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:

Stephanu a - Kunhasat

Stephanie L. Reinhardt. City Clerk/Human Resources Director

REVIEWED BY:

Josh VanLieshout, City Administrator

DATE:

8/8/22

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	(mm då yyyy)		(mm dd yyyy)	TYPE OF LICENSE REQUESTED	FEE	
	☐ Town of >			Class A beer	\$	-
the Governing Body of the:	□ Village of \ 57	TURGEON	BAY	Class B beer	\$	
the coverning body or the	☐ City of			Class C wine	\$	
				Class A liquor	\$	
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		(ii required	by ordinarioe)	Class B liquor	\$	_
		_		Reserve Class B liquor	\$	
	Limited Liability			Class B (wine only) winery Publication fee	\$	
Partnership	☐ Corporation/Non	iprofit Organization	on	TOTAL FEE	\$	
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6.	is individual, partners or agent of corporation/limited liability company subject to completion of the responsi beverage server training course for this license period? If yes, explain	ble .
7.	Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? If yes, explain.	
8,	Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control or business? If yes, explain	f this 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.	ability □ Yes ☑ No
	(c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or a member/manager or agent hold any interest in any other alcohol beverage license or permit in Wis If yes, explain.	ny consin? ☐ Yes ☑ No
	 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 beg business? [phone 1-877-882-3277] 	inning
1	 Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholes breweries and brewpubs?	alers,
t t	READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions the best of the knowledge of the signer. Any person who knowingly provides materially false information on this application mathem \$1,000. Signer agrees to operate this business according to law and that the rights and responsibilities conferred by the assigned to another. (Individual applicants, or one member of a partnership applicant must sign; one corporate officer, one member of a partnership applicant must sign; one corporate officer, one member of a partnership applicant must sign; one corporate officer, one member of a partnership applicant must sign; one corporate officer, one member of a partnership applicant must sign; one corporate officer, one member of a partnership applicant must sign; one corporate officer, one member of a partnership applicant must sign; one corporate officer, one member of a partnership applicant must sign; one corporate officer, one member of a partnership applicant must sign; one corporate officer, one member of a partnership applicant must sign; one corporate officer, one member of a partnership applicant must sign; one corporate officer, one member of a partnership applicant must sign; one corporate officer, one member of a partnership applicant must sign; one corporate officer, one member of a partnership applicant must sign; one corporate officer, one member of a partnership applicant must sign; one corporate officer, one member of a partnership applicant must sign; one corporate officer, one member of a partnership applicant must sign; one corporate officer, one member of a partnership applicant must sign; one corporate officer, one member of a partnership applicant must sign; one corporate officer, one member of a partnership applicant must sign; one corporate officer, one member of a partnership applicant must sign; one corporate officer, one member of a partnership applicant must sign; one corporate officer, one member of a partnership applicant must si	mbor/manager of I imited Liability
	Date	vly 25, 2022 Address irleywyounge yahoo.com
	TO BE COMPLETED BY CLERK Date received and filed with municipal clerk Date reported to council / board Date provisional license issued	y Clerk

Submit to municipal clerk.

	Cont.	ama)	(middle i	name)
Individual's Full Name (please print) (last name)	(first n			
WEESE YOUNG	SHIRL	= 9	Chata	Zip Code
Home Address (street/route)	Post Office	City	State	54235
Home Address (streethouse)		STURGEOI	V BAY WI	5 1252
30 N SEVENTH AVE	Age	Date of Birth	Place of	Birth
Home Phone Number			1949 C	HICAGO
920-493-2490	\ 7 .	3 3 20 1.		
The above named individual provides the fo	llowing information as a	person who is <i>(check or</i>	ne):	
The above flamed flat flat house and licens	se as an individual.			
Applying for an alcohol beverage licens		Icohol heverage licens	se.	
Applying for an alcohol beveloge were an alcohol beveloge were a partnership which is m	aking application for an a	O JEFFER (Name of Corporation, Limite	SON STRE	ET LLC
MANAGER (Officer / Director / Member / Manager / Age	of	O JETTER	d Liability Company or Nonp	rofit Organization)
(Officer / Director / Member / Manager / Age		(Name of Corporation, 25	•	
which is making application for an alco	hol beverage license.			
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violation of any federal laws, any Wisco				100 FM 112
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violation of any federal laws, any Vvisco or municipality?	rial court, trial date and promise needed, continue on reverse pending against you (otherwise) pending against you (otherwise) gainst you an office of a limited liability concentration, stockholder, agability company holding of a promise of the pending of the p	enalty imposed, and/or rerse side of this form.) There than traffic unrelated of other states or ordinary, director or agent of a pany holding or apply a cocation and Type of License/Poent or employe of any or applying for a wholes tifier permit in the States.	ed to alcohol beverage ances of any county a corporation/nonproing for any other alcoholic actions of the components of the corporation of the co	ges) or Yes No ofit ohol Yes No n or
violation of any federal laws, any visco or municipality?	rial court, trial date and promis needed, continue on relative pending against you (otherwise pending against you (otherwise pending against you laws of the form of a limited liability control of a limited liability control of a limited liability control of the form of a limited liability control of the limited liability company holding of the liability company holding of the liability company holding of the liability control of the li	enalty imposed, and/or rerse side of this form.) There than traffic unrelated of other states or ordinary, director or agent of a pany holding or apply a cocation and Type of License/Poent or employe of any or applying for a wholes tifier permit in the States.	ed to alcohol beverage ances of any county a corporation/nonproing for any other alcohol beverage and corporation and corpora	ges) or Yes No ofit ohol Yes No n or Yes No ty and County)
violation of any federal laws, any visco or municipality?	rial court, trial date and promis needed, continue on relative pending against you (otherwise pending against you (otherwise pending against you laws of the form of a limited liability control of a limited liability control of a limited liability control of the form of a limited liability control of the limited liability company holding of the liability company holding of the liability company holding of the liability control of the li	enalty imposed, and/or rerse side of this form.) There than traffic unrelated of other states or ordinary, director or agent of a pany holding or apply a cocation and Type of License/Poent or employe of any or applying for a wholes tifier permit in the States.	ed to alcohol beverage ances of any county a corporation/nonproing for any other alcohol beverage and corporation/nonproing for any other alcohol bear permit) person or corporation sale beer permit, e of Wisconsin?	ges) or Yes No ofit ohol Yes No n or Yes No ty and County)

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.

Showler Wess Moung
(Signature of Named Individual)

