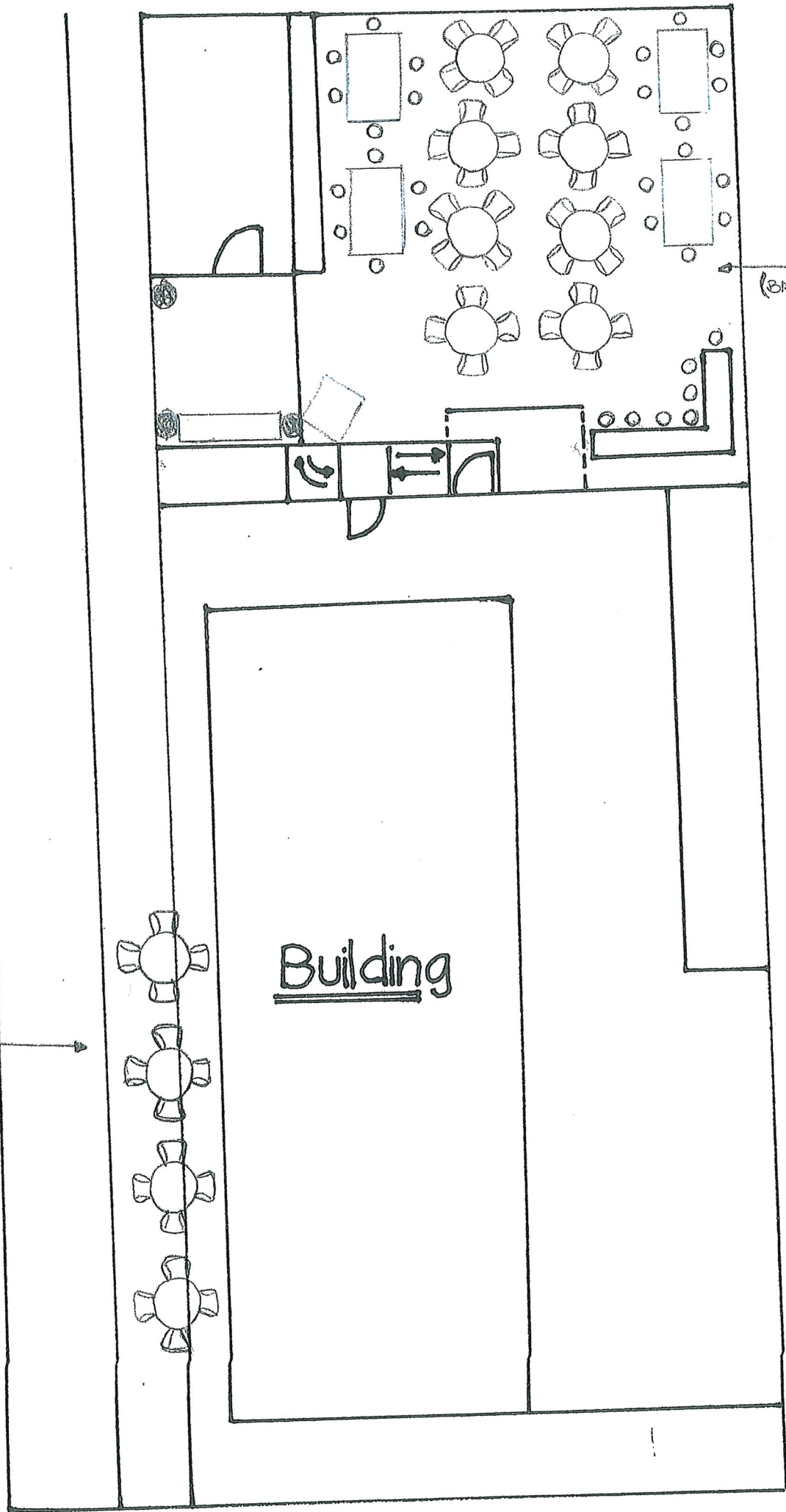
BOOTH
3

BOOTH
4

INDOOR
DINING ROOM
68 SEATS



SIDEWALK
16 SEATS



PATIO
(BACK OF BUILDING)
63 SEATS

Building

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: _____ ending: 6/30/2023
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: ☐ Town of } STURGEON BAY
☐ Village of }
☒ City of }

County of DOOR Aldermanic Dist. No. _____
(if required by ordinance)

Check one: ☐ Individual ☒ Limited Liability Company
☐ Partnership ☐ Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number 456103063697602	
FEIN Number 86-2616466	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
TOTAL FEE	\$

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)

AMAGMA 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 full name and place of residence of each person.

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
ESTES	STEVEN	B	4604 BECCHTEL RD, STURGEON BAY, WI 54235
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
ESTES	TAMMY	M	4604 BECHTEL RD, STURGEON BAY, WI 54235
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
VIRLEE	SCOTT	R	3969 N NEW FRANKEN RD, NEW FRANKEN, WI 54229
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
VIRLEE	RENE	A	3969 N NEW FRANKEN RD, NEW FRANKEN, WI 54229
Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name *NOT DECIDED YET* Business Phone Number *NOT INSTALLED
2. Address of Premises 1023 EGG HARBOR RD, STURGEON B Post Office & Zip Code WI 54235

3. 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.)

NEW CONSTRUCTION OVER 7000 S.F. OF A 36,000 S.F. BUILDING FOR AN ACTIVITY
CENTER CONSISTING OF 4 GOLF - MULTI GAME SIMULATORS, 5 AXE THROWING LANES,
A DRY FIRE LASER SIMULATOR ROOM, FULL BAR AND FOOD KITCHEN, WALK-IN COOLER,
CONFERENCE ROOM, STORAGE ROOM, MECHANICAL ROOM, MULTI STALL RESTROOMS


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

5. (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? _____

6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? **If yes, explain** ☐ Yes ☒ No
7. Is the applicant an employee or agent of, or acting on behalf of anyone except the named applicant? ☐ Yes ☒ No
If yes, explain.
8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? **If yes, explain** ☐ Yes ☒ No
9. (a) **Corporate/limited liability company applicants only:** Insert state WI and date 03/15/21 of registration.
- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? **If yes, explain** ☐ 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? **If yes, explain.** ☐ Yes ☒ No
10. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277] ☒ Yes ☐ No
11. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No
12. 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 signer. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000. Signer agrees 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, or one member of a partnership applicant must sign; one corporate officer, one member/manager 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.

Contact Person's Name (Last, First, M.I.) ESTES, STEVEN B	Title/Member MEMBER	Date 04/08/22
Signature 	Phone Number 920 493 8663	Email Address STEVETAMMY34@GMAIL.COM

TO BE COMPLETED BY CLERK

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

4/8/2022

Dear Committee Members,

We are applying for a Class B Beer and a Class B Liquor License to help solidify and move forward with the new development of an indoor activity center serving food and drinks.

As long-time members of this community and business owners in Door County, we feel this community is in need of an indoor activity center. Our plans include new construction of over 7,000 sq. ft. in an existing vacant warehouse space. Activity space includes indoor golf simulators, indoor sports simulators, indoor shooting (dry fire laser) simulators and ax throwing. There will be a conference room, indoor seating, full bar, walk-in cooler and restaurant kitchen. The site provides room for expansion if needed.

We have no intention of making this business a "night club". We plan on having leagues, lessons with a golf pro, and hosting private parties to corporate events. The alcohol would be a compliment to the food and activity environment. When you sell alcohol in combination with food, your profit margins increases significantly.

This is a huge risk for us. With the current market conditions, escalating construction costs, high price of food and employee labor, the business model will not cash flow sufficiently without this license.

Thank you for the consideration!

A handwritten signature in cursive script, appearing to read "Steve & Tammy Estes". The signature is written in dark ink and is positioned above the printed name.

Steve & Tammy Estes

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Estes		Steven		B	
Home Address (street/route)		Post Office	City	State	Zip Code
4604 Bechtel Rd			Sturgeon Bay	WI	54235
Home Phone Number		Age	Date of Birth	Place of Birth	
920 493 8663 Cell		50	9/20/1971	Elmhurst IL	

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 of Amayma 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? 36 years
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? ☐ Yes ☒ No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? ☐ Yes ☒ No
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? ☐ Yes ☒ No
 If yes, identify. (Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employee 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
Green For Life	1509 Division Rd, Sturgeon Bay	12-1-2020	present
Advanced Disposal	1509 Division Rd, Sturgeon Bay	2014	11/30/2020

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.


 (Signature of Named Individual)

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Estes		Tammy		M	
Home Address (street/route)		Post Office		City	State
4604 Bechtel Rd				Sturgeon Bay	WI
				Zip Code	54235
Home Phone Number		Age	Date of Birth	Place of Birth	
920 493 7434 Cell		51	1-30-1971	Kaukauna, WI	

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 Amayma 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? 51 years

2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? ☐ Yes ☒ No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)

3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? ☐ Yes ☒ No
 If yes, describe status of charges pending.

4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? ☐ Yes ☒ No
 If yes, identify.

(Name, Location and Type of License/Permit)

5. Do you hold and/or are you an officer, director, stockholder, agent or employee 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
Self Employed	Virlee Gunworks Shooting Center LLC		
Advanced Disposal	1509 Divison Rd	2014	2017

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Tammy M. Estes
(Signature of Named Individual)

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Virlee		Scott		R	
Home Address (street/route)		Post Office		City	State Zip Code
3969 N New Franken Rd				New Franken	WI 54229
Home Phone Number		Age	Date of Birth		Place of Birth
920 321 8048 Cell		39	4-9-1982		Green Bay WI

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 of Amagma LLC
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

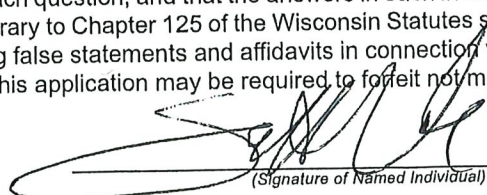
The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 17 years
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? ☐ Yes ☒ No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? ☐ Yes ☒ No
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? ☐ Yes ☒ No
 If yes, identify. (Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employee 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. - owner -

Employer's Name	Employer's Address	Employed From	To
Virlee Gunworks	2644 Diesel Ct. New Franken	2009	present
Employer's Name	Employer's Address	Employed From	To
Virlee Gunworks Shooting Center	1019 Egg Harbor Rd	8-1-2021	present

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.


 (Signature of Named Individual)

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Virlee		Rene		A	
Home Address (street/route)		Post Office	City	State	Zip Code
3969 N New Franken Rd			New Franken	WI	54229
Home Phone Number		Age	Date of Birth	Place of Birth	
920 321 8058 Cell		41	2-23-1981	Denver, CO	

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 of Amagma LLC
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

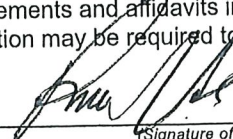
The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 17 years
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? ☐ Yes ☒ No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? ☐ Yes ☒ No
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? ☐ Yes ☒ No
 If yes, identify. (Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employee 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
Aurora Bay Care	2845 Greenbrier Rd, Green Bay	9/11/2006	Present
Bellin Health	301 E. St. Joseph St. Green Bay	2/14/2005	9/10/2006

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.


 (Signature of Named Individual)

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 an officer of the corporation/organization or one member/manager of a limited liability company and the recommendation made by the proper local official.

To the governing body of: ☐ Town ☐ Village of Sturgeon Bay County of Door
☒ City

The undersigned duly authorized officer/member/manager of AMAGMA 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

NOT YET DECIDED

(Trade Name)

located at 1023 EGG HARBOR RD, STURGEON BAY, WI 54235

appoints TAMMY ESTES

(Name of Appointed Agent)

4604 BECHTEL RD, STURGEON BAY, WI 54235

(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? 51 YEARS

Place of residence last year 4604 BECHTEL RD, STURGEON BAY

For: AMAGMA LLC

(Name of Corporation / Organization / Limited Liability Company)

By:



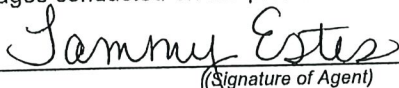
(Signature of Officer / Member / Manager)

Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

ACCEPTANCE BY AGENT

I, TAMMY ESTES, 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 of Agent)

4/8/2022

(Date)

Agent's age 51

4604 BECHTEL RD, STURGEON BAY, WI 54235

(Home Address of Agent)

Date of birth 01/30/1971

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 _____ by _____ Title _____
(Date) (Signature of Proper Local Official) (Town Chair, Village President, Police Chief)

Certificate of Completion

This Certificate of Completion of
eTIPS On Premise 3.0.1 - Wisconsin
For coursework completed on April 11, 2022
provided by Health Communications, Inc.
is hereby granted to:

Tammy Estes

Certification to be sent to:

**4604 Bechtel Rd
Sturgeon Bay WI, 54235-8209 USA**



HEALTH COMMUNICATIONS INC.

This certificate represents the successful completion of an approved Wisconsin
Department of Revenue Responsible Beverage Server Course in compliance with
secs. 125.04(5)(a)5., 125.17(6), and 134.66(2m), Wis. Stats.



This document is not proof of TIPS certification. It signifies only that you have completed the course. Valid certification documents will be forwarded to you.

CITY OF STURGEON BAY
SUPPLEMENTAL CLASS B LIQUOR LICENSE APPLICATION

The Supplemental Application is the applicant's opportunity to explain their business plan and why their plan is best suited for a Combination Class B Liquor and Beer license.

The Supplemental Application will be reviewed by members of the Community Protection and Services Committee.

Applicant Must Complete:


- 1 Property Address: 1023 Egg Harbor Road, Sturgeon Bay
- 2 Is the Class B Liquor License being applied to a new business development? ☒ Yes ☐ No
If yes, provide details about proposed use : New construction in an existing vacant warehouse space, approx. 7,000 sq ft for an activity center consisting of golf simulators, multi-game simulators, dry-fire simulators, ax throwing lanes, full bar and kitchen, walk-in coolers and freezers, conference room, storage room, office, mechanical room and multi-stall restrooms. All spaces will be wheelchair accessible.
- 3 Is the Class B Liquor License being applied to an existing location? ☒ Yes ☐ No
If yes, provide details about any changes in scope or operation of existing business: New construction in an existing warehouse space as described above. The business would be a new venture.
- 4 Number of years this business has been in existence: 1.25
- 5 Number of years applicant has been conducting business in the community: 34
- 6 Hours of operation? 10am -11pm Fri & Sat, 10am -8pm Sun, Mon, Tues, Wed, Thurs
Full time operation: ☒ Yes ☐ No
Seasonal operation: ☐ Yes ☒ No
If yes to seasonal, list the anticipated number of days of operation during license year: _____
- 7 Will the business be open to the general public during normal operations? ☒ Yes ☐ No
- 8 Number of proposed seats: 150
Attach Floor Plan
- 9 Explain your internal control procedures: (attach additional pages if needed)
Attached _____
- 10 Explain your policies/procedures to train employees regarding serving alcohol:
Attach policy or additional pages if needed.
Hire persons that carry a valid Responsible Beverage Server Certificate and License
Go through the Bar Staff Training Manual (Table of Contents) attached

- 11 Size of business including but not limited to:
Number of full-time jobs created (or full time equivalents) 8
Jobs retained - does not apply
Annual Sales Tax Revenue anticipated \$55,000
Anticipated capacity of business (e.g. number of seats, patron capacity) 150

12 Current assessed value of improvements on property: \$258,000 _____
Will improvements (renovations/additions) be made to the property if license issued: x Yes ____ No
If yes, anticipated expected value: additional \$400,000 _____

13 How will issuance of this license enhance the quality of experience in the City of Sturgeon Bay?
This venue will become a destination for the City of Sturgeon Bay - drawing in local residents, out-of-town guests and tourists to the city. The activity center will offer indoor activities and leagues for individuals, couples, families, and gatherings of people regardless of the Wisconsin weather. Nowhere in Door County is there a business with this square footage that offers this experience!

I, the undersigned, hereby state that the information contained in this application is true and correct.

Signature:  _____ Steven B Estes
Date _____

July 21, 2022

City Clerk office Use Only:

Date Received: _____

City Staff to Complete:

- 1 Date of application: 9/9/22
Is the application complete and in order: ☒ Yes ☐ No
- 2 Are there any outstanding delinquent taxes on the property? ☐ Yes ☒ No
If yes, explain: _____
- 3 Are there any outstanding delinquent taxes for the individual/corporation applying? ☐ Yes ☒ No
If yes, explain: _____
- 4 Any outstanding/delinquent payments owed to the City or SBU? ^{NO} ☐ Yes ^{NO} ☒ No
If yes, explain: _____
- 5 Is the location consistent with the City of Sturgeon Bay Comprehensive Plan? ☒ Yes ☐ No
- 6 Is the proposed use/development of the license and property consistent with the City of Sturgeon Bay development plans? ☒ Yes ☐ No (generally) (TID #6)
- 7 Is the property zoned properly? ☒ Yes ☐ No
- 8 Does the site accomodate the City Parking Code Ordinance? ☒ Yes ☐ No
- 9 Has the property been inspected by the following:
Sturgeon Bay Fire Department? ☒ Yes ☒ No
Sturgeon Bay Police Department? ☒ Yes ☐ No
Door County Sanitarian ☐ Yes ☒ No
- Explain any no answers: Will require occupancy once completed - PD
- 10 Record of incidents for existing property: ☒
- 11 How many service calls have been made to the property in the last three years? New Construction
- 12 What has been the nature of the calls: _____
- 13 Disorderly conduct? ☒
- 14 Underage drinking? ☒
- 15 Other? ☒

For Staff Use:

City Clerk Office Review
Finance Office Review
Community Development Office Review
Police Department Review
Fire Department Review
City Administrator Review

Spennhardt
for
Memo
for
the
City

PROPOSED BUILDING ALTERATIONS FOR:
VIRLEE ACTIVITY CENTER
STURGEON BAY, WISCONSIN; COUNTY OF: DOOR

SCALE VERIFICATION

[illegible]

SALES REP: DAVE PHILLIPS
(262)308-2580

RAWN BY: DPO
DATE: 6/22/2012
REVISIONS:

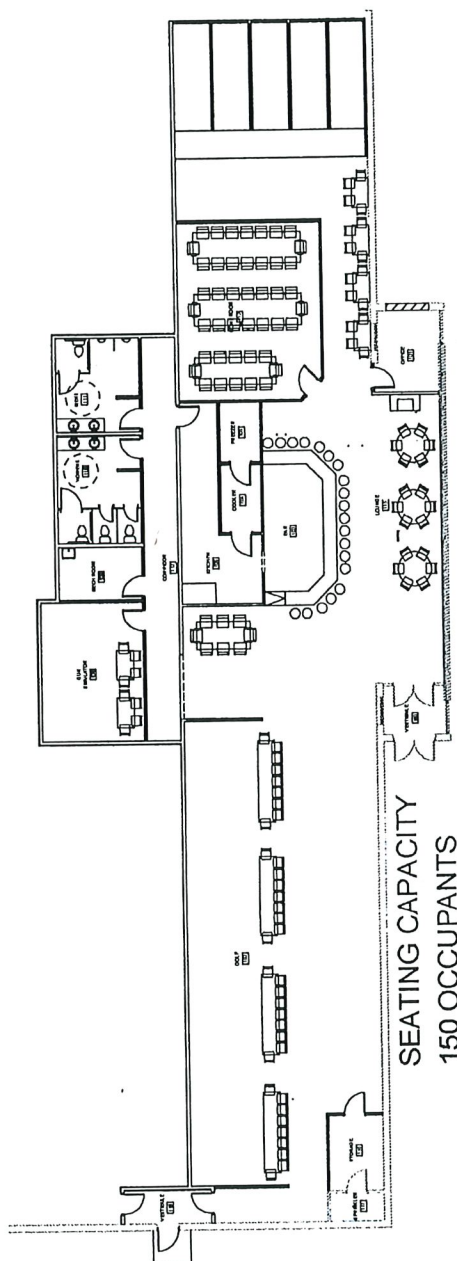
ISSUED FOR: ☐ PRELIMINARY
☐ NO SET
☐ DESIGN REVIEW
☐ CHECKSET
☒ CONSTRUCTION

BY: _____

CHECKED DATE: _____

SEATING LAYOUT

A1.3



SEATING CAPACITY
150 OCCUPANTS

1 SEATING LAYOUT
1/8" = 1'-0"

Bar Internal Controls

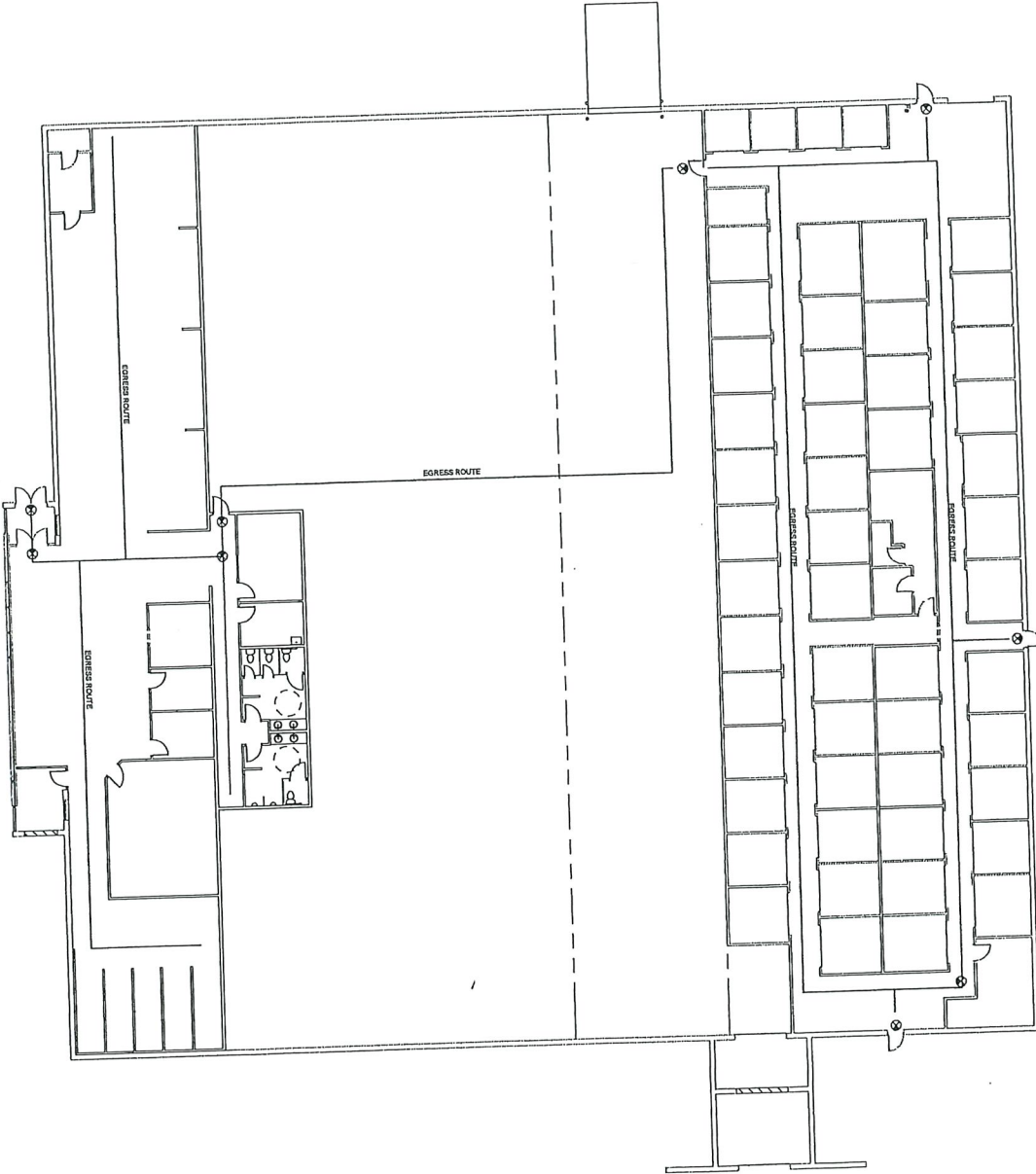
- 1. POS terminal is in a position so that customers can see transactions rung up.*
- 2. The bar standard is to have alcohol poured first when preparing mixed beverages.*
- 3. Bartender is to give a receipt after each transaction.*
- 4. Bartender is to request some sort of payment or tab from each guest immediately after serving drinks.*
- 5. Individual POS cards for each bartender and server*
- 6. Security cameras installed throughout premise, liquor supply room and facing each register. .*
- 7. Each bartender will have their own separate cash drawer.*
- 8. We DO NOT allow the 'No Sale' button to be used.*
- 9. Bottle for bottle exchange is used as our bar's requisition system.*
- 10. A log is kept at the bar to log any spilled or complimentary drinks given to guests.*
- 11. Unauthorized associates are NOT allowed to go behind the bar area.*
- 12. Inventory is to be counted in by the manager on duty and initialed on delivery tickets. The controller will enter this information into the computer system immediately.*
- 13. The alcohol storage room is always locked and only accessed by authorized staff*

Bar Staff Training Manual

includes the following items:

- Welcome letter
- Mission statement
- Company history
- Orientation period
- Communication policies
- Performance and job standards
- Responsible alcohol service guidelines
- Code of ethics
- Confidentiality policies
- Emergency procedures
- Drug and alcohol policies
- Anti-harassment policies
- Customer-service program
- Safety issues
- Mandatory meetings
- Performance evaluations
- Food-safety procedures

1 EGRESS PLAN
1/4" = 1'-0"



BAYLAND

BAYLAND BUILDINGS
1201 N. 1ST ST. GREEN BAY, WI 54907
F: 920-498-3300 P: 920-498-3303
www.baylandbuildings.com
DESIGN & BUILD GENERAL CONTRACTOR

PROPOSED BUILDING ALTERATIONS FOR:
VIRLEE ACTIVITY CENTER
STURGEON BAY-, WISCONSIN; COUNTY OF: DOOR

SCALE VERIFICATION

1" = 1'-0"

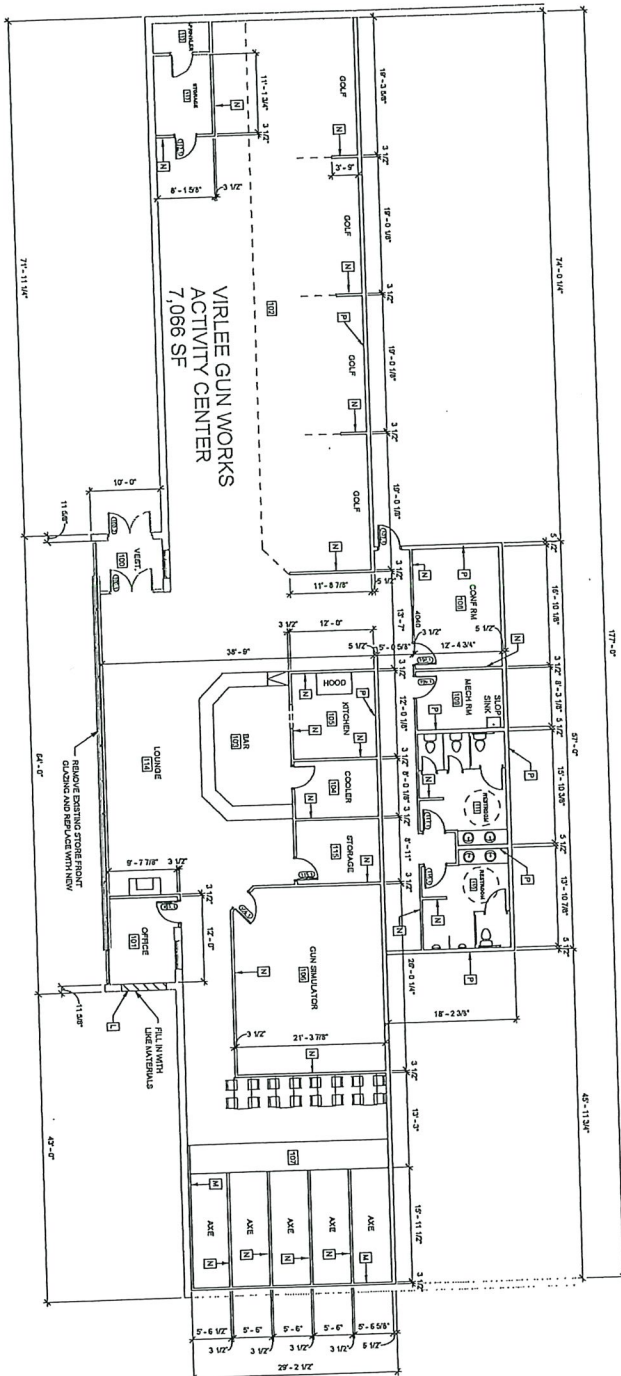
THIS PLAN IS A PRELIMINARY DESIGN AND NOT A FINAL DESIGN. IT IS NOT TO BE USED FOR CONSTRUCTION OR FOR ANY OTHER PURPOSE. THE DESIGNER ASSUMES NO LIABILITY FOR ANY ERRORS OR OMISSIONS. THE CLIENT ASSUMES ALL LIABILITY FOR ANY SUCH ERRORS OR OMISSIONS. THE DESIGNER'S ONLY OBLIGATION IS TO PROVIDE THE SERVICES AGREED TO IN THE CONTRACT. THE DESIGNER DOES NOT WARRANT THE ACCURACY OR COMPLETENESS OF THE DESIGN. THE DESIGNER'S DESIGN IS BASED ON THE INFORMATION PROVIDED BY THE CLIENT. THE DESIGNER DOES NOT WARRANT THE ACCURACY OR COMPLETENESS OF THE INFORMATION PROVIDED BY THE CLIENT. THE DESIGNER'S DESIGN IS BASED ON THE INFORMATION PROVIDED BY THE CLIENT. THE DESIGNER DOES NOT WARRANT THE ACCURACY OR COMPLETENESS OF THE INFORMATION PROVIDED BY THE CLIENT.

JOB NUMBER: 22-5073
SALES REP: DAVE PHILLIPS
(920) 498-3300
DRAWN BY: PFO
DATE: 5/11/2022
REVISIONS:

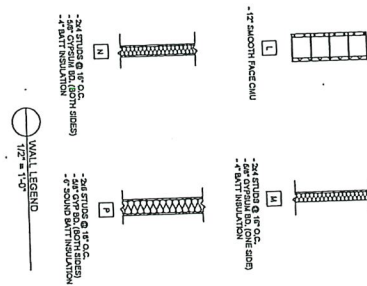
ISSUED FOR: CHECKED DATE:
BY:
☐ PRELIMINARY
☐ NO SET
☐ DESIGN REVIEW
☐ CHECKED
☒ CONSTRUCTION

LIFE SAFETY PLAN

LS1.0



1 PROPOSED FLOOR PLAN
1/2" = 1'-0"



SCALE VERIFICATION

PROPOSED BUILDING ALTERATIONS FOR:
VIRLEE ACTIVITY CENTER
STURGEON BAY-, WISCONSIN; COUNTY OF: DOOR

DATE: 5/11/2022
DRAWN BY: DPO
SALES REP: DAVE PHILLIPS
JOB NUMBER: 22-5073
REVISIONS:

ISSUED FOR: CHECKED DATE:
BY: PRELIMINARY
NO SET
DESIGN REVIEW
CHECKED
CONSTRUCTION
PROPOSED FLOOR PLAN

A1.2

BAYLAND
BAYLAND BUILDINGS
700 S. 10TH STREET, GREEN LAKE, WI 53022
PHONE: 920-8200 FAX: (920) 488-2333
WWW.BAYLANDBUILDINGS.COM
DESIGN & BUILD GENERAL CONTRACTOR

BAYLAND BUILDINGS
P.O. BOX 13571 GREEN BAY, WI 54307
(920) 498-0300 FAX (920) 498-3033
www.baylandbuildings.com

DESIGN & BUILD GENERAL CONTRACTOR

PROPOSED BUILDING ALTERATIONS FOR:
WIRLEE ACTIVITY CENTER
STURGEON BAY, WISCONSIN; COUNTY OF: DOOR

SCALE VERIFICATION

ABSENCE OF COPYRIGHT
THESE PLANS ARE COPIRIGHTED AND ARE SUBJECT TO COPYRIGHT PROTECTION AS AN "ARCHITECTURAL WORK" UNDER SECTION 102 OF THE COPYRIGHT ACT, 17 U.S.C. AS AMENDED. NO PART OF THIS COPYRIGHTED WORK OR ANY ARCHITECTURAL WORKS DERIVED THEREFROM MAY BE REPRODUCED OR TRANSMITTED IN ANY FORM OR BY ANY MEANS, ELECTRONIC OR MECHANICAL, INCLUDING PHOTOCOPYING, RECORDING, OR BY ANY INFORMATION STORAGE AND RETRIEVAL SYSTEM, WITHOUT PERMISSION IN WRITING FROM THE ARCHITECT. ANY UNAUTHORIZED REPRODUCTION OR TRANSMISSION OF ANY PART OF THESE PLANS, WITHOUT THE WRITTEN PERMISSION OF THE ARCHITECT, IS STRICTLY PROHIBITED AND IS A VIOLATION OF THE COPYRIGHT ACT, 17 U.S.C. AS AMENDED. THE ARCHITECT'S LIABILITY FOR ANY SUCH VIOLATION SHALL BE LIMITED TO THE EXTENT OF THE ARCHITECT'S NEGLIGENCE IN THE DESIGN OF THE CONSTRUCTION OR IN OTHERS' WORKS DERIVED THEREFROM.