Showler Wessensin Department of Revenue

KAIRA

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

	Oubline to manney		(widdle noma)	٦
Individual's Full Name (please print) (last name)	(first name)		(middle name)	
Kouer	Kal	100	State Zip Code	-
Post		lity And Mil A	State Zip Code 34213	
837 Cty Rd XC P.O	· Box 5, Forestille	torestrine		4
Hama Dhana Number	Age Da	Date of Birth	Place of Birth Green Bod, WIT	
920 660 9576	27	06-17-1995	GIEU (Buy, WL	
The above named individual provides the following	g information as a persor	n who is (check one):		
Augustan for an alcohol heverage license as a	ın individual.			
Applying for an alcohol bevoluge meaning. A member of a partnership which is making	application for an alcoho	beverage license.	1 10	
Mank	of 330 54	ne of Corporation, Limited Liability Comp	pany or Nonprofit Organization)	_
Agent Member / Manager / Agent)	(Name	e of Corporation, Limited Liability Comp	any of Newpoon and	
which is making application for an alcohol be	verage license.			
	g information to the licen	nsing authority:		
	isconsin biloi lo lillo dale			
			for	
- c I II any Micconein is	aws of any laws of any our	CI States of or annual		10
or municipality?			rintion and	•
is the law or ordinance violated trial COL	irt, trial date and penalty	imposod, and a series	alphori and	
status of charges pending. (If more room is need	eded, continue on reverse s	age of this form.)		
	and against you (other the	an traffic unrelated to alcoho	ol beverages)	
Are charges for any offenses presently pendi for violation of any federal laws, any Wiscons	in laws, any laws of othe	er states or ordinances of ar	ny county or	NI -
for violation of any federal laws, any vviscons municipality?			Yes	NO
If yes, describe status of charges pending.			t	
	or are you an officer, dire	ector or agent of a corporation	other alcohol	
 Do you hold, are you making application for or organization or member/manager/agent of a 	limited liability company	holding or applying for any	Yes X	No
organization or member/manager/agent or a beverage license or permit?				
If yes, identify.		and Type of License/Permit)		
5. Do you hold and/or are you an officer, director	or stockholder agent or	employe of any person or co	orporation or	
5. Do you hold and/or are you an officer, direct member/manager/agent of a limited liability of	company holding or apply	lying for a wholesale beer pe	ermit,	N1-
member/manager/agent of a limited liability on brewery/winery permit or wholesale liquor, m	nanufacturer or rectifier p	permit in the State of Wiscon	nsin? Yes	NO
If yes, identify.				
(Name of Wholesale	Licensee or Permittee)	(Ac	ddress By City and County)	
chronological o	order last two employers.		To	
6. Named individual must list in chronic grant Employer's Name	er's Address	Employed F	1 1/0 0 - 0-1	
SAIC-Employed (Chapter 83)	7 County find XI	C +o CHAILCOUT A1377	, 2021 Tresert	-
	er's Address	thor, WI 5490 April	1 2019 Oct 2020	/
Rusty Tractor Breaklast Gall	o WI-42 Egg Har	tor, all stack	1 2022 - Dresent (Took
, Sarri		ASH	2000 Prosting	yes!
READ CAREFULLY BEFORE SIGNING: Und	er penalty provided by la	aw, the undersigned states	that each of the above questions	ioina
heen truthtully answered to the best of the kilo	Woodgo or me o	i and that the	angwers in each instance are true	anu
application: that the applicant rias read and make	ac a complete silve	Ob 10E of tho	Wieconsin Statutes shall be volu.	, anu
correct. The undersigned further understands to	lat ally licelise looded of	t-t-monto and affi	idevite in connection with this app	olica-
under penalty of state law, the applicant may be tion. Any person who knowingly provides mate	rially false information or	n this application may be rec	uired to forfeit not more than \$1,0	JUUU.
tion. Any person who knowingly provides mate	•	N- 11		
		In Pr	ignature of Named Individual)	
		/ (S	ignature of ivallied illulvidual)	

Schedule for Appointment of Agent by Corporation / Nonprofit Organization or Limited Liability Company

<i>F</i>	Organization	Of Ellittee		
•		Submit to municip	al clerk.	
All corporations/organization must appoint an agent. The corporation/organization or c	ne member/manager of a	a limited liability com	pany and the recommenda	beverages and/or intoxicating liquor must be signed by an officer of the tion made by the proper local official.
	Town	R	County of	Doot
To the governing body of:	☐ Village of ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	turgeon Do	County of	Last ILC
The undersigned duly author	orized officer/member/m	anager of	Registered Name of Corporation /	Organization or Limited Liability Company)
a corporation/organization of	or limited liability compan	y making applicatior	n for an alcohol beverage li	cense for a premises known as
Music on T	hird		`	
	$-\infty$	(Trade Nam	geon Bay, WI	54235
			•	
appoints	L Rouer	(Name of Appoint	ed Agent)	.0
837	County Road	(Home Address of App	ointed Agent)	13
to act for the corporation/o	rganization/limited liabilit lucted therein. Is applica	ly company with full nt agent presently a lying for a beer and	authority and control of the cting in that capacity or red or liquor license for any oth	e premises and of all business relative questing approval for any corporation/ ner location in Wisconsin?
	as indicate the cornorat	e name(s)/limited lia	bility company(ies) and mu	nicipality(ies).
Is applicant agent subject	to completion of the rest	onsible beverage se	erver training course?	Yes No
Is applicant agent subject	to completion of the real	ion has the applican	t agent resided continuous	ly in Wisconsin? 27 years
			XC Forestville,	
Place of residence last y	or: 330 TE	TETOSON/ 18	TO EET 11.C	
F	or: 330 JE	(Name of Corpo	ration / Organization / Limited Lial	oility Company)
	By: Phila l	Nese You	pature of Officer / Member / Mana	ger)
Any person who knowing	ly provides materially fal	se information in an	application for a license ma	ay be required to forfeit not more than
\$1,000.		ACCEPTANCE	BY AGENT	
1. 0		70021 11 11 11	hereby a	accept this appointment as agent for the
1. Kaira R	Print / Type Agent's	Name)	, norewy	accept this appointment as agent for the
corporation/organization		and assume full	responsibility for the condition/limited liability compan	duct of all business relative to alcohol
beverages conducted of	(Signature of Agent)		7-25-2022	Agent's age
837 County	(Signature of Agent) Pead XC (Home Addr	ess of Agent)	7-25-2022 (Date) WI 54213	
	/Ol-ulc	connot sign on hel	MUNICIPAL AUTHORIT nalf of Municipal Official)	
I hereby certify that I ha			cords. To the best of my kr objection to the agent app	nowledge, with the available information, pointed.
				Title
Approved on	by	(Signature of Proper	Local Official)	(TOWN Chair, Village Freditions, Felice Ellery

(Signature of Proper Local Official)

AT-104 (R. 4-18)

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 Liqour and Beer license.

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

1	Property Address: 330 JEFFER SON STREET, STURGEON BAY WI 5423
2	Is the Class B Liquor License being applied to a new business development? X 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 X 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:
5	Number of years applicant has been conducting business in the community:
6	Hours of operation? TBD PER EVENT SCHEDULE Full time operation: Yes X No Seasonal operation: Yes X 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? X 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 $2-3$ Annual Sales Tax Revenue anticipated $2,640$ Anticipated capacity of business (e.g. number of seats, patron capacity) 200 per month $\times 12$.

12	Current assessed value of improvements on property:
13	How will issuance of this license enhance the quality of experience in the City of Sturgeon Bay? (Attach additional pages if needed)
	I, the undersigned, hereby state that the information contained in this application is true and correct. Signature Muly Weese Josy Date Date City Clerk office Use Only: Date Received:

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.

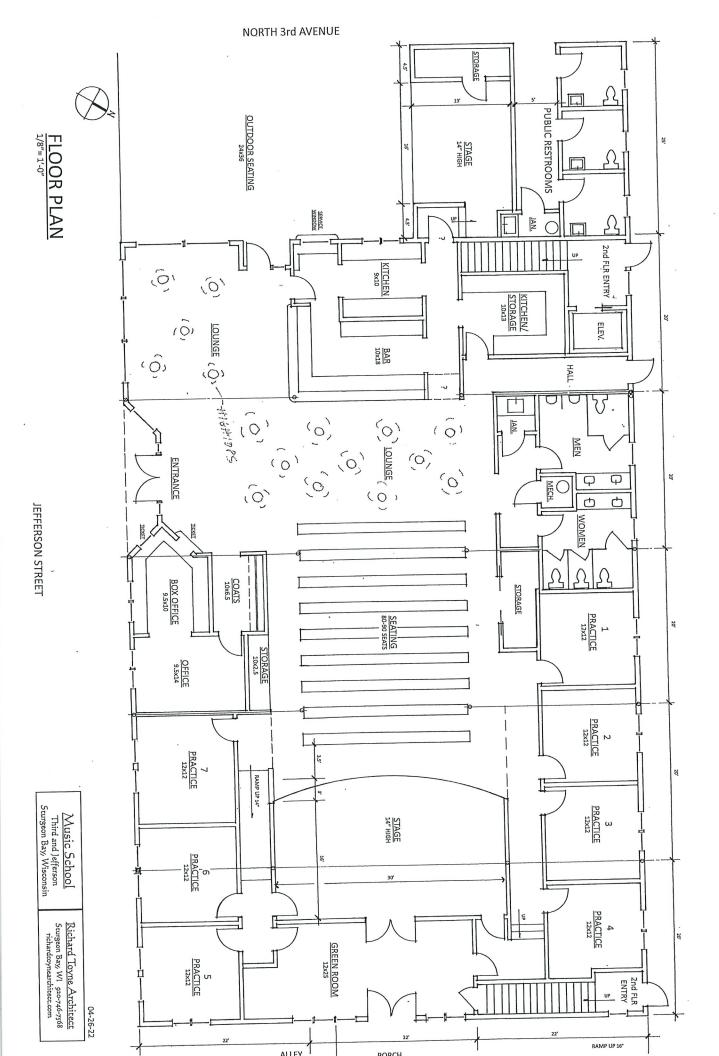
Projected Impact: In the first year, we hope to provide 3-7 accessible concerts/workshops a month, provide space to teach 20-30 students, and offer the opportunity for performing monthly for students and teachers involved in the Music on Third community.