JOB NUMBER: 22-5073

SALES REP: DAVE PHILLIPS
(262)308-2580

DRAWN BY: DPO

DATE: 5/11/2022

REVISIONS:

ISSUED FOR: CHECKED DATE: BY:

<input type="checkbox"/>	PRELIMINARY
<input type="checkbox"/>	BID SET
<input type="checkbox"/>	DESIGN REVIEW
<input type="checkbox"/>	CHECKSET
<input checked="" type="checkbox"/>	CONSTRUCTION

EXTERIOR ELEVATIONS

A2.0

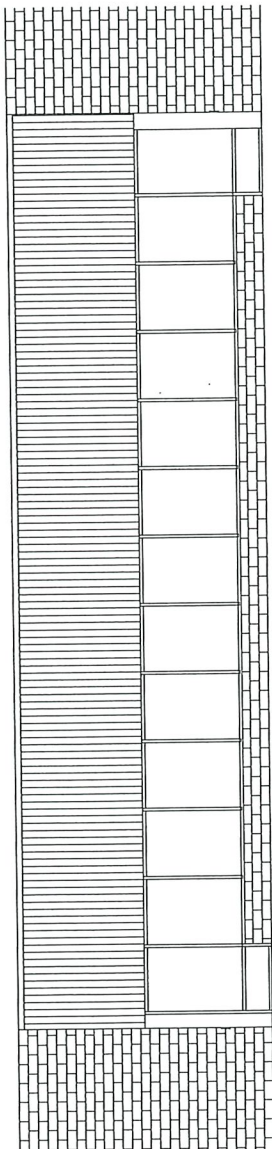
APPROVED

OWNER'S SIGNATURE _____

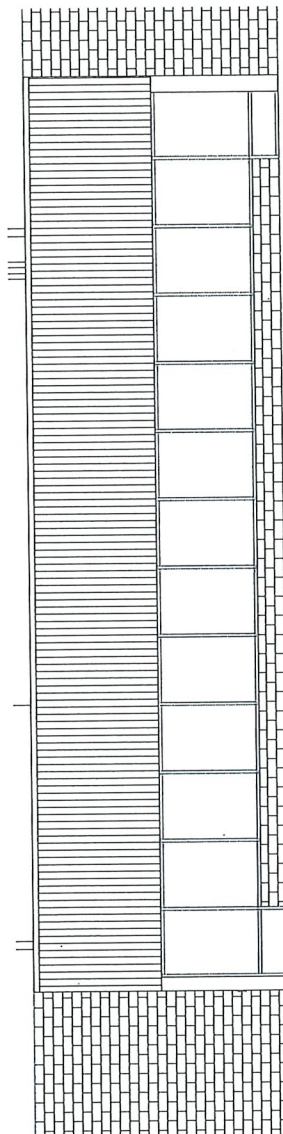
DATE _____

SALES REPRESENTATIVE _____
DATE _____

Use the following steps to install the software:



1	EXISTING SOUTH ELEVATION
A2.0	1/4" = 1'-0"



2 PROPOSED SOUTH ELEVATION
A2.0 1/4" = 1'-0"



BAYLAND BUILDINGS
1000 N. 10TH AVE. SUITE 100
DENVER, CO 80202
(303) 440-3333
www.baylandbuildings.com

DESIGN & BUILD GENERAL CONTRACTOR

PROPOSED BUILDING ALTERATIONS FOR:
VIRLEE ACTIVITY CENTER
STURGEON BAY, WISCONSIN; COUNTY OF: DOOR

SCALE VERIFICATION
1" = 1'-0"

THIS DRAWING IS THE PROPERTY OF BAYLAND BUILDINGS AND IS NOT TO BE REPRODUCED OR TRANSMITTED IN ANY FORM OR BY ANY MEANS, ELECTRONIC OR MECHANICAL, INCLUDING PHOTOCOPYING, RECORDING, OR BY ANY INFORMATION STORAGE AND RETRIEVAL SYSTEM, WITHOUT THE WRITTEN PERMISSION OF BAYLAND BUILDINGS. ANY UNAUTHORIZED USE OF THIS DRAWING IS PROHIBITED AND WILL BE PROSECUTED TO THE FULL EXTENT OF THE LAW.

JOB NUMBER: 22-5073

SALES REP: DAVE PHILLIPS
(623)368-2580

DRAWN BY: DPO

DATE: 5/11/2022

REVISIONS:

ISSUED FOR: CHECKED DATE:
BY:
☐ PRELIMINARY
☐ BID SET
☐ DESIGN REVIEW
☐ CHECKSET
☒ CONSTRUCTION

ROOM / DOOR SCHEDULES

A6.0

APPROVED

OWNER SIGNATURE: _____ DATE: _____
SALES REPRESENTATIVE: _____ DATE: _____
ARCHITECT SIGNATURE: _____ DATE: _____

ROOM SCHEDULE

Room Name	Room Number	Room Finish	Base Finish	Walls	Floor	Roof	Notes	Comments	Number
VEGETABLE	100	F-2	B-1	W-2	W-2	W-2	W-2		
VEGETABLE	101	F-2	B-1	W-2	W-2	W-2	W-2		
VEGETABLE	102	F-2	B-1	W-2	W-2	W-2	W-2		
VEGETABLE	103	F-2	B-1	W-2	W-2	W-2	W-2		
VEGETABLE	104	F-2	B-1	W-2	W-2	W-2	W-2		
VEGETABLE	105	F-2	B-1	W-2	W-2	W-2	W-2		
VEGETABLE	106	F-2	B-1	W-2	W-2	W-2	W-2		
VEGETABLE	107	F-2	B-1	W-2	W-2	W-2	W-2		
VEGETABLE	108	F-2	B-1	W-2	W-2	W-2	W-2		
VEGETABLE	109	F-2	B-1	W-2	W-2	W-2	W-2		
VEGETABLE	110	F-2	B-1	W-2	W-2	W-2	W-2		
VEGETABLE	111	F-2	B-1	W-2	W-2	W-2	W-2		
VEGETABLE	112	F-2	B-1	W-2	W-2	W-2	W-2		
VEGETABLE	113	F-2	B-1	W-2	W-2	W-2	W-2		
VEGETABLE	114	F-2	B-1	W-2	W-2	W-2	W-2		
VEGETABLE	115	F-2	B-1	W-2	W-2	W-2	W-2		

DOOR SCHEDULE

Door	Door Number	Door Type	Door Material	Door Finish	Door Hardware	Door Railing	Comments
DOOR	100	100	100	100	100	100	
DOOR	101	101	101	101	101	101	
DOOR	102	102	102	102	102	102	
DOOR	103	103	103	103	103	103	
DOOR	104	104	104	104	104	104	
DOOR	105	105	105	105	105	105	
DOOR	106	106	106	106	106	106	
DOOR	107	107	107	107	107	107	
DOOR	108	108	108	108	108	108	
DOOR	109	109	109	109	109	109	
DOOR	110	110	110	110	110	110	
DOOR	111	111	111	111	111	111	
DOOR	112	112	112	112	112	112	
DOOR	113	113	113	113	113	113	
DOOR	114	114	114	114	114	114	
DOOR	115	115	115	115	115	115	

ROOM FINISH SCHEDULE

Room	Room Number	Room Finish	Base Finish	Walls	Floor	Roof	Notes	Comments	Number
VEGETABLE	100	F-2	B-1	W-2	W-2	W-2	W-2		
VEGETABLE	101	F-2	B-1	W-2	W-2	W-2	W-2		
VEGETABLE	102	F-2	B-1	W-2	W-2	W-2	W-2		
VEGETABLE	103	F-2	B-1	W-2	W-2	W-2	W-2		
VEGETABLE	104	F-2	B-1	W-2	W-2	W-2	W-2		
VEGETABLE	105	F-2	B-1	W-2	W-2	W-2	W-2		
VEGETABLE	106	F-2	B-1	W-2	W-2	W-2	W-2		
VEGETABLE	107	F-2	B-1	W-2	W-2	W-2	W-2		
VEGETABLE	108	F-2	B-1	W-2	W-2	W-2	W-2		
VEGETABLE	109	F-2	B-1	W-2	W-2	W-2	W-2		
VEGETABLE	110	F-2	B-1	W-2	W-2	W-2	W-2		
VEGETABLE	111	F-2	B-1	W-2	W-2	W-2	W-2		
VEGETABLE	112	F-2	B-1	W-2	W-2	W-2	W-2		
VEGETABLE	113	F-2	B-1	W-2	W-2	W-2	W-2		
VEGETABLE	114	F-2	B-1	W-2	W-2	W-2	W-2		
VEGETABLE	115	F-2	B-1	W-2	W-2	W-2	W-2		

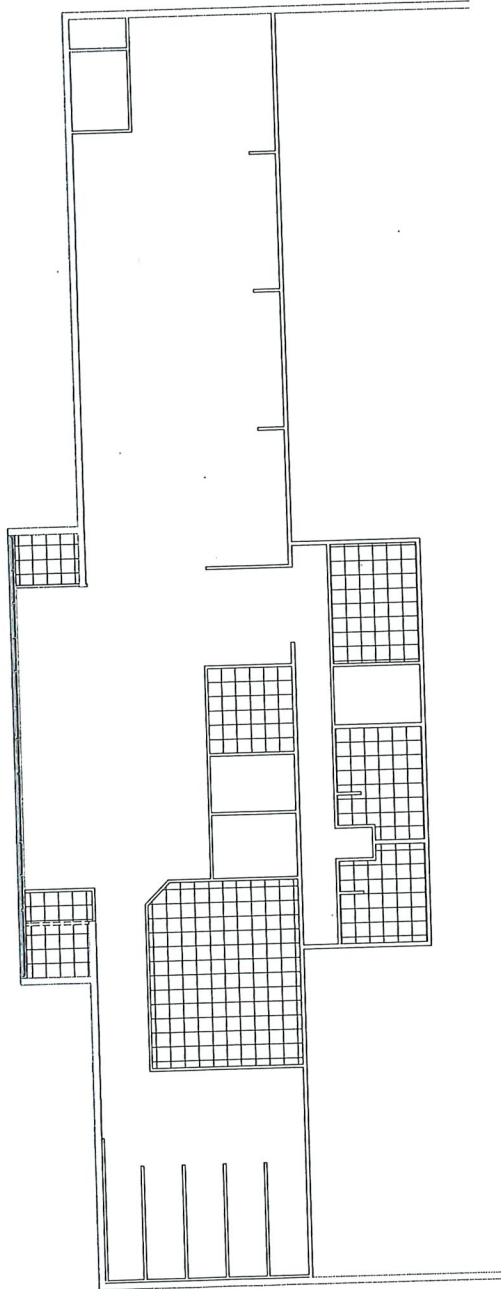
DOOR FINISH SCHEDULE

Door	Door Number	Door Type	Door Material	Door Finish	Door Hardware	Door Railing	Comments
DOOR	100	100	100	100	100	100	
DOOR	101	101	101	101	101	101	
DOOR	102	102	102	102	102	102	
DOOR	103	103	103	103	103	103	
DOOR	104	104	104	104	104	104	
DOOR	105	105	105	105	105	105	
DOOR	106	106	106	106	106	106	
DOOR	107	107	107	107	107	107	
DOOR	108	108	108	108	108	108	
DOOR	109	109	109	109	109	109	
DOOR	110	110	110	110	110	110	
DOOR	111	111	111	111	111	111	
DOOR	112	112	112	112	112	112	
DOOR	113	113	113	113	113	113	
DOOR	114	114	114	114	114	114	
DOOR	115	115	115	115	115	115	

DOOR HARDWARE KEY

MARK	HARDWARE	MARK	HARDWARE
1	ENTRY LEVERSET	11	HOCK PLATE
2	PASSAGE LEVERSET	12	PUSH-PULL HANDLES
3	STORAGE LEVERSET	13	PULL-PUSH HANDLES
4	PRIVATE LEVERSET	14	PULL-PUSH HANDLES
5	ENTRY LOCK	15	PULL-PUSH HANDLES
6	ENTRY LOCK	16	PULL-PUSH HANDLES
7	ENTRY LOCK	17	PULL-PUSH HANDLES
8	ENTRY LOCK	18	PULL-PUSH HANDLES
9	ENTRY LOCK	19	PULL-PUSH HANDLES
10	ENTRY LOCK	20	PULL-PUSH HANDLES
11	ENTRY LOCK	21	PULL-PUSH HANDLES
12	ENTRY LOCK	22	PULL-PUSH HANDLES
13	ENTRY LOCK	23	PULL-PUSH HANDLES
14	ENTRY LOCK	24	PULL-PUSH HANDLES
15	ENTRY LOCK	25	PULL-PUSH HANDLES

1 REFLECTIVE CEILING LAYOUT
A7.0 1/8" = 1'-0"



BAYLAND

BAYLAND BUILDINGS

P.O. BOX 13071 GREEN BAY, WI 54307

TEL: 920.833.1111 FAX: 920.833.1112

WWW.BAYLANDBUILDINGS.COM

DESIGN & BUILD GENERAL CONTRACTOR

PROPOSED BUILDING ALTERATIONS FOR:

VIRLEE ACTIVITY CENTER

STURGEON BAY-, WISCONSIN; COUNTY OF: DOOR

SCALE VERIFICATION

1" = 1'-0"

NOTES: SEE ALL NOTES ON SHEETS A7.1 THROUGH A7.10. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM THE LOCAL, STATE AND FEDERAL AGENCIES. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM THE LOCAL, STATE AND FEDERAL AGENCIES. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM THE LOCAL, STATE AND FEDERAL AGENCIES.

JOB NUMBER: 22-5073

SALES REP: DAVE PHILLIPS

DATE: 5/11/2022

REVISIONS:

ISSUED FOR: CHECKED DATE:

BY:

☐ PRELIMINARY

☐ BID SET

☐ DESIGN REVIEW

☐ CHECKSET

☒ CONSTRUCTION

REFLECTED CEILING PLAN

A7.0

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: _____ ending: 06/30/2023
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: ☐ Town of } Sturgeon Bay
☐ Village of }
☒ City of }

County of DOOR Aldermanic Dist. No. _____
(if required by ordinance)

Check one: ☐ Individual ☒ Limited Liability Company
☐ Partnership ☐ Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number <u>956-102-9288374-02</u>	
FEIN Number <u>813525849</u>	
TYPE OF LICENSE REQUESTED	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 type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ <u>500</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>8.90</u>
TOTAL FEE	\$

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)

BH Canvas 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 full name and place of residence of each person.

President / Member Last Name <u>Carter</u>	(First) <u>Wendie</u>	(Middle Name) <u>Sue</u>	Home Address (Street, City or Post Office, & Zip Code) <u>332 N. 5th Ave SB 54235</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name Crate Business Phone Number 920 818-1333
2. Address of Premises 136 N. 3rd Ave Post Office & Zip Code SB 54235

3. 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.)

coolers, dining room, basement, bar, kitchen,
side walk cafe

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

5. (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? BH Canvas LLC

6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? If yes, explain ☐ Yes ☒ No
7. Is the applicant an employee or agent of, or acting on behalf of anyone except the named applicant? ☐ Yes ☒ No
If yes, explain.
8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? If yes, explain ☐ Yes ☒ No
9. (a) Corporate/limited liability company applicants only: Insert state _____ and date _____ of registration.
- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? If yes, explain ☐ 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
If yes, explain.
Carter Holdings LLC
KIPPIS LLC
10. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277] ☒ Yes ☐ No
11. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No
12. 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 signer. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000. Signer agrees 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, or one member of a partnership applicant must sign; one corporate officer, one member/manager 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.

Contact Person's Name (Last, First, M.I.) <u>Carter, Wendy S.</u>	Title/Member <u>owner</u>	Date <u>2/24/22</u>
Signature <u>Wendy Carter</u>	Phone Number <u>920 495-9339</u>	Email Address <u>info@crate.restaurant</u>

TO BE COMPLETED BY CLERK

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

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name) <u>Carter</u>		(first name) <u>Wendi</u>		(middle name) <u>S.</u>	
Home Address (street/route) <u>332 N. 5th Ave</u>		Post Office <u>SB</u>		City <u>Sturgeon Bay</u>	State <u>WI</u> Zip Code <u>54235</u>
Home Phone Number <u>920-495-9339</u>		Age <u>49</u>	Date of Birth <u>06-04-1972</u>		Place of Birth <u>Milwaukee WI</u>

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.
- ☒ Owner of BH Canvas 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 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. Kippis LLC Carter Holdings LLC
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employee of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? ☐ Yes ☒ No
If yes, identify. _____
(Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

Employer's Name <u>Schneider Trucking</u>	Employer's Address <u>Packerland Dr. GB</u>	Employed From <u>7/08</u>	To <u>6/12</u>
Employer's Name <u>Drach Chiro</u>	Employer's Address <u>607 E Third Ave</u>	Employed From <u>2010</u>	To <u>2012</u>

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Wendi Carter
(Signature of Named Individual)

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 an officer of the corporation/organization or one member/manager of a limited liability company and the recommendation made by the proper local official.

To the governing body of: ☐ Town ☐ Village ☒ City of Sturgeon Bay County of Door

The undersigned duly authorized officer/member/manager of BH Canvas 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 Crate
(Trade Name)

located at 136 N. 3rd Ave Sturgeon Bay WI 54235

appoints Wendi Carter
(Name of Appointed Agent)
332 N. 5th Ave Sturgeon Bay WI 54235
(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).

Kippis LLC Carter Holdings LLC
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?

Place of residence last year 306 N. 19th Pl SB WI 54235

For: BH Canvas LLC
(Name of Corporation / Organization / Limited Liability Company)

By: Wendi Carter
(Signature of Officer / Member / Manager)

Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

ACCEPTANCE BY AGENT

I, Wendi Carter, 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.

Wendi Carter 2/24/22 Agent's age 49
(Signature of Agent) (Date)
332 N. 5th Ave SB, WI 54235 Date of birth 06-04-1972
(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 _____ by _____ Title _____
(Date) (Signature of Proper Local Official) (Town Chair, Village President, Police Chief)

CITY OF STURGEON BAY
SUPPLEMENTAL CLASS B LIQUOR LICENSE APPLICATION

The Supplemental Application is the applicant's opportunity to explain their business plan and why their plan is best suited for a Combination Class B Liquor and Beer license.

The Supplemental Application will be reviewed by members of the Community Protection and Services Committee.

Applicant Must Complete:

- 1 Property Address: 136 N. THIRD AVE, SB
- 2 Is the Class B Liquor License being applied to a new business development? ☐ Yes ☒ No
If yes, provide details about proposed use (attach additional pages if need)

- 3 Is the Class B Liquor License being applied to an existing location? ☒ Yes ☐ No
If yes, provide details about any changes in scope or operation of existing business: (attach additional pages if need)
LOOKING TO BETTER COMPETE WITH NEIGHBORING RESTAURANTS AND
PROVIDE APERTIF, DIGESTIF, COCKTAILS AND AFTER DINNER DRINKS.
- 4 Number of years this business has been in existence: 6.5
- 5 Number of years applicant has been conducting business in the community: 11.5
- 6 Hours of operation? 5-9+ 7 days per week, year-round
Full time operation: ☒ Yes ☐ No
Seasonal operation: ☐ Yes ☐ No
If yes to seasonal, list the anticipated number of days of operation during license year: _____
- 7 Will the business be open to the general public during during normal operations? ☒ Yes ☐ No
- 8 Number of proposed seats: NO ADDITIONAL SEATING WILL BE NECESSARY
Attach Floor Plan
- 9 Explain your internal control procedures: (attach additional pages if needed)
LIQUOR WILL BE KEPT IN A CONTROLLED SPACE WITH OUR
EXISTING WINES. LICENSED BARTENDERS WILL CONTINUE TO
BE USED.
- 10 Explain your policies/procedures to train employees regarding serving alcohol:
Attach policy or additional pages if needed.
ONLINE TRAINING, TRAINING WITH MANAGEMENT, ON-THE-JOB SUPERVISION
AND TRAINING.
- 11 Size of business including but not limited to:
Number of full-time jobs created (or full time equivalents) 9
Jobs retained 9
Annual Sales Tax Revenue anticipated \$33,000
Anticipated capacity of business (e.g. number of seats, patron capacity) 85

- 12 Current assessed value of improvements on property: \$ 340,000
Will improvements (renovations/additions) be made to the property if license issued: Yes ☒ No
If yes, anticipated expected value _____

- 13 How will issuance of this license enhance the quality of experience in the City of Sturgeon Bay?
(Attach additional pages if needed) STURGEON BAY IS GROWING IN ITS DINING CULTURE, BEING ABLE TO OFFER A FULL ALCOHOL BEVERAGE MENU IS IMPERATIVE TO A COMPLETELY SATISFIED DINING EXPERIENCE. WE WANT TO CONTINUE TO BE A VIABLE BUSINESS IN THIS CULTURE.
I, the undersigned, hereby state that the information contained in this application is true and correct.

Signature Wendi Carter Date 7/19/22

City Clerk office Use Only:

Date Received: 7.19.2022

City Staff to Complete:

- 1 Date of application: 2/19/22
Is the application complete and in order: ☒ Yes ☐ No
- 2 Are there any outstanding delinquent taxes on the property? ☐ Yes ☒ No
If yes, explain: _____
- 3 Are there any outstanding delinquent taxes for the individual/corporation applying? ☐ Yes ☒ No
If yes, explain: _____
- 4 Any outstanding/delinquent payments owed to the City or SBU? ☐ Yes ☒ No
If yes, explain: _____
- 5 Is the location consistent with the City of Sturgeon Bay Comprehensive Plan? ☒ Yes ☐ No
- 6 Is the proposed use/development of the license and property consistent with the City of Sturgeon Bay development plans? ☒ Yes ☐ No
- 7 Is the property zoned properly? ☒ Yes ☐ No
- 8 Does the site accomodate the City Parking Code Ordinance? ☒ Yes ☐ No
(parking not required)
- 9 Has the property been inspected by the following:
Sturgeon Bay Fire Department? ☒ Yes ☐ No
Sturgeon Bay Police Department? ☒ Yes ☐ No
Door County Sanitarian ☒ Yes ☐ No
- Explain any no answers: _____
- 10 Record of incidents for existing property: 5
- 11 How many service calls have been made to the property in the last three years? 0
- 12 What has been the nature of the calls: _____
- 13 Disorderly conduct? 0
- 14 Underage drinking? 0
- 15 Other? 0

For Staff Use:

City Clerk Office Review
Finance Office Review
Community Development Office Review
Police Department Review
Fire Department Review
City Administrator Review

Konharat
Vol
Mayor
[Signature]
[Signature]

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 8/01/22 ending: ?
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: ☐ Town of } Sturgeon Bay
☐ Village of }
☒ City of }

County of Door Aldermanic Dist. No. _____
(if required by ordinance)

Check one: ☐ Individual ☒ Limited Liability Company
☐ Partnership ☐ Corporation/Nonprofit Organization

Coming

Applicant's Wisconsin Seller's Permit Number	
FEIN-Number <u>87-3696822</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
TOTAL FEE	\$

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)

Drömhús Door County 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 full name and place of residence of each person.

President / Member Last Name <u>Weasler</u>	(First) <u>Heather</u>	(Middle Name) <u>L.</u>	Home Address (Street, City or Post Office, & Zip Code) <u>435 N. Hudson Ave. Sturgeon Bay WI 54235</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Agent Last Name <u>Weasler</u>	(First) <u>Heather</u>	(Middle Name) <u>L.</u>	Home Address (Street, City or Post Office, & Zip Code) <u>435 N. Hudson Ave SB 54235</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name Drömhús Business Phone Number 608.333.4553
2. Address of Premises 611 Jefferson St. Post Office & Zip Code 54235

3. 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.)

One room church with a storage room with one refrigerator & a 1/2 sized fridge. (Bottles of wine kegs of Beer.)

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

5. (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? _____

6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? **If yes, explain** ☐ Yes ☒ No
7. Is the applicant an employee or agent of, or acting on behalf of anyone except the named applicant? ☐ Yes ☒ No
If yes, explain.
8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? **If yes, explain** ☐ Yes ☒ No
9. (a) **Corporate/limited liability company applicants only:** Insert state W: and date 11/23/21 of registration.
- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? **If yes, explain** ☐ 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? **If yes, explain.** ☐ Yes ☒ No
10. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277] ☒ Yes ☐ No
11. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No
12. 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 signer. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000. Signer agrees 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, or one member of a partnership applicant must sign; one corporate officer, one member/manager 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.

Contact Person's Name (Last, First, M.I.) <u>Weasles, Heather L.</u>	Title/Member <u>Owner</u>	Date <u>7/25/2022</u>
Signature <u>[Signature]</u>	Phone Number <u>608.333.4553</u>	Email Address <u>drambusdorconty@gmail.com</u>

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>7/27/2022</u>	Date reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Weasler		Heather		L.	
Home Address (street/route)	Post Office	City	State	Zip Code	
435 N. Hudson Ave	51235	Surgeon Bay	WI	54235	
Home Phone Number	Age	Date of Birth	Place of Birth		
608.333.4553	49	9/10/72	Elmhurst, IL		

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.

☒ Heather Weasler of Drimhus Door County 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? 2008 (14 years)

2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? ☐ Yes ☒ No
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)

3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? ☐ Yes ☒ No
If yes, describe status of charges pending.

4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? ☐ Yes ☒ No
If yes, identify.

(Name, Location and Type of License/Permit)

5. Do you hold and/or are you an officer, director, stockholder, agent or employee 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.

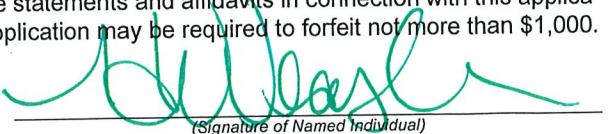
(Name of Wholesale Licensee or Permittee)

(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
Shorewest	333 3rd Ave	Y22	Present
Emplc	Employer's Address	Employed From	To
Heal Broker	Online	Y21	Y22

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.


(Signature of Named Individual)

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 an officer of the corporation/organization or one member/manager of a limited liability company and the recommendation made by the proper local official.

To the governing body of: ☐ Town ☒ Village ☒ City of Sturgeon Bay County of Door

The undersigned duly authorized officer/member/manager of Dromhus
(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 Dromhus Door County
(Trade Name)
located at 611 Jefferson Street

appoints Heather Weasler
(Name of Appointed Agent)
435 W. Hudson Ave, Sturgeon Bay
(Home Address of Appointed Agent) 54235

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?

☒ No ☐ Yes 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? 14 years

Place of residence last year Sturgeon Bay

For: Dromhus Door County
(Name of Corporation / Organization / Limited Liability Company)

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

Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

I, Heather Weasler, 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] 7/27/22
(Signature of Agent) (Date)
435 W. Hudson Ave Sturgeon Bay WI
(Home Address of Agent)

Agent's age 49
Date of birth 9/10/72

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 _____ by _____ Title _____
(Date) (Signature of Proper Local Official) (Town Chair, Village President, Police Chief)

CITY OF STURGEON BAY
SUPPLEMENTAL CLASS B LIQUOR LICENSE APPLICATION

The Supplemental Application is the applicant's opportunity to explain their business plan and why their plan is best suited for a Combination Class B Liquor and Beer license.

The Supplemental Application will be reviewed by members of the Community Protection and Services Committee.

Applicant Must Complete:

- 1 Property Address: 611 Jefferson Street Sturgeon Bay
- 2 Is the Class B Liquor License being applied to a new business development? ☒ Yes ☐ No
If yes, provide details about proposed use (attach additional pages if need)
Wine / Beer tastings / open 4 days a week
Wed Thurs - Sunday 5-8pm
Charcuterie boards, small nibbles. cooking
- 3 Is the Class B Liquor License being applied to an existing location? ☒ Yes ☐ No
If yes, provide details about any changes in scope or operation of existing business: (attach additional pages if need)
Right now it's an event space. I
would like to add services to the clients
(add wine packages etc.)
- 4 Number of years this business has been in existence: 1
- 5 Number of years applicant has been conducting business in the community: 1
- 6 Hours of operation? 5-8pm weekdays / weekends
Full time operation: ☒ Yes ☐ No
Seasonal operation: ☒ Yes ☐ No
If yes to seasonal, list the anticipated number of days of operation during license year: still up in the air probable
Thur-S
- 7 Will the business be open to the general public during normal operations? ☒ Yes ☐ No
- 8 Number of proposed seats: 30 inside
Attach Floor Plan 10-15 outside maybe
- 9 Explain your internal control procedures: (attach additional pages if needed)
Na
- 10 Explain your policies/procedures to train employees regarding serving alcohol:
Attach policy or additional pages if needed.
I will be serving till further notice
maybe one/two employees.
- 11 Size of business including but not limited to:
Number of full-time jobs created (or full time equivalents) 0-1
Jobs retained 1-2
Annual Sales Tax Revenue anticipated Na
Anticipated capacity of business (e.g. number of seats, patron capacity) 30-50 depending
(indoor/outdoor)

- 12 Current assessed value of improvements on property: 225,000
Will improvements (renovations/additions) be made to the property if license issued: ☒ Yes ☐ No
If yes, anticipated expected value 300,000

- 13 How will issuance of this license enhance the quality of experience in the City of Sturgeon Bay?
(Attach additional pages if needed) It will provide people with a lovely place to sit outside celebrate, socialize, try fine wines/cheeses

I, the undersigned, hereby state that the information contained in this application is true and correct.

Signature [Signature] Date 7/27/2022

City Clerk office Use Only:

Date Received: _____

City Staff to Complete:

- 1 Date of application: 7/27/22
Is the application complete and in order: ☒ Yes ☐ No
- 2 Are there any outstanding delinquent taxes on the property? ☐ Yes ☒ No
If yes, explain: _____
- 3 Are there any outstanding delinquent taxes for the individual/corporation applying? ☐ Yes ☒ No
If yes, explain: _____
- 4 Any outstanding/delinquent payments owed to the City or SBU? ^{NO - NO} ☐ Yes ☒ No
If yes, explain: _____
- 5 Is the location consistent with the City of Sturgeon Bay Comprehensive Plan? ☒ Yes ☐ No
- 6 Is the proposed use/development of the license and property consistent with the City of Sturgeon Bay development plans? ☒ Yes ☐ No
- 7 Is the property zoned properly? ☒ Yes ☐ No
- 8 Does the site accomodate the City Parking Code Ordinance? ☒ Yes ☐ No
↳ depends on seating plan and other factors
- 9 Has the property been inspected by the following:
Sturgeon Bay Fire Department? ☒ Yes ☐ No
Sturgeon Bay Police Department? ☒ Yes ☐ No
Door County Sanitarian ☐ Yes ☒ No

Explain any no answers: Upon issuance Sanitarian signs off.
- 10 Record of incidents for existing property: Ø
- 11 How many service calls have been made to the property in the last three years? Ø
- 12 What has been the nature of the calls: _____
- 13 Disorderly conduct? Ø
- 14 Underage drinking? Ø
- 15 Other? Ø

For Staff Use:

City Clerk Office Review
Finance Office Review
Community Development Office Review
Police Department Review
Fire Department Review
City Administrator Review

Glennhardt
WPC
M. Apple
[Signature]
[Signature]

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 7/27/22 ending: 6/30/23
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: ☐ Town of ☐ Village of ☒ City of Sturgeon Bay

County of Door Aldermanic Dist. No. _____
(if required by ordinance)

Check one: ☐ Individual ☒ Limited Liability Company
☐ Partnership ☐ Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number <u>456-1027260316-03</u>	
FEIN Number <u>11-3725886</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
TOTAL FEE	\$

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)

Hot Tamales, 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 full name and place of residence of each person.