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:
2	Are there any outstanding deliquent taxes on the property? Yes No If yes, explain:
	Are there any oustanding delinquent taxes for the individual/corporation applying?Yes Z No If yes, explain:
4	Any outstanding/delinquent payments owed to the City or SBU? Yes \underline{X} No If yes, explain:
5	Is the location consistent with the City of Sturgeon Bay Comprehensive Plan? X Yes No
6	Is the proposed use/development of the license and property consistent with the City of Sturgeon Bay development plans? X Yes No
7	Is the property zoned properly? X Yes No
8	Does the site accomdate the City Parking Code Ordinance? Y 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 No No No No No
10	Record of incidents for existing property: Ø
10 11	How many service calls have been made to the property in the last three years?
12	What has been the nature of the calls:
13 14	
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



r YI - click mouse in For the license to begin and tab throughout. Us appropriate boxes, spacel	bar or enter.			Save	Print	Clear
Original Alcohol Bevo	erage Retail I	_icense Ap	plication	Applicant's Wisconsin S 456 - 106 FEIN Number		
For the license period beginning:	: (mm dd yyyy)	ending:	130 2023 (mm dd yyyy)	TYPE OF LICE		FEE FEE
[To the Governing Body of the: [¶			BAY	REQUESTE Class A beer Class B beer Class C wine	\$ \$ \$	
County of DOOP	Z City of	Aldermanic	Dist. No. 5 oy ordinance)	Class A liquor Class A liquor (c	\$	N/A
Officer Cite.	✓Limited Liability C Corporation/Nonp	Company profit Organizatio	on	Reserve Class E Class B (wine or Publication	nly) winery \$ fee \$	
Partnership [Oorpordao			TOTAL FEE	\$	
Name (individual / partners give last na	me, first, middle; corporat	ions / limited liability	companies give registere	ed name)		
A go Z cuis	THE LLC					
An "Auxiliary Questionnaire,' by each member of a partner each member/manager and a						
President / Member Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip	Code)	
ZUMPPNO - STACK Vice President / Member Last Name	ADRIAM (First)	(Middle Name)	905 SANOLT Home Address (Street,	City or Post Office, & Zip	Code)	UT 54204
	SITUSITUA	JOHN	SAME	ABOUE		
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)	
		0055	Puginoss Ph	one Number (0)743	3-9218
	JEFPONT .	C-10 6		Zip Code 54		1
 Address of Premises 26 Premises description: Desapplicant must include all storage of alcohol bevera 	scribe building or bu	uildings where al	cohol beverages at	re to be sold and st service, consumption	ored. The on, and/or	
described.)				DIMNG RO		
(FLOOR)	ND A PAN	O MO	SIDEWALK	TABLES		
CAPS GAZ	STEPTING	NASE OR	IBAH A	PARTHEI	Z .	
		ron abovo):				
4. Legal description (omit if				no voor?		Yes □ No
5. (a) Was this premises lice					only 2	SER /U
(b) If yes, under what na	me was license issu	ed? A 70	2 WISING	z pre		

6.	ls individual, partners or agent of corporation/limited liabi beverage server training course for this license period?	lity com	pany subject to com	pletion of the i	responsible	Yes	□ No
	FOLLOWING ONE DECOLIZE	ELLE	INTS OF T	HE WAL	UAND		
							- 1 (-
	THE CITY OF STULGTEON S	2PY	top object	1000	y charce	2 146	toruste.
7.	Is the applicant an employe or agent of, or acting on beh	alf of an	nyone except the nar	med applicant'	?	☐ Yes	No
8.	Does any other alcohol beverage retail licensee or who business? If yes, explain	olesale p	ermittee have any i	nterest in or c	ontrol of this	☐ Yes	No
0	(a) Corporate/limited liability company applicants o	only: Ins	sert state WI	and da	te <u>05/20/</u> 0	22	
9.	of registration.	•					
	(b) Is applicant corporation/limited liability company a company? If yes, explain	subsidia	ary of any other cor	poration or lin	nited liability	☐ Yes	Mo
	(c) Does the corporation, or any officer, director, stock member/manager or agent hold any interest in any	holder c	or agent or limited lia	ability compan	y, or any in Wisconsin?	Yes	₩No
	If yes, explain.						
10.	Does the applicant understand they must register as a government, Alcohol and Tobacco Tax and Trade Burea business? [phone 1-877-882-3277]	au (118)) by mind (i i p ioiiii	3030.3d) belo	re beginning	Yes	□ No
11.	Does the applicant understand they must hold a Wisco	nsin Sel	ler's Permit? [phone	e (608) 266-27	76]	Yes	☐ No
12	Does the applicant understand that they must purchase breweries and brewpubs?	e alcoho	l beverages only fro	m Wisconsin v	vholesalers,	Yes	□ No
the tha	AD CAREFULLY BEFORE SIGNING: Under penalty provided by least of the knowledge of the signer. Any person who knowingly property is \$1,000. Signer agrees to operate this business according to law signed to another. (Individual applicants, or one member of a partner apparence must sign.) Any lack of access to any portion of a licensed hisdemeanor and grounds for revocation of this license.	and that	the rights and responsib	bilities conferred	by the license(s),	if granted, variety	vill not be d Liability
Co	ntact Person's Name (Last, First, M.I.)		Title/Member	1000 =0	Date OF / ON	122	
Sig	mature Wtack		PLESIDENT Phone Number (561) 929 -	-7679	Email Address Adricuração	Da-to-	Zousine
	7						
	BE COMPLETED BY CLERK	In ·	lained Booner insured	Signature of Clerk	/ Deputy Clerk		
D	ate received and filed with municipal clerk Date reported to council / board	Date provi	isional license issued	olynature of Clerk	, Dopary Clork		
D	ate license granted Date license issued	License n	umber issued				

Submit to municipal clerk.

		(first name)	1	(middle nar	ne)
Individual's Full Name (please print) (last name))	ilisi Hallie,	1	•	
ZUNDANO-STACK	SOPIN	<u> </u>	City	State	Zip Code
Home Address (street/route)	Post Office		20150-15	1115	54204
925 SMARHUL CT			BRUSSELS	Place of Bi	
Home Phone Number	1	Age	Date of Birth	36	
(561) 929-7679	,	52	05/30/1969	506	BMC
			an who is (shock and):		
The above named individual provides the fol	lowing information a	as a pers	SON WHO IS (CHECK ONE).		
Applying for an alcohol beverage license	e as an individual .		10 300000		
A member of a partnership which is ma	aking application for	an alcol	hol beverage license.	^	
A member of a partnership which is the MEMBER (Officer / Director / Member / Manager / Agei	of A	70 X	amo of Corporation, Limited Liability Com	pany or Nonprofil	Organization)
			ame of Corporation, Emitted Eleminy		
which is making application for an alcoh					
The above named individual provides the fo	llowing information f	to the lic	ensing authority:		
	l in Wisconsin prior i	to this a	ale? T VICAS		
	fancac lather than II	anic: min	Elated to alcomb be verageer	for	
	nein laws anv laws i	oi anv oi	lifer states or oralitariess of st	,	Yes No
or municipality?	al court, trial date ar	na penai	s eide of this form)	onpaon and	
status of charges pending. (If more room					
3. Are charges for any offenses presently	nending against you	(other t	han traffic unrelated to alcoho	ol beverages	3)
	concin laws ally la	WS OI OII	ilei states of orallarises s. s.	.,	
for violation of any federal laws, any violation of any federal laws, any violation					Yes No
	a for or are voll an o	officer ai	rector or agent of a corporation	other alcoho	ol ·
· · · · · · · · · · · · · · · · · · ·	t ot a limited liability	COmbai	iv floiding of applying io. s.i.		
organization or member/manager/agen beverage license or permit?					
If yes, identify.	(Na	ame, Locati	on and Type of License/Permit)		
5. Do you hold and/or are you an officer, o	lirector, stockholder,	, agent c	or employe of any person or c	orporation o	or
member/manager/agent of a limited lial brewery/winery permit or wholesale liqu	uor, manufacturer or	rectifier	permit in the State of Wiscor	nsin?	···· Yes
If yes, identify.					
(Name of Who	olesale Licensee or Permitte	e)		ddress By City an	a County)
6. Named individual must list in chronolog	gical order last two e	employer	TS. Employed	From	То .
Employer's Name	mployer's Address		- 6-20-0 12Me 29	MR	2001
TACOB'S BLUEFPONT COFF	86 W MA	AE M	Employed	From	To
Imployer's Name	Employer's Address	A 4 67	- GOVERNI BAN 2	017	2018
COOPE STATE BREWING	THE DOUGHT	1001	1 MK KHAHA		
			U (COC	that each of	the above questions has
READ CAREFULLY BEFORE SIGNING: been truthfully answered to the best of the	Under penalty prov	vided by	law, the undersigned states	is the perso	n named in the foregoing
been truthfully answered to the best of the	Knowleage of the s	signor. I	e each guestion, and that the	answers in e	ach instance are true and
application; that the applicant has read and correct. The undersigned further understal	nds that any license	issued c	contrary to Chapter 125 of the	Wisconsin S	Statutes shall be void, and
correct. The undersigned further understar under penalty of state law, the applicant m	nay be prosecuted for	or submi	tting false statements and aff	idavits in cor	eit not more than \$1.000.
under penalty of state law, the applicant m tion. Any person who knowingly provides	materially false infor	rmation	on this application may be rec	1	1
			. ///	Naci	4
			— / "DANS	ignature of Name	d Individual)
			\ /#		Wisconsin Department of Revenu