President / Member Last Name <u>Krause</u>	(First) <u>LeeAnn</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>3859 County Rd E Fish Creek, WI 54212</u>
Vice President / Member Last Name <u>Czechan</u>	(First) <u>Jane</u>	(Middle Name) <u>M</u>	Home Address (Street, City or Post Office, & Zip Code) <u>934 Quincy St. St Bay 54235</u>
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Agent Last Name <u>Krause</u>	(First) <u>LeeAnn</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>3859 County Rd E Fish Creek</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name Hot Tamales Business Phone Number 920-746-0600

2. Address of Premises 26 E Oak St. Post Office & Zip Code St Bay 54235

3. 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.)

Dining Room, Back Shed, walk In cooler, Kitchen, waitress Station

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

5. (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? Hot Tamales, LLC (Beer)

6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? **If yes, explain** ☐ Yes ☒ No
7. Is the applicant an employee or agent of, or acting on behalf of anyone except the named applicant? ☐ Yes ☒ No
If yes, explain.
8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? **If yes, explain** ☐ Yes ☒ No
9. (a) **Corporate/limited liability company applicants only:** Insert state WI and date 08/04 of registration.
- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? **If yes, explain** ☐ 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? **If yes, explain.** ☐ Yes ☒ No
10. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277] ☒ Yes ☐ No
11. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No
12. 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 signer. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000. Signer agrees 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, or one member of a partnership applicant must sign; one corporate officer, one member/manager 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.

Contact Person's Name (Last, First, M.I.) <u>LeeAnn Krause</u>	Title/Member <u>Co-owner</u>	Date <u>7/27/22</u>
Signature <u>LeeAnn Krause</u>	Phone Number <u>920-746-0600</u>	Email Address <u>hottamates2004@gmail.com</u>

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>7/28/2022</u>	Date reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name) Krause		(first name) LeAnn		(middle name)	
Home Address (street/route) 3859 County F		Post Office PO Box 243	City Fish Creek	State WI	Zip Code 54212
Home Phone Number 920-493-2277		Age 60	Date of Birth 3/28/48	Place of Birth Door	

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

☐ Applying for an alcohol beverage license as an individual.

☐ A member of a partnership which is making application for an alcohol beverage license.

☒ President of Hot Tamalee (Name of Corporation, Limited Liability Company or Nonprofit Organization)
(Officer / Director / Member / Manager / Agent)

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? 60
- 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.)
Dwi - 346.63 6/9/15 Fine 887.50, 5/15/15 346.63 1555.00 2/13/18
- 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 employee 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 C & C Club	Employer's Address Fish Creek	Employed From 4/85	To 6/03
Employer's Name Skull Top Inn	Employer's Address Fish Creek	Employed From 7/94	To 2/03

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

LeAnn Krause
(Signature of Named Individual)

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name) <u>Clegh</u> (first name) <u>June</u> (middle name)	
Home Address (street/route) <u>934 Quincey</u>	Post Office <u>St Bay</u> State <u>WI</u> Zip Code <u>54235</u>
Home Phone Number <u>920-495-3422</u>	Age <u>55</u> Date of Birth <u>6/5/62</u> Place of Birth <u>Milw.</u>

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.

☒ Vice President of Art Tameles, 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? _____
- 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.

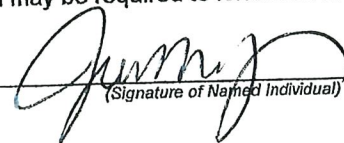
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? ☐ Yes ☒ No
If yes, identify. _____
(Name, Location and Type of License/Permit)

- Do you hold and/or are you an officer, director, stockholder, agent or employee 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 <u>C-C Club</u>	Employer's Address <u>Fish Creek</u>	Employed From <u>1/93</u>	To <u>9/04</u>
Employer's Name <u>United Casino</u>	Employer's Address <u>Green Bay</u>	Employed From <u>5/97</u>	To <u>1/02</u>

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.


(Signature of Named Individual)

Case summary

Filing date
01-17-2002

Case type
Criminal

Case status
Closed

Defendant date of birth
06-05-1967

Address
934 Quincy Street,
Sturgeon Bay, WI 54235

Branch ID
1

DA case number

Charges

Responsible official Ehlers, D. Todd	Prosecuting agency District Attorney	Prosecuting agency attorney Funnell, Timothy Wayne	Printable version
--	--	--	-------------------

Defendant owes the court: \$0.00

Count no.	Statute	Description	Severity	Disposition
1	961.41(1)(h)1	Manufacture/Deliver THC (<=500g)	Felony U	Dismissed-Read In-Pr
Modifier:	961.14(4)(t)	SH. I Drug= "THC", including Marijuana		
Modifier:	961.50(1)	Suspend/Revoke License-Drug Violations		
Modifier:	961.48	Second/Subsequent Drug Offense		
Modifier:	939.05	Party to a Crime		
2	961.41(1)(h)1	Manufacture/Deliver THC (<=500g)	Felony U	Dismissed-Read In-Pr
Modifier:	961.14(4)(t)	SH. I Drug= "THC", including Marijuana		
Modifier:	961.50(1)	Suspend/Revoke License-Drug Violations		
Modifier:	961.48	Second/Subsequent Drug Offense		
Modifier:	939.05	Party to a Crime		
3	961.41(1)(h)1	Manufacture/Deliver THC (<=500g)	Felony U	Dismissed-Read In-Pr
Modifier:	961.14(4)(t)	SH. I Drug= "THC", including Marijuana		
Modifier:	961.50(1)	Suspend/Revoke License-Drug Violations		
Modifier:	961.49(1)(b)6	Dist/Deliver Drugs On/Near School		
Modifier:	961.41(1x)	Conspire to Manufacture/Deliver Drugs		
Modifier:	961.49(2)(am)	Penalty-Dist/Deliver SH. I,II Drugs		
Modifier:	961.48	Second/Subsequent Drug Offense		
Modifier:	939.05	Party to a Crime		
4	961.41(1)(h)1	Manufacture/Deliver THC (<=500g)	Felony U	Guilty / No Contest
5	961.41(1)(cm)1	Manuf/Deliver Cocaine (<=5g)	Felony U	Guilty / No Contest
6	961.14(4)(am)	Delivery of MDMA	Felony U	Dismissed-Read In-Pr
Modifier:	961.50(1)	Suspend/Revoke License-Drug Violations		
Modifier:	961.49(2)(am)	Penalty-Dist/Deliver SH. I,II Drugs		
Modifier:	961.48	Second/Subsequent Drug Offense		
Modifier:	961.49(1)(b)6	Dist/Deliver Drugs On/Near School		
Modifier:	961.16(2)(b)	SH.II Drug=Coca Leaves & Salts		
Modifier:	939.05	Party to a Crime		
7	961.14(4)(am)	Delivery of MDMA	Felony U	Guilty / No Contest



Defendant

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 an officer of the corporation/organization or one member/manager of a limited liability company and the recommendation made by the proper local official.

To the governing body of: ☐ Town ☐ Village ☒ City of Sturgeon Bay County of Door
The undersigned duly authorized officer/member/manager of Hot Tamales, LLC
(Registered Name of Corporation / Organization of Limited Liability Company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as

Hot Tamales, LLC (Trade Name)
located at 26 E Oak St. Sturgeon Bay, WI 54230
appoints LeeAnn Krause (Name of Appointed Agent)
3859 County Rd F Fish Creek, WI 54212 (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? 60 yrs

Place of residence last year 3859 County Rd F Fish Creek

For: Hot Tamales, LLC
(Name of Corporation / Organization / Limited Liability Company)

By: LeeAnn Krause
(Signature of Officer / Member / Manager)

Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

ACCEPTANCE BY AGENT

I, LeeAnn Krause, 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.

LeeAnn Krause 7/27/22 Agent's age 60
(Signature of Agent) (Date)
3859 County Rd F Fish Creek, WI 54212 Date of birth 3/28/62
(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 _____ by _____ Title _____
(Date) (Signature of Proper Local Official) (Town Chair, Village President, Police Chief)

Wisconsin Department of Revenue

CITY OF STURGEON BAY
SUPPLEMENTAL CLASS B LIQUOR LICENSE APPLICATION

The Supplemental Application is the applicant's opportunity to explain their business plan and why their plan is best suited for a Combination Class B Liquor and Beer license.

The Supplemental Application will be reviewed by members of the Community Protection and Services Committee.

Applicant Must Complete:

- 1 Property Address: 26 E Oak St St. Bay
- 2 Is the Class B Liquor License being applied to a new business development? ☐ Yes ☒ No
If yes, provide details about proposed use (attach additional pages if need)

- 3 Is the Class B Liquor License being applied to an existing location? ☒ Yes ☐ No
If yes, provide details about any changes in scope or operation of existing business: (attach additional pages if need)
Our plan outside seating and a bar inside

- 4 Number of years this business has been in existence: 18 yrs in Sept
- 5 Number of years applicant has been conducting business in the community: 18 yrs
- 6 Hours of operation? ~~8am-11pm~~ 8am-Depends on License
Full time operation: ☒ Yes ☐ No
Seasonal operation: ☐ Yes ☒ No
If yes to seasonal, list the anticipated number of days of operation during license year: _____
- 7 Will the business be open to the general public during during normal operations? ☒ Yes ☐ No
- 8 Number of proposed seats: 40
Attach Floor Plan
- 9 Explain your internal control procedures: (attach additional pages if needed)

- 10 Explain your policies/procedures to train employees regarding serving alcohol:
Attach policy or additional pages if needed.
go to serving liquor license and Food & set up
a guide for Servers

- 11 Size of business including but not limited to:
Number of full-time jobs created (or full time equivalents) 5 or 6
Jobs retained 4
Annual Sales Tax Revenue anticipated Double
Anticipated capacity of business (e.g. number of seats, patron capacity) 70+ outside when finished
40 more

12 Current assessed value of improvements on property: 200,000
Will improvements (renovations/additions) be made to the property if license issued: ☒ Yes ☐ No
If yes, anticipated expected value 50,000

13 How will issuance of this license enhance the quality of experience in the City of Sturgeon Bay?
(Attach additional pages if needed) Give another Quality Rest
on the west side See Attachment #13

I, the undersigned, hereby state that the information contained in this application is true and correct.

Signature

Leckan Kenuse

Date

7/28/22

City Clerk office Use Only:

Date Received: _____

City Staff to Complete:

- 1 Date of application: 7/27/22
Is the application complete and in order: ☒ Yes ☐ No
- 2 Are there any outstanding delinquent taxes on the property? ☐ Yes ☒ No
If yes, explain: _____
- 3 Are there any outstanding delinquent taxes for the individual/corporation applying? ☐ Yes ☒ No
If yes, explain: _____
- 4 Any outstanding/delinquent payments owed to the City or SBU? ☐ Yes ☒ No
If yes, explain: _____
- 5 Is the location consistent with the City of Sturgeon Bay Comprehensive Plan? ☒ Yes ☐ No
- 6 Is the proposed use/development of the license and property consistent with the City of Sturgeon Bay development plans? ☒ Yes ☐ No (T10 #2)
- 7 Is the property zoned properly? ☒ Yes ☐ No
- 8 Does the site accomodate the City Parking Code Ordinance? ☒ Yes ☐ No
(parking not required)
- 9 Has the property been inspected by the following:
Sturgeon Bay Fire Department? ☒ Yes ☐ No
Sturgeon Bay Police Department? ☒ Yes ☐ No
Door County Sanitarian ☒ Yes ☐ No
- Explain any no answers: _____
- 10 Record of incidents for existing property: ☐
- 11 How many service calls have been made to the property in the last three years? 2
- 12 What has been the nature of the calls: Noise Complaint + Carried Asset (Compliment)
- 13 Disorderly conduct? ☒
- 14 Underage drinking? ☒
- 15 Other? _____

For Staff Use:

City Clerk Office Review
Finance Office Review
Community Development Office Review
Police Department Review
Fire Department Review
City Administrator Review

Stephens
W.C.
Marty Skiff
[Signature]
[Signature]

West side is an upcoming area in Sturgeon Bay. Hot Tamales has been serving this community for 18 years. The outside space is perfect for a patio seating and will increase the capacity of how many people will be seated. Also west side has less to offer than east side; it will give life and fun to the west side for Hot Tamales for other businesses to thrive. When we do decide to sell it will increase the value of our building for the next passionate entrepreneur. We are one of the longest businesses that have been waiting for a license.

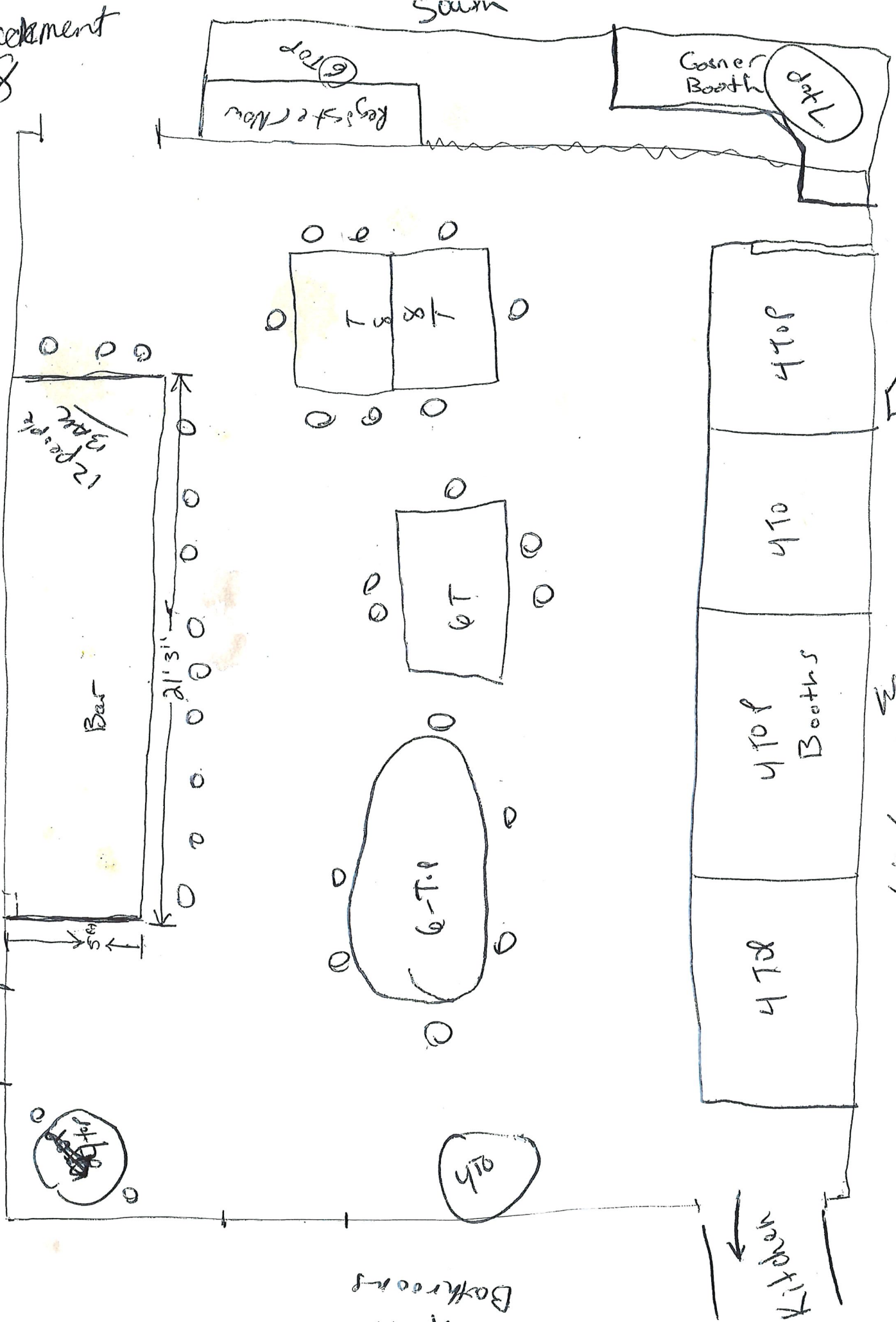
Our count is: East side has 14 licenses and west side has 4 licenses.

Attachment #8

East

South

West
Window



Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 06/01/2022 ending: 06/30/23
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: ☐ Town of ☐ Village of ☒ City of Sturgeon Bay

County of Door Aldermanic Dist. No. _____
(If required by ordinance)

Check one: ☐ Individual ☒ Limited Liability Company
☐ Partnership ☐ Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number <u>Business opens more than 180 days from today - TBD</u>	
FEIN Number <u>86-1930105</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (older only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
TOTAL FEE	\$

Name (Individual / partners give last name, first, middle; corporations / limited liability companies give registered name)
SB Plaza, 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 full name and place of residence of each person.