Schedule for Appointment of Agent by Corporation / Nonprofit Organization or Limited Liability Company

Organization of Emilian
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
The undersigned duly authorized officer/member/manager of (Registered Name of Corporation / Organization or Limited Liability Company) (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
BUEFFONT CAFE (Trade Name) (Trade Name) (Trade Name)
located at 80 W MISPAC 31
appoints ADRIANA CUMPANO-STACK (Name of Appointed Agent) Q25 SANOHILL CT BRUSSELS (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
Place of residence last year
By: Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000
, hereby accept this appointment as agent for the
corporation/organization/limited liability company and assume full responsibility for the conduct of all pushess rolative to an expension organization or the company.
Agent's age
beverages conducted of the promises to the description of Agent's age
APPROVAL OF AGENT BY MUNICIPAL AUTHORITY (Clark 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 (Signature of Proper Local Official) Title (Town Chair, Village President, Police Chief,

Wisconsin Department of Revenue

(Date)

AT-104 (R. 4-18)

Submit to municipal clerk.

Submit to municipal diotal
Underduct's Full Name (clease print) (last name) (first name)
Toslava
State Zip Code City Fost Office City C
925 Sandhill (+ Brussels Brussels Place of Birth
Home-Phone Number (920) 495-5100 Age 49 04/23/1973 Minnapolis MM
The above named individual provides the following information as a person who is (check one):
Applying for an alcohol beverage license as an individual.
Applying for an alcohol beverage license as an interview of a partnership which is making application for an alcohol beverage license.
(Officer / Director / Manager / Agent) Of (Nathe of Corporation), Limited Liability Company or Nonprofit Organization)
which is making application for an alcohol beverage license.
the following information to the licensing authority:
The above named individual provides the following information to this date? 1. How long have you continuously resided in Wisconsin prior to this date? (About the parties uprelated to alcohol be verages) for
How long have you continuously resided in Wisconsin prior to this other. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beyerages) for Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beyerages) for Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beyerages) for Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beyerages) for
2. Have you ever been convicted of any offenses (other than traine difficulties to determine the children of the convicted of any offenses (other than traine difficulties to determine the children of the convicted of the convicted of the children of the
violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county violation of any federal laws, any will be a state of the county violation of any other states or ordinances of any county violation of any other states or ordinances of any county violation of any other states or ordinances
status of charges pending. (If more room is needed, contains a status of charges pending.
in the contract than traffic unrelated to alcohol beverages)
3. Are charges for any offenses presently pending against you (other than traine directions of any county or for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or Yes
If yes, describe status of charges pending.
If yes, describe status of charges pending. 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 4. Do you hold, are you making application for or are you an officer, director or agent of a limited liability company holding or applying for any other alcohol
4. Do you hold, are you making application for or are you an officer, director of agont of a soft and other alcohol organization or member/manager/agent of a limited liability company holding or applying for any other alcohol Yes X No?
organization or member/manager/agent of a limited liability company holding of applying the second of the second o
If yes, identify. Usanu Location and Type of License/Permit)
the liberty agent or amploye of any person or corporation or
5. Do you hold and/or are you an officer, director, stockholder, agent of employed a wholesale beer permit, member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, Yes
member/manager/agent of a limited liability company holding or applying for a wholesale beer parmit, member/manager/agent of a limited liability company holding or applying for a wholesale beer parmit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin?
(Name of Wholesale Licenses or Permittee)
6. Named individual must list in chronological order last two employers.
Employer's Address 2\CL
Motor Oson Motor Os Green Day Ke typentay Form To
Employer's Name
Jorns Newsuner, (Aller) It 2/42
READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has
been to the tibe answered to the best of the knowledge of the answere in each instance are the answered in each instance are the
andication; that the applicant has read and made a complete and the Misconern Statutes shall be your, and
correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconstruction with this application of the connection with this application, may be required to forfeit not more than \$1,000.
under penalty of state law, the applicant may be prosecuted for submitting false statements and alliquid to forfeit not more than \$1,000 tion. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.
To have the
(Manual Individual)
y 1
Windows 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 Liqour and Beer license.

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

Appl	icant 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? X Yes No If yes, provide details about any changes in scope or operation of existing business:(attach additional pages if need) CO PATIO OUTDOOR STATS ADDED; EVENING ITOUS ADDED.
4	Number of years this business has been in existence: Number of years this business has been in existence:
5	Number of years applicant has been conducting business in the community: 20 YEARS DBA BLUEFRONT CATE AND TYPEARS ATO X CUISINE LLO IS IN BUSINESS. TO SEE AND TO SEE AND TO SEE AND TO SPH / WEDNESDAY TO
6	Hours of operation? TUESDAY TO SUNDAY FROM 11 AM TO 3PM / WEDNESDAY TO Full time operation: XYes No Seasonal operation: Yes X 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? X Yes No
8	Number of proposed seats: 147 (INDOOR AND OUTDOOR STEASTINGS) Attach Floor Plan
9	Explain your internal control procedures: (attach additional pages if needed) STOR PAGE 1 ATTACHTED
10	Explain your policies/procedures to train employees regarding serving alcohol: Attach policy or additional pages if needed.
11	Number of full-time jobs created (or full time equivalents) 16 WITH POSSIBILITY OF HIGHE Jobs retained X * Annual Sales Tax Revenue anticipated 44,000.00 Anticipated capacity of business (e.g. number of seats, patron capacity) 14 +

13	Will improvements (renovations/additions) be made to the property if license issued: Yes
	I, the undersigned, hereby state that the information contained in this application is true and correct. Signature Date Date Date

	City Staff to Complete:
1	Date of application:
2	Are there any outstanding deliquent taxes on the property? Yes X No If yes, explain:
3	Are there any oustanding delinquent taxes for the individual/corporation applying?Yes X 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? X Yes No
6	Is the proposed use/development of the license and property consistent with the City of Sturgeon Bay development plans? X Yes No $(TID \#Z)$
7	Is the property zoned properly? X Yes No
8	Does the site accomdate the City Parking Code Ordinance? X 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 11 12	How many service calls have been made to the property in the last three years? What has been the nature of the calls: Marker + Suspectors (Compensations) Disorderly conduct?
1	
	For Staff Use: City Clerk Office Review Finance Office Review Community Development Office Review Police Department Review Fire Department Review City Administrator Review



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.

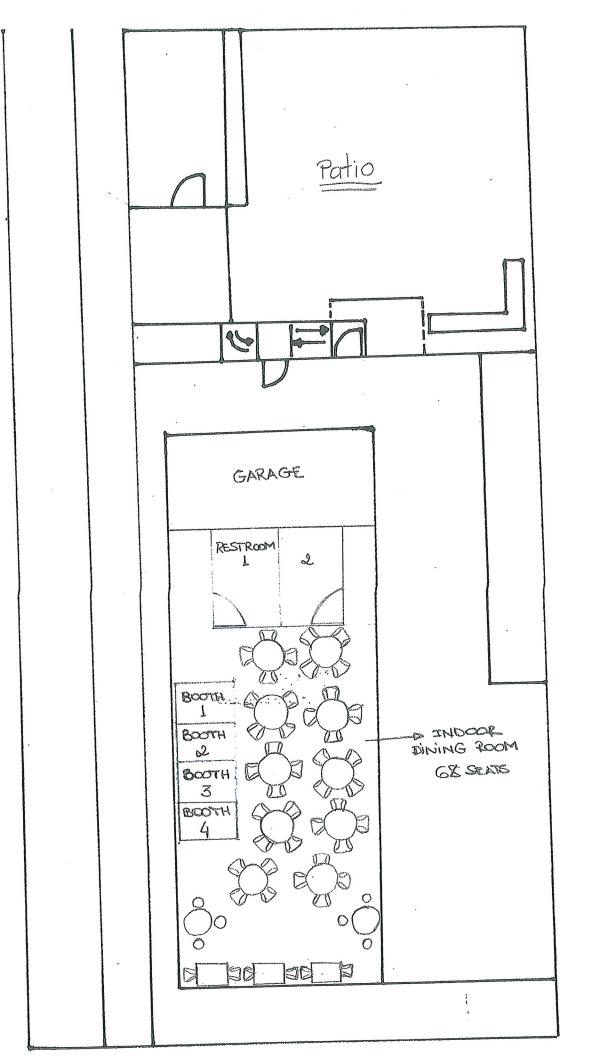
We also have a consultant on board who will help with initial training for the potential elevated license level.

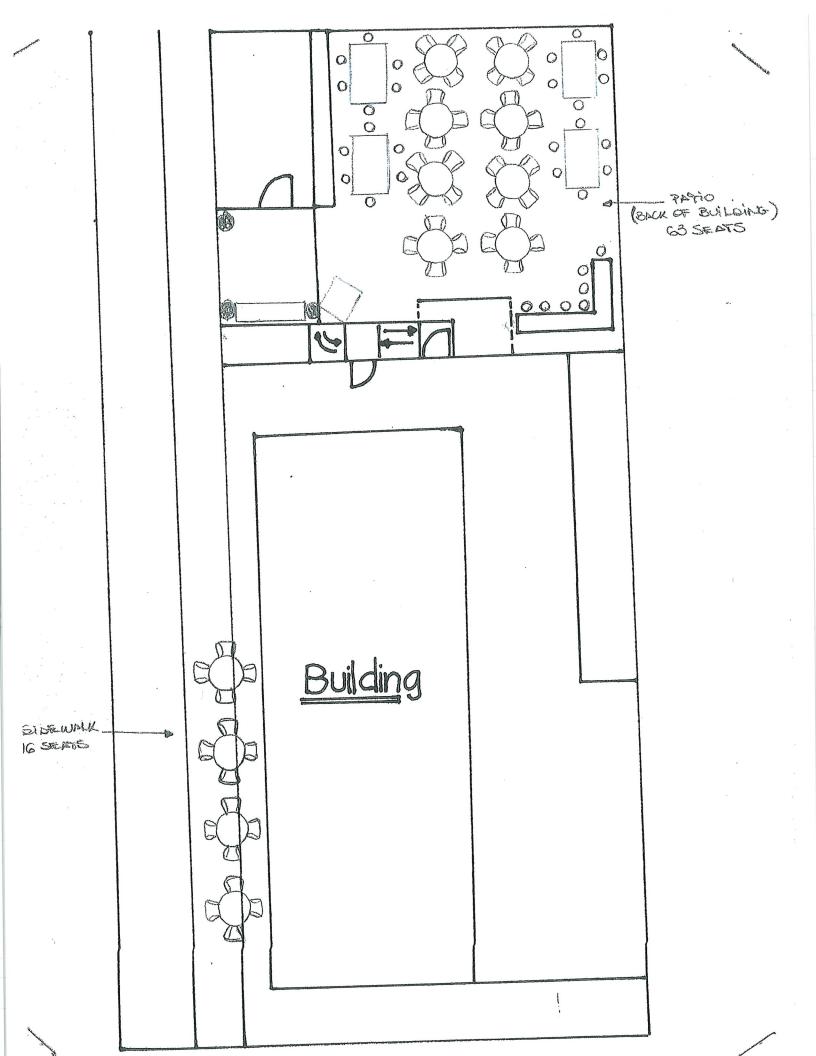


As the highest rated restaurant in Sturgeon Bay, the addition of liquor-based craft cocktails and Wisconsin-staple drinks added to our local beer and wine offerings will attract discriminating food customers that may bypass or leave Sturgeon Bay in favor of establishments further north or south.

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.





Original Alcohol Bev	erage Retai	il License Ap	oplication	Applicant's Wisconsin Seller's Per 456103063697602	mit Number		
Submit to municipal clerk.)				FEIN Number			
		, h	1201212	86-2616466			
For the license period beginning: ending: 630 2023 (mm dd yyyy)			TYPE OF LICENSE REQUESTED	FEE			
	☐ Town of)			Class A beer	\$		
o the Governing Body of the:	□ Village of \ S	TURGEON BAY		Class B beer	\$		
5 the Governing Body of the.	City of			Class C wine	\$		
	[v] Oity of			Class A liquor	\$		
County of DOOR		Aldermanio	Dist. No	Class A liquor (cider only)	\$ N/A		
ounty of 2001		(if required	by ordinance)	Class B liquor	\$		
				Reserve Class B liquor	\$		
	[] Limited Liebilii	L. Company		Class B (wine only) winer	y \$		
Check one: Individual	☑ Limited Liability		lon :	Publication fee	\$		
☐ Partnership	☐ Corporation/N	onprofit Organizati	ion	TOTAL FEE	\$		
Name (individual / partners give last n	ame, first, middle; corp	orations / limited liability	y companies give regist	ered name)			
AMAGMA LLC							
			.1	this application by each inc	lividual applic	can	
	Internal lave on	ah affinar diracta	r and adent of a	o this application by each ind corporation or nonprofit org	mineution, wi	d b	
each member/manager and	agent of a limited	liability compan	y. List the full flam	ne and place of residence of e et, City or Post Office, & Zip Code)	ach person.		
President /- Member Last Name	(First)	(Middle Name)			T 54005		
ESTES	STEVEN	В		EL RD, STUGEON BAY,	W1 54235		
Vice President / Member Last Name	(First)	(Middle Name)		et, City or Post Office, & Zip Code)			
	TAMMY	M	4604 BECHTE	L RD, STURGEON BAY,	WI 54235		
ESTES Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street	eet, City or Post Office, & Zip Code)			
Secretary / Member Last Name				FRANKEN RD, NEW FRAN	KEN, WI 542	229	
VIRLEE COLUMN Address (Str.		et, City or Post Office, & Zip Code)	•				
Freasurer / Member Last Name	(First)		1		ием ыт 5 <i>4</i> 2	220	
VIRLEE	RENE	A	3969 N NEW	FRANKEN RD, NEW FRAN	KEN, WI 342	-4-	
Agent Last Name	(First)	(Middle Name)		et, City or Post Office, & Zip Code)			
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Stre	et, City or Post Office, & Zip Code)			
1. Trade Name *NOT DEC	CIDED YET*		Business P	Phone Number *NOT INSTA	LLED		
2. Address of Premises 10	23 EGG HARBO	R RD, STURGE					
 Premises description: De applicant must include a storage of alcohol bever 	escribe building of	r buildings where a	alcohol beverages	are to be sold and stored. The s, service, consumption, and/o nd stored only on the premises	•		
described.)	OVER 7000 S	.F. OF A 36.0	000 S.F. BUIL	DING FOR AN ACTIVITY			
NEW CONSTRUCTION	G OF 4 GOLF	- MULTI GAME	SIMULATORS,	5 AXE THROWING LANES			
CENTER CONSTSTIN	STMIT ATOR P	OOM, FULL BAR	R AND FOOD KI	TCHEN, WALK-IN COOLE	R,		
A DRY FIRE LASER	PIEDDACE BOO	M MECHANICAI	ROOM, MULTI	STALL RESTROOMS			
4. Legal description (omit i	f street address is	given above):				V	