President / Member Last Name <u>GENTRY</u>	(First) <u>JENNIFER</u>	(Middle Name) <u>LYNN</u>	Home Address (Street, City or Post Office, & Zip Code) <u>6140 N. Shoreside Ctr. Sturgeon Bay, WI 54235</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Agent Last Name <u>GENTRY</u>	(First) <u>JENNIFER</u>	(Middle Name) <u>LYNN</u>	Home Address (Street, City or Post Office, & Zip Code) <u>6140 N. Shoreside Ctr. Sturgeon Bay, WI 54235</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name Sturgeon Bay Terrace Business Phone Number 608-556-4356
2. Address of Premises 100 E Maple Street Post Office & Zip Code Sturgeon Bay, WI 54235

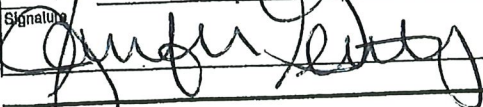
3. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and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

Building is not yet built but slated for completion in May of 2023.
Premises will consist of an approximately 3000 square foot single
story build. First floor bar area consists of approx 700 sq ft of
public space and 400 sq ft of private storage that will be controlled
with locking doors. First floor bar opens to an outdoor patio with
improvements such as hard seating and planters. Outdoor space continues into adjacent
public parkland. Rooftop consists of an approx 400 sq ft patio and service center.

4. Legal description (omit if street address is given above): NA
5. (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? NA

6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? If yes, explain ☐ Yes ☒ No
7. Is the applicant an employee or agent of, or acting on behalf of anyone except the named applicant? ☐ Yes ☒ No
If yes, explain.
8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? If yes, explain ☐ Yes ☒ No
9. (a) Corporate/limited liability company applicants only: Insert state WI and date 02/08/21 of registration.
- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? If yes, explain ☐ 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? If yes, explain. ☐ Yes ☒ No
10. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277] ☒ Yes ☐ No
11. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No
12. 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 signer. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000. Signer agrees 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, or one member of a partnership applicant must sign; one corporate officer, one member/manager 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.

Contact Person's Name (Last, First, M.I.) <u>GENTRY, JENNIFER L.</u>	Title/Member <u>Sole Member</u>	Date <u>7/27/22</u>
Signature 	Phone Number <u>608-556-4356</u>	Email Address <u>JLGENTRY9@gmail.com</u>

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>7/28/22</u>	Date reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name) GENTRY		(first name) JENNIFER		(middle name) LYNN	
Home Address (street/route) 6140 N. ShoreSide Cir.		Post Office		City Sturgeon Bay	State WI Zip Code 54235
Home Phone Number 608-556-4356		Age 37	Date of Birth 04/19/85		Place of Birth Green Bay, WI

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.
- ☒ Sole member of SB Plaza LLC, DBA Sturgeon Bay Terrace
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)
- which is making application for an alcohol beverage license.

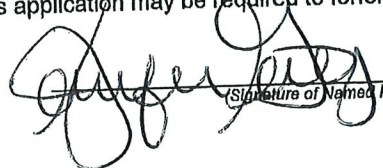
The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 37 Years
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? ☐ Yes ☒ No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? ☐ Yes ☒ No
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? ☐ Yes ☒ No
 If yes, identify. (Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employee 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 One Barrel Brewing Company	Employer's Address 4633 Market Street, Egg Harbor, WI 54209	Employed From Jan 2022	To June 2022
Employer's Name Bass & Girls Club of Door County	Employer's Address 55 South 3rd Ave, Sturgeon Bay, WI 54235	Employed From June 2021	To Jan 2022

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.


(Signature of Named Individual)

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 an officer of the corporation/organization or one member/manager of a limited liability company and the recommendation made by the proper local official.

To the governing body of: ☐ Town ☐ Village ☒ City of Sturgeon Bay, WI County of Door

The undersigned duly authorized officer/member/manager of SB Plaza, 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

Sturgeon Bay Terrace (Trade Name)

located at 100 E. Maple Street, Sturgeon Bay, WI 54235

appoints Jennifer Lynn Gentry
(Name of Appointed Agent)

6140 N. Shoreside Cir. Sturgeon Bay, WI 54235
(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? 37 Years

Place of residence last year 6140 N. Shoreside Cir. Sturgeon Bay, WI 54235

For: SB Plaza, LLC
(Name of Corporation / Organization / Limited Liability Company)

By: Jennifer Gentry
(Signature of Officer / Member / Manager)

Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

ACCEPTANCE BY AGENT

I, Jennifer Lynn Gentry, 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.

Jennifer Gentry 07/27/22 Agent's age 37
(Signature of Agent) (Date)
6140 N. Shoreside Cir. Sturgeon Bay, WI 54235 Date of birth 4/19/85
(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 _____ by _____ Title _____
(Date) (Signature of Proper Local Official) (Town Chair, Village President, Police Chief)

Wisconsin Department of Revenue

CITY OF STURGEON BAY
SUPPLEMENTAL CLASS B LIQUOR LICENSE APPLICATION

The Supplemental Application is the applicant's opportunity to explain their business plan and why their plan is best suited for a Combination Class B Liquor and Beer license.

The Supplemental Application will be reviewed by members of the Community Protection and Services Committee.

Applicant Must Complete:

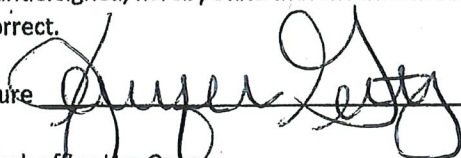
- 1 Property Address: 100 E. Maple St., Sturgeon Bay, WI 54235
- 2 Is the Class B Liquor License being applied to a new business development? ☒ Yes ☐ No
If yes, provide details about proposed use (attach additional pages if need)
New Development at the West Waterfront - See Attached Business Plan and Site Renderings, which are Not to be Made Public Record without Consent.
- 3 Is the Class B Liquor License being applied to an existing location? ☐ Yes ☒ No
If yes, provide details about any changes in scope or operation of existing business: (attach additional pages if need)
NA
- 4 Number of years this business has been in existence: New Business
- 5 Number of years applicant has been conducting business in the community: 0
- 6 Hours of operation? Summer: 11am-10pm Daily / Winter 12pm-8pm Fri-Sun
Full time operation: ☒ Yes ☐ No
Seasonal operation: ☐ Yes ☒ No
If yes to seasonal, list the anticipated number of days of operation during license year: NA
- 7 Will the business be open to the general public during normal operations? ☒ Yes ☐ No
- 8 Number of proposed seats: First Floor: 35 Rooftop: 49 Patio: 80 Seasonally Parkland: Available for seating but undetermined
Attach Floor Plan - Yes
- 9 Explain your internal control procedures: (attach additional pages if needed)
See Attached Business Plan, Pages 7 and 8
- 10 Explain your policies/procedures to train employees regarding serving alcohol:
Attach policy or additional pages if needed.
See Attached Business Plan Pages 7 and 8
- 11 Size of business including but not limited to:
Number of full-time jobs created (or full time equivalents) 20
Jobs retained NA
Annual Sales Tax Revenue anticipated \$1 million
Anticipated capacity of business (e.g. number of seats, patron capacity) 178 Indoor and Out (seasonally)

- 12 Current assessed value of improvements on property: 0 - Vacant lot
Will improvements (renovations/additions) be made to the property if license issued: ☒ Yes ☐ No
If yes, anticipated expected value \$2.6 million

- 13 How will issuance of this license enhance the quality of experience in the City of Sturgeon Bay?
(Attach additional pages if needed) This Project Activates The west waterfront and occupies a Vacant lot Situated on a Contaminated Brownfield. It is Critical that This project move forward to allow The City to Continue to grow and develop.

I, the undersigned, hereby state that the information contained in this application is true and correct.

Signature



Date

7/27/22

City Clerk office Use Only:

Date Received: _____

City Staff to Complete:

- 1 Date of application: 7/27/22
Is the application complete and in order: ☒ Yes ☐ No
- 2 Are there any outstanding delinquent taxes on the property? ☐ Yes ☒ No
If yes, explain: _____
- 3 Are there any outstanding delinquent taxes for the individual/corporation applying? ☐ Yes ☒ No
If yes, explain: _____
- 4 Any outstanding/delinquent payments owed to the City or SBU? ^{-NO -NO} ☐ Yes ☒ No
If yes, explain: _____
- 5 Is the location consistent with the City of Sturgeon Bay Comprehensive Plan? ☒ Yes ☐ No
- 6 Is the proposed use/development of the license and property consistent with the City of Sturgeon Bay development plans? ☒ Yes ☐ No (TID #4)
- 7 Is the property zoned properly? ☒ Yes ☐ No
- 8 Does the site accomodate the City Parking Code Ordinance? ☒ Yes ☐ No
(parking not required)
- 9 Has the property been inspected by the following:
Sturgeon Bay Fire Department? ☐ Yes ☒ No
Sturgeon Bay Police Department? ☒ Yes ☐ No
Door County Sanitarian ☒ Yes ☒ No
Explain any no answers: No building to inspect - vacant land - VD
- 10 Record of incidents for existing property: ☐
- 11 How many service calls have been made to the property in the last three years? ☒ NEW Construction
- 12 What has been the nature of the calls: _____
- 13 Disorderly conduct? ☒
- 14 Underage drinking? ☒
- 15 Other? ☒

For Staff Use:

City Clerk Office Review
Finance Office Review
Community Development Office Review
Police Department Review
Fire Department Review
City Administrator Review

Skinnerhart
VAC
M. J. [Signature]
[Signature]
[Signature]

Sturgeon Bay Plaza

(A Tenant of WWP Development, LLC)

6140 N. Shoreside Cir • Sturgeon Bay, WI 54235 • West Waterfront Development Site B

Business Plan Submitted by Jennifer Gentry
Jlgentry9@gmail.com • 608-516-4356

"I am a firm believer in the people. If given the truth, they can be depended upon to meet any national crisis. The great point is to bring them the real facts, and beer."

- Abraham Lincoln

1. Business Description

Sturgeon Bay Plaza will be a one-of-a-kind community gathering place that will blend our privately owned service and concessions business with Sturgeon Bay's West Waterfront Promenade. Additionally, the building will have a retail/deli tenant and an apartment that will be used for short term rentals.

Mission Statement

SB Plaza's mission is to provide a new and attractive gathering place that ties the East and West sides of Sturgeon Bay together. We hope this renewed focus on Sturgeon Bay as a destination will drive tourism to the area as well as serve the local community. While working towards these objectives, our intention is to meet our financial goals and expand with demand. At the same time, we intend to be a responsible and positive member of the state's business community.

Company Vision

Sturgeon Bay Plaza will serve the community by offering a great setting for those that do not want to go to a sit-down restaurant but also do not want to go to a traditional bar. And there will be ample outdoor space for people looking to enjoy the Door County Summer. The building and grounds will be designed so that seasonal fluctuations in the number of customers can be managed while maintaining an intimate feel. We will cater to area residents and vacation travelers alike, offering a wide variety of beers and wines to enjoy. The building will also house a gourmet deli offering sandwiches, salads, and charcuterie and there will be infrastructure for up to five food carts as well.

2. Definition of the Market

Sturgeon Bay is a city of roughly 12,000 people straddling "mainland" Wisconsin and Northern Door County. In the Summer months the tourist population balloons to much higher levels. In 2019 Door County took in over \$5 million in room tax and there were over 500,000 "Occupied Room Nights." In addition, there are many more people who visit their seasonal or vacation homes regularly. Every one of them pass through Sturgeon Bay. Both the tourist population and locals are active participants in dining, shopping, and outdoor activities.

Outdoor Entertainment Trends

Being outside during the Summer months in the Midwest is a time-honored tradition after the cold and barren Winter months in our part of the world. With the onset of COVID-19, outdoor entertainment has become almost an essential part of human existence! Because of the already seasonal nature of tourism in Door County, it is easier to plan, and thus succeed in our current environment with a well-planned outdoor-centric entertainment option.

3. Target Market

There are two distinct consumer targets in Sturgeon Bay and throughout the greater Door County area. Local residents provide a base of customers and represent the majority of business in during the cooler months. Tourists from other parts of the of the state and throughout the Midwest, particularly Chicago, make up the bulk of business during the warmer months and account for the lion's share of revenue in Door County. One major benefit of this influx of tourist dollars is that the infrastructure they help pay for can be enjoyed by local residents. In fact, many of the unique events and activities we plan to provide – like Movie Nights and Bocce Ball Leagues – will be enjoyed by the local community first, and travelers will get to enjoy them too.

Our Customers

Area Residents – Sturgeon Bay and Northern Door County maintain many year-round residents. It is our hope that these residents will visit our tap room when they are looking for a place that is not a restaurant and also not quite a bar.

Vacationing Families – Our other business ventures have shown the popularity of a nicely landscaped open-air plaza with casual dining options. As with year-round residents, vacationing families are seeking out a place to socialize, dine, and drink that is less formal than a sit-down restaurant and more family friendly than a tavern. We have found this type of customer to be underserved in Door County so, when given the opportunity to visit a place like Sturgeon Bay Plaza, they come in droves.

Other Vacationers – Young professionals, couples, wedding parties, and adventurers all love enjoying an adult beverage on a nice patio overlooking the water. Many of them stay in Sturgeon Bay and travel North to visit other parts of the County during the day. With an amenity such as ours, many will stay put and spend their days in town – and on our rooftop patio or in the park overlooking the water.

Market Location

Location is a key factor in the success of any business. We selected Sturgeon Bay, specifically the West Waterfront, because there are more rooms for rent in the City than in any other area of the County. Historically, however, the many people who stay in Sturgeon Bay leave during the day to explore other areas of the County. With this project we will offer a very good reason for people to stay put and enjoy all that we have to offer. Additionally, there are many complimentary businesses and activities in the vicinity. Once the area is fully activated, the ability to walk over two unique bridges to visit a charming Main Street (3rd Ave.), two restaurants with patios, a vibrant Maritime Museum, and watch the sunset, all combine to make this location very attractive.

4. Competition

There are a number of bars and restaurants in Sturgeon Bay that offer medium to large scale outdoor entertainment. Most notably are Sonny's Pizza/Bridge Up

Brewing Co., Stone Harbor Resort, and Kitty O'Reily's Irish Pub. In addition, the City of Sturgeon Bay puts on a number of festivals, markets, live music events.

As we have seen elsewhere in Door County, the addition of another operation like ours can bring more business to the existing businesses in the area and that is our hope here - as more folks filter through SB Plaza, they may want to stop at Sonny's or Kitty's for a more substantial meal or a cocktail. Or they may want to venture across the bridge and enjoy the views from Stone Harbor. And if they are tourists, which most likely they are, if they stay in Sturgeon Bay for most of the days of their visit rather than venturing North, they are more than likely to stop at many more of the shops, restaurants, and bars in the area. So although there is competition, the old saying that a rising tide lifts all ships is especially true in Sturgeon Bay.

Competitive Advantage

Sturgeon Bay Plaza's primary competitive advantage is that it will offer an atmosphere like no other in Door County. The building and grounds offer a terraced patio, complete with firepits and plenty of flowers and trees that flow into a large public green space that extends right up to the waters of the Bay of Sturgeon Bay. Situated for excellent views of both the sunrise (although we hope customers aren't still present this early!) and sunset, working tugboats, large personal watercraft, and our iconic Old Steel Bridge opening and closing to let ships pass, one could sit on our patio all day and not get bored. If that weren't enough, we will have the County's only 3rd floor rooftop deck. Nicely appointed and shaded by a unique pergola, renting the space out for the 4th of July could very well cover two months of loan payments in a day!

A secondary advantage is, once again, that SB Plaza offers a hybrid sit-down dining / Wisconsin tavern experience. This is a somewhat new service model, but the popularity only seems to grow to meet each new business like it that opens. In fact, after we opened our Egg Harbor property, three nearby businesses invested in similar outdoor seating areas and a fourth opened an entirely new "beer garden" type business. And our Egg Harbor revenues are up for the third year in a row.

5. Marketing Plan and Strategy

Our marketing effort will be divided into 3 phases:

- 1) Opening – Print media: 1/2p Peninsula Pulse ad every week through the first Summer. Press releases: Milwaukee, Green Bay and Madison media outlets, plus to Chicago and Minneapolis media outlets via the Door County and Sturgeon Bay Visitor's Bureau. Billboards: Two Northbound right-hand boards that are currently in use for our Egg Harbor property will be given over to this property.
- 2) Ongoing – Monthly campaigns, social media, and word of mouth. This advertising will focus on weekly events like Movie Nights, bands, and visiting food truck options.