i. l: b	s individual, partners or age everage server training co	ent of corporation/limited liabiliturse for this license period? If	yes, ex	kpiain	. <i>.</i>		☐ Yes	☑ No
- - 7. !	s the applicant an employe f yes, explain.	or agent of, or acting on beha	lf of any	yone except the nam	ed applicant?		☐ Yes	☑ No
3.	ousiness? If yes, explain	verage retail licensee or whole					☐ Yes	☑ No
9.	(a) Corporate/limited liab of registration.	oility company applicants on	ıly: Ins	ert state WI	and date	e <u>03/15/21</u>		
	company? If yes, exp	on/limited liability company a s lain					☐ Yes	☑ No
	(c) Does the corporation, member/manager or a If yes, explain.	or any officer, director, stockh agent hold any interest in any	older o	r agent or limited lia Icohol beverage lice	bility company	, or any in Wisconsin?		₽ No
	Does the applicant unders government, Alcohol and business? [phone 1-877-	stand they must register as a F Tobacco Tax and Trade Burea 882-3277]	Retail Be u (TTB)	everage Alcohol Dea by filing (TTB form t	ler with the fec	deral e beginning		
11.	Does the applicant under	stand they must hold a Wiscon	sin Sell	ler's Permit? [phone	(608) 266-277	76]	. 🔽 Yes	s 🗌 No
	breweries and brewpubs?	stand that they must purchase						
the tha ass	best of the knowledge of the sign n \$1,000. Signer agrees to oper	NING: Under penalty provided by la gner. Any person who knowingly pro rate this business according to law plicants, or one member of a partner access to any portion of a licensed vocation of this license.	and that	the rights and responsib	ilities conferred by	by the license(s),	, if granted	, will not be ted Liability
Co	ntact Person's Name (Last, First, M.I.)			Title/Member		Date 04/08/22		
	STES, STEVEN B			MEMBER Phone Number		Email Address		
Sig	nature A B A M	5		920 493 8663		STEVETAMM	Y34@GM	AIL.COM
	BE COMPLETED BY CLERK ate received and filed with municipal cler	k Date reported to council / board	Date provi	isional license issued	Signature of Clerk /	Deputy Clerk		
			Liganos	umber issued				
D	ate license granted	Date license issued	License n	นเกมติ เออนติน				

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!

Sammy Estes

Steve & Tammy Estes

Submit to municipal clerk.

Individual's Full Name (please print) (last name)	(first name)	(middle name)
Estes	Steven	В
Home Address (street/route)	Post Office City	Bay WI 54235
4604 Bechtel Rd	Stugeon	Place of Birth
Hama Bhana Number	Age Date of Birth 9/20/19	771 Elmhurst IL
920 4938663 Cell	JO 1/20/1	Ott a too a
The above named individual provides the follo	owing information as a person who is (check one	p):
Applying for an alcohol beverage license	as an individual.	
A member of a partnership which is make	king application for an alcohol beverage license).
Member Member	of Anayma LC (Name of Corporation, Limited	J
		Liability Company or Nonprolit Organization,
which is making application for an alcoho	ol beverage license.	
The above named individual provides the following	owing information to the licensing authority:	
4. How long have you continuously resided i	in Wisconsin prior to this date? $\supset Q \setminus V$	ears
2. Have you over been convicted of any offe	enses (other than traffic unrelated to alcohol be	verages) for
violation of any federal laws, any Wiscons	sin laws, any laws of any other states of ordina	nces of any county
or municipality?	court, trial date and penalty imposed, and/or d	,,,,,,,,,,,
If yes, give law or ordinance violated, trial	s needed, continue on reverse side of this form.)	
		,
3. Are charges for any offenses presently pe	ending against you (other than traffic unrelated	to alcohol beverages)
for violation of any federal laws, any Wisc	consin laws, any laws of other states of ordinar	ices of any county of
	~	
If yes, describe status of charges pending	for or are you an officer, director or agent of a	corporation/nonprofit
insting or member/manager/agent (of a limited liability company noiding or applying	giorally other disense
beverage license or permit?		Yes No
	(Name, Location and Type of License/Ferri	
I describe gont of a limited light	rector, stockholder, agent or employe of any pe lity company holding or applying for a wholesal	e peer permit,
hrowon/winery permit or wholesale liquo	or, manufacturer or rectifier permit in the State of	of Wisconsin? Yes 🔽 No
If yes, identify.		
	esale Licensee or Permittee)	(Address By City and County)
6. Named individual must list in chronologic	cal order last two employers.	Employed From To
Litiployer a realis	ployer's Address	
Green for Life	iployer's Address	12-1-2020 present
Green For Life Employer's Name Advanced Disposal	1509 Division Rd, Sturgeon Bay iployer's Address 1509 Division Rd, Sturgeon Bay	2014 11/30/2020
LIVIANICED PIDEOCCI	130 T GIVI GIVE	

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)

Submit to municipal clerk.

			77. 1	1		middle nam	ne)	
Individ	dual's Full Name <i>(please print)</i> (last name)		(first name			M	,	
F	Estes		amm			•	Zip Code	
Home	Address (street/route)	Post Office		City Structure [WI	54235	
41	604 Beuntel Rd			Sturgeon (<i></i>			
Home	Phone Number		Age	Date of Birth		Kau	th Llcauna, lu	<i>II</i>
(120 493 7434 Cell		51	1-30-1	1 1	17010	7	
The	above named individual provides the for Applying for an alcohol beverage licens. A member of a partnership which is making application for an alcohologous have you continuously resident Have you ever been convicted of any of violation of any federal laws, any Wiscomor municipality?	e as an individual aking application for of of hol beverage licens ollowing information d in Wisconsin prior fenses (other than nsin laws, any laws	to the lice to this detraffic units of any o	the hol beverage license when he had been he corporation, Limited to the corporation of the had been he had been h	Dr5 verages) for nces of any o	county		No
	Are charges for any offenses presently for violation of any federal laws, any Wimunicipality?	isconsin laws, any i	officer, d	irector or agent of a conversion holding or applying	corporation/r	onprofit er alcoho	Yes	₩ No
	organization or member/manager/ager beverage license or permit?		, , , , , , , ,				Yes	No
	If yes, identify.							
5.	Do you hold and/or are you an officer, member/manager/agent of a limited lia brewery/winery permit or wholesale liq If yes, identify.	director, stockholde	er, agent o	miving for a wildlesar	rson or corp e beer perm	16,		₽No
		olesale Licensee or Permit	tee)		(Addres	s By City and	d County)	
6.	Named individual must list in chronolo	gical order last two	employe	rs.	I = 1		То	
٥.	Employer's Name	Employer's Address	lee Gu	nworks Shooting Center LL C	Employed From		10	
	Self Employed				Employed From		То	
	Sef Employed Employer's Name Advanced Disposal	Employer's Address	visor	1 Rd	2011		201	(

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)

Submit to municipal clerk.

Individual's Full Name (please print) (last name)	(first nam		(middle name)
Virlee	SwH		<u> </u>
Home Address (street/route)	Post Office	City	State Zip Code
3969 N New FrankenRd		New Franken	WI 54229
Home Phone Number	Age	Date of Birth	Place of Birth
920 321 8048 4	Ul 39	4-9-1982	Green Bay WI
120 0 1, 0		•	
The above named individual provides the fo	llowing information as a per	rson who is (check one):	
Applying for an alcohol beverage licens	se as an individual .		
A member of a partnership which is m	aking application for an alco	ohol beverage license.	
Member (Officer / Director / Member / Manager / Age	of	Amarma LLC Name of Corgo atton, Limited Liability Comp	any or Nonprofit Organization)
•		Name of Corpolation, Limited Liability Comp	any of Nonprolit Organization,
which is making application for an alco	hol beverage license.		
The above named individual provides the fo	ollowing information to the li	censing authority:	
4 How long have you continuously reside	d in Wisconsin prior to this (date?	<i>r</i> s
a Harris was been convicted of any of	ffenses (other than traffic un	Itelated to alcohol beverages)	or
violation of any federal laws, any Wisco	nsin laws, any laws of any o	other states of ordinarioes of ar	
O. Hills of the C			
If we give law or ordinance violated, tr	ial court, trial date and pena	alty imposed, and/or date, desci	iption and
status of charges pending. (If more room	n is needed, continue on revers	se side of this form.)	
3. Are charges for any offenses presently	nending against you (other	than traffic unrelated to alcohol	beverages)
the second formal laws any W	isconsin laws, any laws of 0	ther states of ordinarioes of an	y county of
municipality?			Yes No
	n ~		
a De la la la una una moltina application	in for or are you an officer, o	lirector or agent of a corporation	n/nonprofit
'	of a limited liability comba	ny nolalila of applying for any c	other alcohor
beverage license or permit?			les 5 140
If yes, identify.		tion and Type of License/Permit)	
5. Do you hold and/or are you an officer,			orporation or
to the second ment of a limited lie	bility company holding or at	opiving for a wholesale beef be	111IIL,
brewery/winery permit or wholesale liq	uor, manufacturer or rectifie	er permit in the State of Wiscons	sin? 🗌 Yes 🕡 No
If yes, identify.	,	•	
	olesale Licensee or Permittee)	(Add	dress By City and County)
6. Named individual must list in chronolo		ers owner -	
Employer's Name	Employer's Address	Employed FI	on present
Virlee Gunworks	2644 Diesel Gt. No Employer's Address ter 1019 Egg Ha	W Franken Employed Fi	
Employer's Name	Employer's Address	aclow Rd Rmployed Fi	2021 present
Virlee Gunworks Shootinglen	ter 1014 egg ma	01	V-0-1

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 foreit not more than \$1,000.

(Signature of Named Individual

Submit to municipal clerk.

Individual's Full Name (please print) (last name) (first name)	(middle name)
Virlee Rene	<i>t</i> \
Home Address (street/route) Post Office City	State Zip Code
3969 N New Franken Rd New Franken Rd	
Age Date of Birth	Place of Birth
920 321 8058 Cell 41 2-23	-1981 Denver, CO
120 041 0040	
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 lice	ense.
	ited Liability Company or Nonprofit Organization)
	ited Liability Company of Nonprofit Organization)
which is making application for an alcohol beverage license.	
The above named individual provides the following information to the licensing authority:	
the start base you continuously resided in Wisconsin prior to this date?	1 1 9 000 3
of any offences (other than traffic linrelated to alcoller	beverages) for
the transfer of the states of Misconsin laws and laws of ally other states of ord	illianood of any dealing
If you 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 unrela	ted to alcohol beverages)
3. Are charges for any offenses presently pending against you (other than teams and for violation of any federal laws, any Wisconsin laws, any laws of other states or ordi	inances of any county or
municipality?	Yes No
· · · · · · · · · · · · · · · · · · ·	
the state of the s	f a corporation/nonprofit
t it as a sector/manager/agent of a limited Hability Collidativ Holding of appr	lying for any outer acceptance
beverage license or permit?	[] les [] No
If yes, identify(Name, Location and Type of License/	
5. Do you hold and/or are you an officer, director, stockholder, agent or employe of any	person or corporation or
to the limited liability company holding of applying for a wilding	esale beel perring
member/manager/agent of a limited liability company holding of applying termination brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the Sta	ate 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.	I
'c locate Address	Employed From To Ore Sent.
Autora Bay Care 2845 Green brier Kd, Green Employer's Name Employer's Address Employer's Address	Bay 9/11/2006 Present
Employer's Name Aurora Bay Care 2845 Green brier Rd, Green Employer's Name Bellin Health 301 E. St. Joseph St. Green Employer's Address	Bay 9/11/2006 Present Bay 2/14/2005 To 9/10/2006
Bellin Health 301 E. St. Joseph St. Green	2/19/2003

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 affidiavits 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.

Wisconsin Department of Revenue

(Signature of Named Individual)

Schedule for Appointment of Agent by Corporation / Nonprofit Organization or Limited Liability Company

Organization of Limited Liability Company
Submit to municipal clerk.
Il corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor nust appoint an agent. The following questions must be answered by the agent. The appointment must be signed by an officer of the proporation/organization or one member/manager of a limited liability company and the recommendation made by the proper local official.
o the governing body of: Usual Town Sturgeon Bay County of Door
City The undersigned duly authorized officer/member/manager of (Registered Name of Corporation / Organization or Limited Liability Company)
corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as
NOT YET DECIDED (Trade Name)
ocated at 1023 EGG HARBOR RD, STURGEON BAY, WI 54235
appoints TAMMY ESTES (Name of Appointed Agent)
(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 promised in the promised 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
Is applicant agent subject to completion of the responsible bevoluge solver training to the feeting to the responsible bevoluge solver training to the feeting to the feeting the feeting that the subject to completion of the responsible bevoluge solver training to the feeting to the feeting that
Place of residence last year 4604 BECHTEL RD, STURGEON BAY
21/2 01/2 1 0
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
TAMMY ESTES , hereby accept this appointment as agent for th
(Print / Type Agent's Name)
corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcoholobeverages conducted on the premises for the corporation/organization/limited liability company.
Jammy Esta 4/8/2022 Agent's age 51
4604 BECHTEL RD, STURGEON BAY, WI 54235 Date of birth 0173071971
(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.

Wisconsin Department of Revenue AT-104 (R. 4-18)

Approved on

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

This certificate represents the successful completion of an approved. Wis consin Department of Revenue Responsible Beverage Server Course in compliance with secs. 125 (04(5)(a)5., 125 (7(6), and 134 66(2m), Wis. Stats:



40

HEALTH COMMUNICATIONS INC.

This document is not priof of TIP's certification. It significs 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 Liqour and Beer license.

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

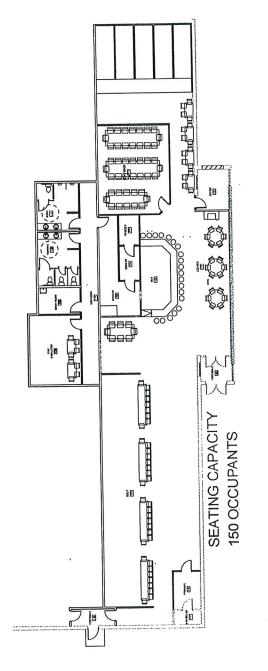
Applicant Must Complete:	
1	Property Address:1023 Egg Harbor Road, Sturgeon Bay
2	Is the Class B Liquor License being applied to a new business development? _x_Yes No If yes, provide details about proposed use: New construction in an existing vacant warehouse space, approx. 7,000 sq ft for an activity 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? _x 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 _x 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? _x_ 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
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.
	SignatureSteven B Estes July 21, 2022 Date
	City Clerk office Use Only: Date Received:

	City Staff to Complete:
1	Date of application: 4/0/22 Is the application complete and in order: Y YesNo
2	Are there any outstanding deliquent taxes on the property? Yes No If yes, explain:
3	Are there any oustanding delinquent taxes for the individual/corporation applying?Yes X No If yes, explain:
4	Any outstanding/delinquent payments owed to the City or SBÚ? Yes Y No If yes, explain:
5	Is the location consistent with the City of Sturgeon Bay Comprehensive Plan? Yes No (generally) Is the proposed use/development of the license and property consistent with the City of
6	Sturgeon Bay development plans? X Yes No (Ti) *6
7	Is the property zoned properly? X Yes No
8	Does the site accomdate the City Parking Code Ordinance? X Yes No
9	Has the property been inspected by the following: Sturgeon Bay Fire Department? X Yes No Sturgeon Bay Police Department? Y Yes No Door County Sanitarian Yes X No Explain any no answers:
10 11 12	Record of incidents for existing property: How many service calls have been made to the property in the last three years? What has been the nature of the calls:
13 14 15	Underage drinking?
	For Staff Use: City Clerk Office Review Finance Office Review Community Development Office Review Police Department Review Fire Department Review City Administrator Review



BAYLAND BUILDINGS
P.D. DRA 1971 ONC. WAN, or SAND
(250 - 500 500 FAX (152) SEN 30A
WANASHINGSAN ONC. CONTRACTOR
DESIGNA 5 50.00 500-500-41.