3) Point of sale – A well trained, enthusiastic staff, will increase average check size as well as enhance the customer’s overall experience and repeat business. We use simple contests to motivate staff to sell that one more item to maximize our dollars per transaction.

6. Facilities

Indoor and Outdoor Facilities

Sturgeon Bay Plaza will consist of a 3000 square foot single story building and a rooftop deck and bar. The first floor has approximately 1000 square feet of tenant space that will be occupied by a gourmet deli, the necessary bathrooms, stairwells, and elevator, and a 1000 square foot bar. The rooftop features a 650 square foot seasonal bar that is sure to be at capacity every weekend throughout the Summer months! If that weren’t enough, our vast outdoor space is the true gem of the property. As the season heats up, customers will have access to a large multi-level patio that flows into a large park and extends right down to the water, a few hundred feet away. During the peak of the season, patrons can enjoy the yard for games, food carts, movie nights, bands, and more.

Design and Layout

One of the most important factors in the success of any public gathering space is its design and feel. We have partnered with Doug Pahl at Aro Eberle Architects to plan our layout and aesthetic. We will attempt to blend in with the “working waterfront” coastal feel of Sturgeon Bay. To that end, our building’s mimics the shipyard structures that could be seen along the waterfront in years past. It also is designed to fit in with other nearby landmarks like the Maritime Museum and the Historic Granary building. The interior will feature high, open ceilings and numerous windows for a spacious feel that blurs the lines between indoor and outdoor space. Our deck and patio area will be broken up with many distinct and unique seating areas that will encourage conversation and community. We will pay close attention to traffic flow during busy times to move people in and around serving areas and multiple bars will be able to open as needed based on customer volume.

Hours of Operation

Hours will vary seasonally and will be adjusted as needed. We are currently planning on operating during the following hours:

Off Season – Friday thru Sunday 12pm-8pm.

High Season – Sunday thru Thurs; 11am-10pm. Friday and Saturday; 11am-11pm

Parking

The City of Sturgeon Bay has agreed to provide an approximately 40-spot parking lot in public land adjacent to our building. This parking lot will connect to the public 80-spot lot at the Maritime Museum. The City also intends to activate on-street parking adjacent to SB Plaza. And there is parking for nearly 200 more vehicles across the street at the Sawyer Park Boat Launch.

7. Product and Services

Door County Beers & Worldwide Wines

We will have 12 tap lines, six of which will be dedicated to local breweries with four allocated to other craft beers and the last two earmarked for light domestic beers. Additionally, we will offer red and white wine on tap, with four varieties of each. Plus a reserve wine list for those who want something with more cache. Future hard liquor sales are also possible.

Snacks, Soda Pop, Other Food

Sturgeon Bay Plaza will rely on the gourmet deli next door as well as food carts from Door County and the Green Bay area. Currently food carts park in a gravel lot without much parking nearby so many will want to move over to our location where customers will be readily at hand. The bar itself will feature soda pop, juice, ice cream treats, and other small snacks for customers to enjoy.

Event Space

Our primary event space will be the third-floor rooftop deck. We will have the ability to rent this space, along with the apartment on the second floor for a premium, especially over holiday weekends. We also intend to streamline the process for events in the public parkland itself for bigger events like weddings. SB Plaza will be a one-stop shop for permitting, tenting, and appointing the park grounds right out front of our doors, with our restroom and bar facilities already onsite. This means ours will be one of the largest venues in all of the County. Our liquor license will allow us to sell hard liquor as well, which we are reserving for events only at this time.

8. Training and Management

Employee Training and Education

Extensive training is a top priority for all SB Plaza employees. Staff will be required to understand company policies, job duties, customer service, and products served. Employees will be given training manuals addressing and explaining these responsibilities. After a set number of shifts are completed, employees will be evaluated on their performance. Questionnaires will be used to gain better training techniques from employee experiences.

Precautions will be taken to assure that we do not serve underage patrons. Employees will be trained to check identification of all patrons who may be under the age of 35. Another important responsibility is identifying and preventing over consumption by our patrons. These practices have proven successful at other locations that we manage and will be implemented in Sturgeon Bay. Additionally, all employees will be trained on proper serving techniques, and etiquette.

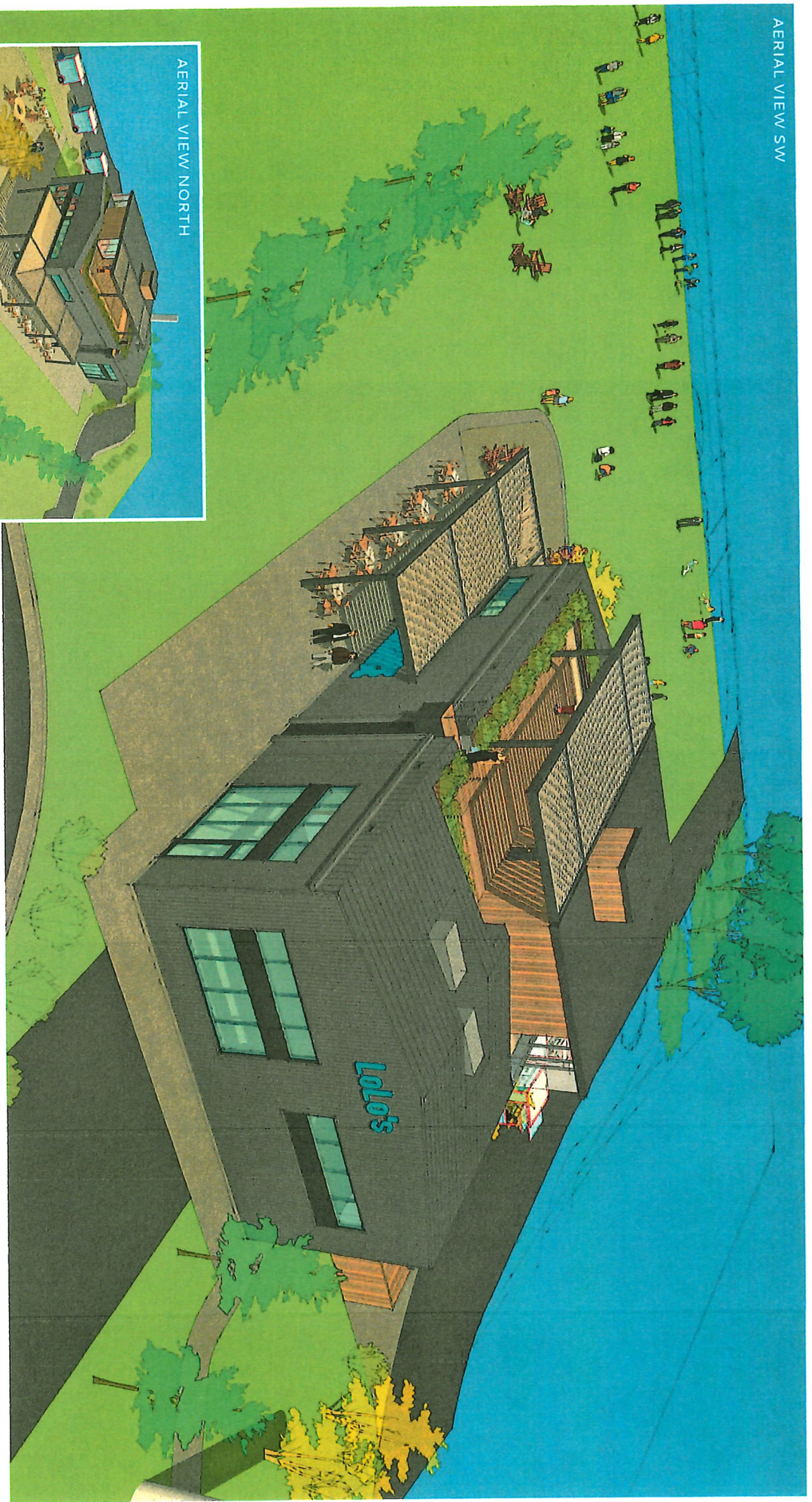
Systems and Controls

Management will implement systems of control for costs of inventory, supplies and employee payroll. Sturgeon Bay Plaza will use Point of Sale systems to monitor all items. Incentive packages will be given to management to lower variable costs. Cameras will be installed to protect the customers and staff. They will also be used to monitor employees when necessary. Detailed physical inventory will be conducted monthly. Comparative analysis will be done monthly to expediently correct any problems. Inventory turnover will be monitored to maximize products used and to minimize inventory. Strict inventory will be kept at all times; employees will be accountable for products and supplies during their shifts. Beer will be kept in a locked room/cooler where inventory accountability sheets will be completed daily.

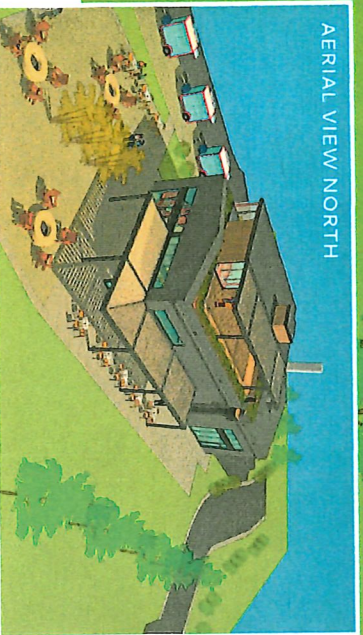
9. Long Term Development

Our long-term goal is to maximize profits and become an integral, enduring part of the Door County community by building a loyal with a consistent base of customers and employees. We here at Sturgeon Bay Plaza feel that our business will generate more interest and tourism dollars for the surrounding area and will help lead the City of Sturgeon Bay to become the first place people stop when they visit Door County.

AERIAL VIEW SW



AERIAL VIEW NORTH



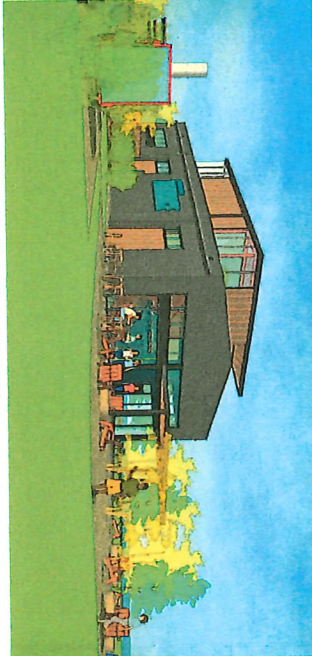
WEST ELEVATION FACING PARK



NORTH ELEVATION FACING PARK



NORTHEAST ELEVATION FACING PARK



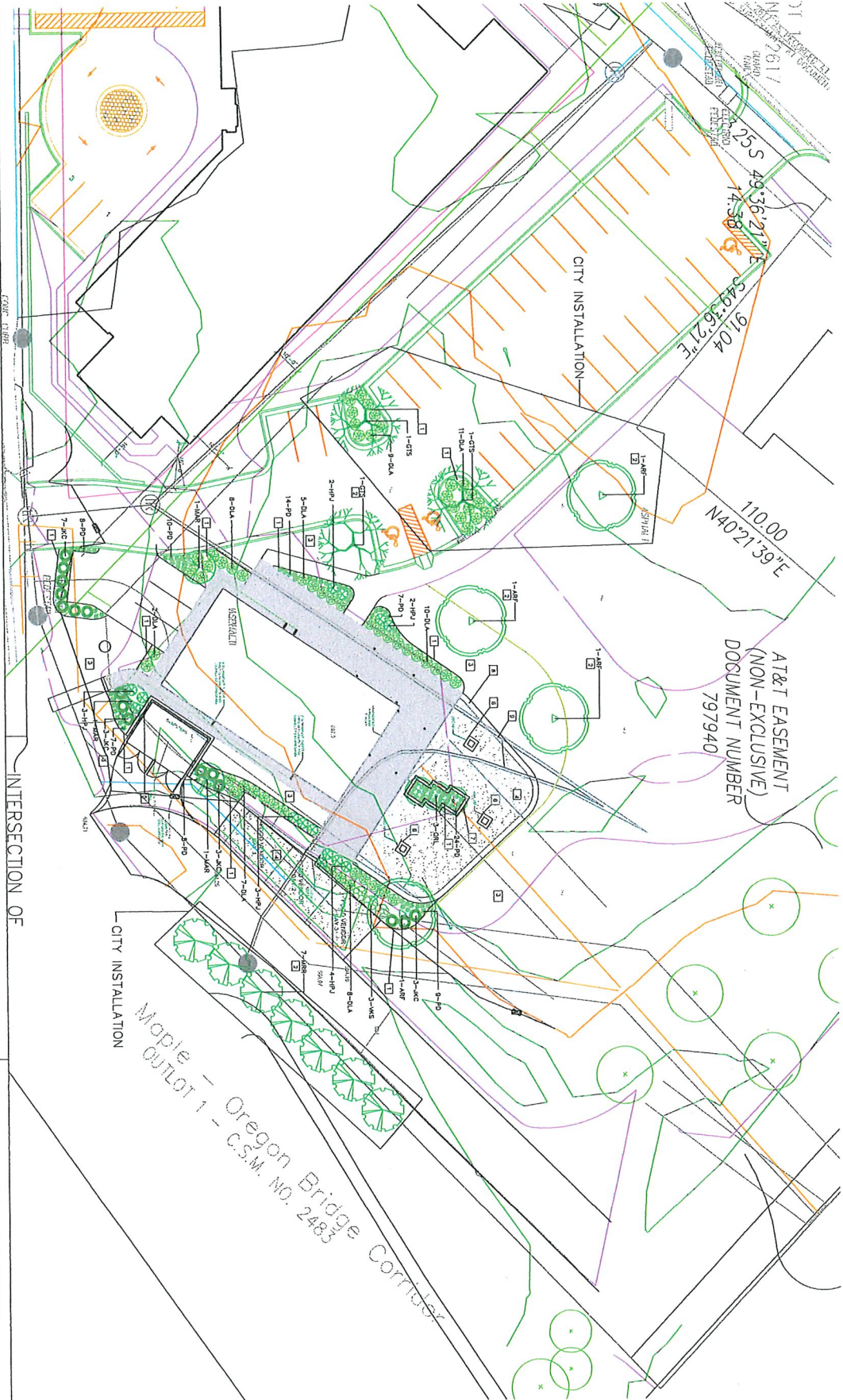
EAST ELEVATION FACING BRIDGE



CITY OF STURGEON BAY WATERFRONT RFP - STURGEON BAY PLAZA 07/19/2022

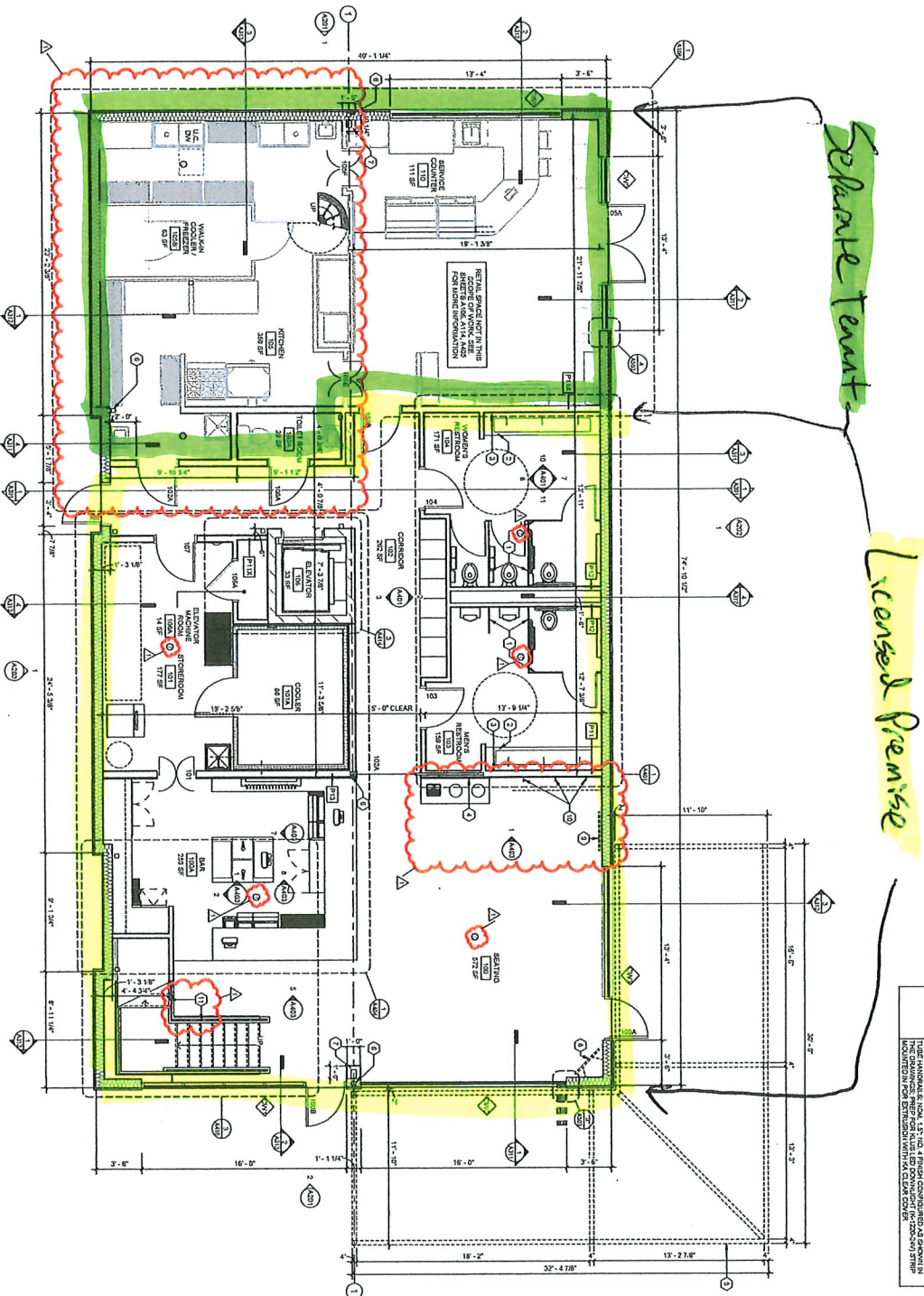


N3310 State Rd 47
Appleton, WI 54913 (920) 733-2550



Item	Description	Quantity	Unit	Notes
1	Planting of 1" ABR	100	each	
2	Planting of 2" ABR	100	each	
3	Planting of 3" ABR	100	each	
4	Planting of 4" ABR	100	each	
5	Planting of 5" ABR	100	each	
6	Planting of 6" ABR	100	each	
7	Planting of 7" ABR	100	each	
8	Planting of 8" ABR	100	each	
9	Planting of 9" ABR	100	each	
10	Planting of 10" ABR	100	each	
11	Planting of 11" ABR	100	each	
12	Planting of 12" ABR	100	each	
13	Planting of 13" ABR	100	each	
14	Planting of 14" ABR	100	each	
15	Planting of 15" ABR	100	each	
16	Planting of 16" ABR	100	each	
17	Planting of 17" ABR	100	each	
18	Planting of 18" ABR	100	each	
19	Planting of 19" ABR	100	each	
20	Planting of 20" ABR	100	each	
21	Planting of 21" ABR	100	each	
22	Planting of 22" ABR	100	each	
23	Planting of 23" ABR	100	each	
24	Planting of 24" ABR	100	each	
25	Planting of 25" ABR	100	each	
26	Planting of 26" ABR	100	each	
27	Planting of 27" ABR	100	each	
28	Planting of 28" ABR	100	each	
29	Planting of 29" ABR	100	each	
30	Planting of 30" ABR	100	each	
31	Planting of 31" ABR	100	each	
32	Planting of 32" ABR	100	each	
33	Planting of 33" ABR	100	each	
34	Planting of 34" ABR	100	each	
35	Planting of 35" ABR	100	each	
36	Planting of 36" ABR	100	each	
37	Planting of 37" ABR	100	each	
38	Planting of 38" ABR	100	each	
39	Planting of 39" ABR	100	each	
40	Planting of 40" ABR	100	each	
41	Planting of 41" ABR	100	each	
42	Planting of 42" ABR	100	each	
43	Planting of 43" ABR	100	each	
44	Planting of 44" ABR	100	each	
45	Planting of 45" ABR	100	each	
46	Planting of 46" ABR	100	each	
47	Planting of 47" ABR	100	each	
48	Planting of 48" ABR	100	each	
49	Planting of 49" ABR	100	each	
50	Planting of 50" ABR	100	each	
51	Planting of 51" ABR	100	each	
52	Planting of 52" ABR	100	each	
53	Planting of 53" ABR	100	each	
54	Planting of 54" ABR	100	each	
55	Planting of 55" ABR	100	each	
56	Planting of 56" ABR	100	each	
57	Planting of 57" ABR	100	each	
58	Planting of 58" ABR	100	each	
59	Planting of 59" ABR	100	each	
60	Planting of 60" ABR	100	each	
61	Planting of 61" ABR	100	each	
62	Planting of 62" ABR	100	each	
63	Planting of 63" ABR	100	each	
64	Planting of 64" ABR	100	each	
65	Planting of 65" ABR	100	each	
66	Planting of 66" ABR	100	each	
67	Planting of 67" ABR	100	each	
68	Planting of 68" ABR	100	each	
69	Planting of 69" ABR	100	each	
70	Planting of 70" ABR	100	each	
71	Planting of 71" ABR	100	each	
72	Planting of 72" ABR	100	each	
73	Planting of 73" ABR	100	each	
74	Planting of 74" ABR	100	each	
75	Planting of 75" ABR	100	each	
76	Planting of 76" ABR	100	each	
77	Planting of 77" ABR	100	each	
78	Planting of 78" ABR	100	each	
79	Planting of 79" ABR	100	each	
80	Planting of 80" ABR	100	each	
81	Planting of 81" ABR	100	each	
82	Planting of 82" ABR	100	each	
83	Planting of 83" ABR	100	each	
84	Planting of 84" ABR	100	each	
85	Planting of 85" ABR	100	each	
86	Planting of 86" ABR	100	each	
87	Planting of 87" ABR	100	each	
88	Planting of 88" ABR	100	each	
89	Planting of 89" ABR	100	each	
90	Planting of 90" ABR	100	each	
91	Planting of 91" ABR	100	each	
92	Planting of 92" ABR	100	each	
93	Planting of 93" ABR	100	each	
94	Planting of 94" ABR	100	each	
95	Planting of 95" ABR	100	each	
96	Planting of 96" ABR	100	each	
97	Planting of 97" ABR	100	each	
98	Planting of 98" ABR	100	each	
99	Planting of 99" ABR	100	each	
100	Planting of 100" ABR	100	each	

WMP DEVELOPMENT
LLC
SB TERRACE
100 E MAPLE ST
STURGEON BAY, WI 54235



Separate Tenants

Licensed Premise

FLOOR PLAN GENERAL NOTES:

1. SITE DATUM OF 897.2 = FLOOR EL. 100' - 0" ON ARCHITECTURAL DRAWINGS.
2. FIELD VERIFY ALL DIMENSIONS, BRING ANY DISCREPANCIES TO THE ATTENTION OF THE ARCHITECT / ENGINEER FOR FINAL DECISION.
3. DIMENSIONS ON FLOOR PLAN ARE BASED ON STUD IO
4. ALL PLYTES ARE PIV UNLESS OTHERWISE NOTED.

KEYED NOTES

KEYED NOTES

1. REVIEW METHODS IN PRACTICE: MODERN IDEAL SPACE
2. DASH SPINNET COASTERS BY PETERLIN, DASH ROSE AND PETERLIN
3. COOKER
4. PETERLIN, EDITH ROSE
5. PETERLIN, EDITH ROSE
6. THE COASTERS BY PETERLIN, DASH ROSE AND PETERLIN
7. PETERLIN, EDITH ROSE
8. PETERLIN, EDITH ROSE
9. PETERLIN, EDITH ROSE
10. PETERLIN, EDITH ROSE
11. PETERLIN, EDITH ROSE



ARO EBERLE
ARCHITECTS

116 King St. Suite 202 (608) 204-7464
Madison, WI 53703 AroEberle.com

(608) 204-7464
Aroeberle.com

WMP
DEVELOPMENT LLC

SB TERRACE

100 E MAPLE ST
Sturgeon Bay, WI 54235

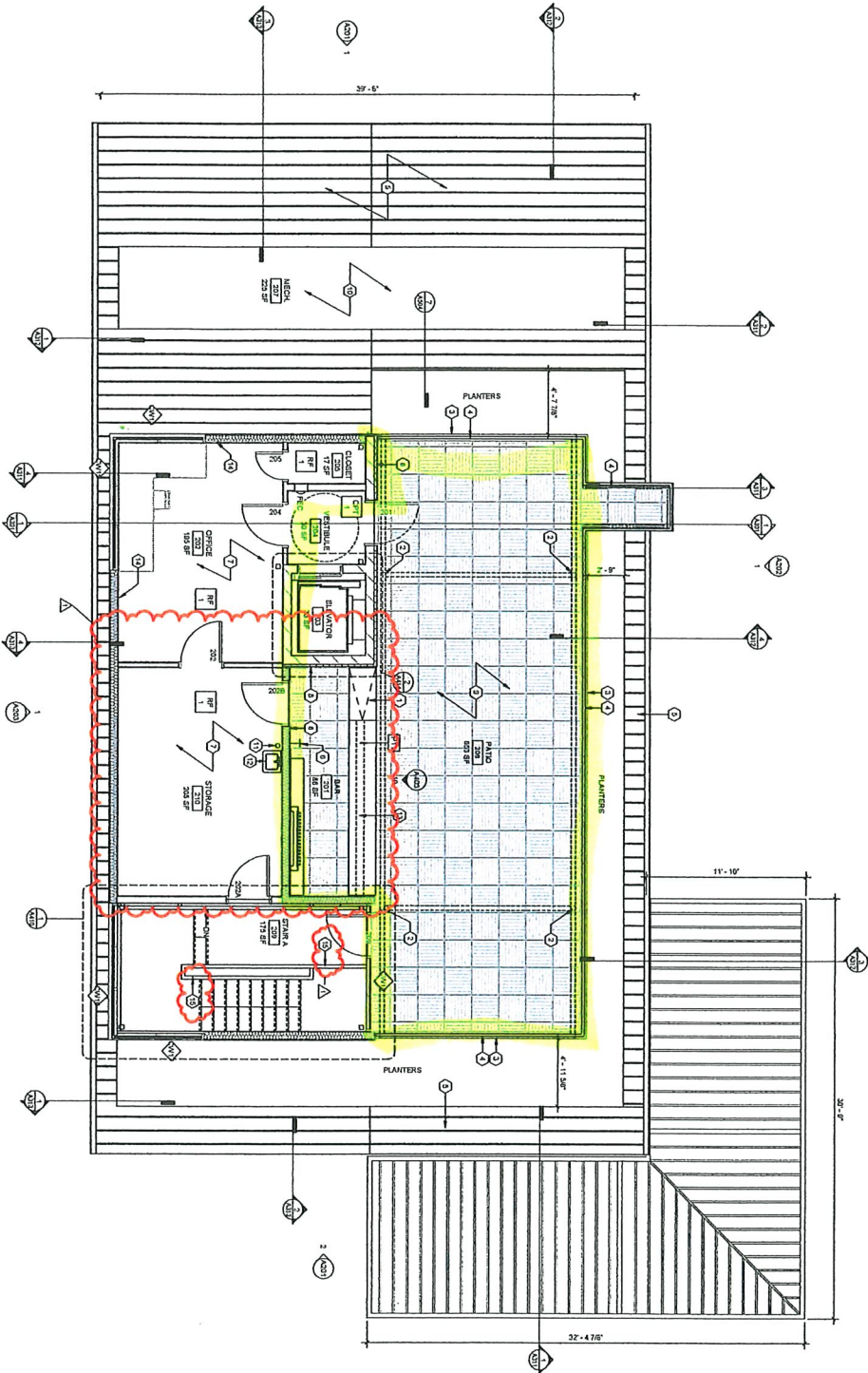
FIRST FLOOR PLAN

PRICING SET	
Project number	ONE-21-01
Date	06/10/2022

A101

[illegible]

1 SECOND FLOOR PLAN



FLOOR PLAN GENERAL NOTES:

1. SEE LISTING OF 341.5 - 11000 IL, 100 - 2 ON ARCHITECTURAL DRAWINGS.
2. FIELD VERIFY ALL DIMENSIONS, BRING ANY DISCREPANCIES TO THE ATTENTION OF THE ARCHITECT / ENGINEER FOR FINAL DECISION.
3. DIMENSIONS ON FLOOR PLANS ARE BASED ON EXISTING TO
4. ALL DIMENSIONS ARE IN UNITS OF FEET AND INCHES.

KEYED NOTES	
1	FIELD VERIFY ALL DIMENSIONS, BRING ANY DISCREPANCIES TO THE ATTENTION OF THE ARCHITECT / ENGINEER FOR FINAL DECISION.
2	FIELD VERIFY ALL DIMENSIONS, BRING ANY DISCREPANCIES TO THE ATTENTION OF THE ARCHITECT / ENGINEER FOR FINAL DECISION.
3	FIELD VERIFY ALL DIMENSIONS, BRING ANY DISCREPANCIES TO THE ATTENTION OF THE ARCHITECT / ENGINEER FOR FINAL DECISION.
4	FIELD VERIFY ALL DIMENSIONS, BRING ANY DISCREPANCIES TO THE ATTENTION OF THE ARCHITECT / ENGINEER FOR FINAL DECISION.
5	FIELD VERIFY ALL DIMENSIONS, BRING ANY DISCREPANCIES TO THE ATTENTION OF THE ARCHITECT / ENGINEER FOR FINAL DECISION.
6	FIELD VERIFY ALL DIMENSIONS, BRING ANY DISCREPANCIES TO THE ATTENTION OF THE ARCHITECT / ENGINEER FOR FINAL DECISION.
7	FIELD VERIFY ALL DIMENSIONS, BRING ANY DISCREPANCIES TO THE ATTENTION OF THE ARCHITECT / ENGINEER FOR FINAL DECISION.
8	FIELD VERIFY ALL DIMENSIONS, BRING ANY DISCREPANCIES TO THE ATTENTION OF THE ARCHITECT / ENGINEER FOR FINAL DECISION.
9	FIELD VERIFY ALL DIMENSIONS, BRING ANY DISCREPANCIES TO THE ATTENTION OF THE ARCHITECT / ENGINEER FOR FINAL DECISION.
10	FIELD VERIFY ALL DIMENSIONS, BRING ANY DISCREPANCIES TO THE ATTENTION OF THE ARCHITECT / ENGINEER FOR FINAL DECISION.
11	FIELD VERIFY ALL DIMENSIONS, BRING ANY DISCREPANCIES TO THE ATTENTION OF THE ARCHITECT / ENGINEER FOR FINAL DECISION.
12	FIELD VERIFY ALL DIMENSIONS, BRING ANY DISCREPANCIES TO THE ATTENTION OF THE ARCHITECT / ENGINEER FOR FINAL DECISION.
13	FIELD VERIFY ALL DIMENSIONS, BRING ANY DISCREPANCIES TO THE ATTENTION OF THE ARCHITECT / ENGINEER FOR FINAL DECISION.
14	FIELD VERIFY ALL DIMENSIONS, BRING ANY DISCREPANCIES TO THE ATTENTION OF THE ARCHITECT / ENGINEER FOR FINAL DECISION.
15	FIELD VERIFY ALL DIMENSIONS, BRING ANY DISCREPANCIES TO THE ATTENTION OF THE ARCHITECT / ENGINEER FOR FINAL DECISION.

ARO EBERLE ARCHITECTS
116 King St, Suite 202
Madison, WI 53703
(608) 394-7464
aroberle.com

PROJECT SET
ONE-21-01
DATE
08/10/2022
A102

SB TERRACE
100 E MARQUET
Sturgeon Bay, WI 54235
SECOND FLOOR
PLAN

WMP
DEVELOPMENT LLC

NO.	DESCRIPTION	DATE
1	100 E MARQUET	08/10/2022
2	100 E MARQUET	08/10/2022
3	100 E MARQUET	08/10/2022
4	100 E MARQUET	08/10/2022
5	100 E MARQUET	08/10/2022
6	100 E MARQUET	08/10/2022
7	100 E MARQUET	08/10/2022
8	100 E MARQUET	08/10/2022
9	100 E MARQUET	08/10/2022
10	100 E MARQUET	08/10/2022
11	100 E MARQUET	08/10/2022
12	100 E MARQUET	08/10/2022
13	100 E MARQUET	08/10/2022
14	100 E MARQUET	08/10/2022
15	100 E MARQUET	08/10/2022