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

P.O. BOX 13571 GREEN BAY, WI 54307 (920) 498-9300 FAX (920) 498-3033 www.baylandbuildings.com BAYLAND BUILDINGS

VIRLEE ACTIVITY CENTER

STURGEON BAY, WI

DESIGN & BUILD GENERAL CONTRACTOR

26

PROPOSED PROJECT FOR:

PROJECT LOCATION

P.O. BOX 13571 GREEN BAY, WI 54307 (220 498-2003 FAX (122) 408-2033 MORAL MARK (123) 408-2033 MORAL MARK (124) MORAL MARK (124)

BAYLAND

1019 BAY HIDE The state of

PROJECT INFORMATION

PROJECT LOCATION

OWNER,
Stop Stanfort Video
4605 Bachal Rd
Stuppen Bay, VM 54225
St

owable area determined by IBC 705.1 Fire Wall used to create separate didings. Reference Petition for Variance dated Feb 12, 1997

Scape of work: Alteration
Building Use: Activity Center
Occupancy Group: S-4 Skinage
Type of Construction: Type IIIB
Alteration Leave:
Alteration Asses, ard ft: 7,066
Total Area, ard ft: 33040 Building is protected by an automatic fire sprinkler system per NFPA 13

SHEET INDEX

SHEET NAME
TITLE SHEET
LIFE SAFETY PLAN
DEMO FLOOR PLAN
PROPOSED FLOOR PLAN
EXTERIOR ELEVATIONS
ROM/ DOOR SCHEDULES
REFLECTED CEILING PLAN NUMBER T1.0 LS1.0 A1.0 A2.0 A6.0 A7.0

]	ISSUED FOR:	
BY:	CHECKED	
	DATE:	

PRELIMINARY

BID SET

DESIGN REVIEW

CHECKSET

X CONSTRUCTION TITLE SHEET

1 SITE SPECS & DETAILS 11.0 3/64" = 1'-0"

HANNAUM RIGE MANNAUM HORIZONTAL PROJECTION SLOPE IN.AM. FT. M. 11270 115 30 750 30 9 1116 TO 1120 30 760 40 12

PROJECT AREA

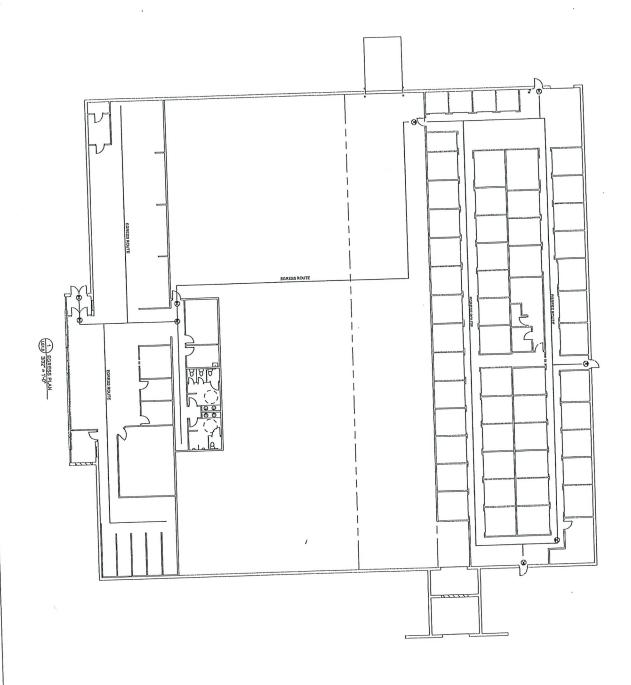
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SITE PLAN

PROPOSED PROJECT FOR:
VIRLEE ACTIVITY

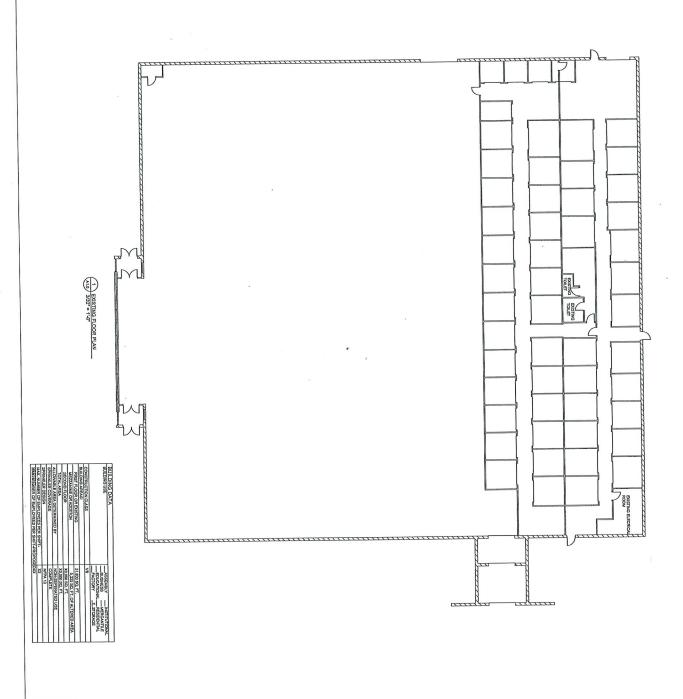




PROPOSED BUILDING ALTERATIONS FOR:

VIRLEE ACTIVITY CENTER





APPROVED DATE

ALES REPRESENTATIVE DATE

ALE

PREMIUM PRINCE OF PLAN

DEBOL REPORT

CONSTRUCTION

DEMO FLOOR PLAN

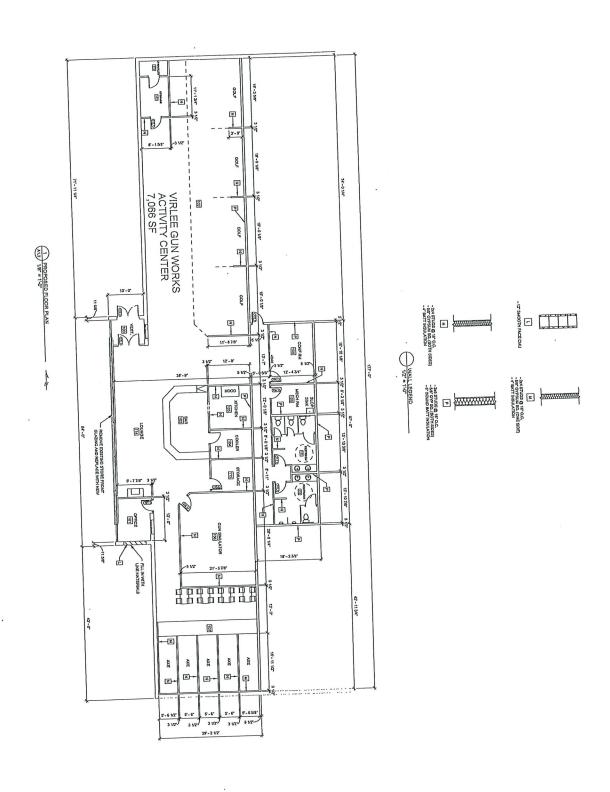
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PROPOSED BUILDING ALTERATIONS FOR:

VIRLEE ACTIVITY CENTER





PROPOSED FLOR PLAN

PAGE PLAN

PROPOSED FLOR PLAN

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PROPOSED BUILDING ALTERATIONS FOR:

VIRLEE ACTIVITY CENTER



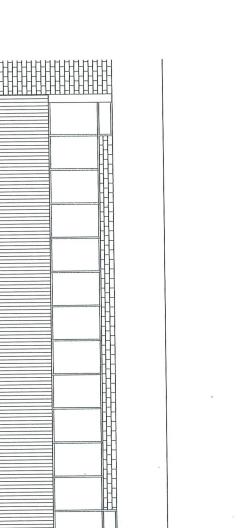
PROPOSED BUILDING ALTERATIONS FOR:

SAME AND STANKED BOTH WISCONSIN; COUNTY OF: DOOR STANKED BOTH STANKED BOT BAYLAND BUILDINGS

P.O. BOX 1331 ORER BAY, W. 6337
(120 AGADOD Y. (120 AGADO)
(120 AGADOD CONTRACTOR

DESIGNA & BAULD CHEVEN, CONTRACTOR EXTERIOR ELEVATIONS A2.0

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PROPOSED SOUTH ELEVATION

APPROVED DATE

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STURGEON BAY-, WISCONSIN; COUNTY OF: DOOR VIRLEE ACTIVITY CENTER

	NOI	B ACTION OF THE PROPERTY OF TH	8			
STURGEON BAY-, WISCONSIN; COUNTY OF:	T L	NO AND BLANKET TO LOTA A A AND TO TO LOTA A A AND TO TO LOTA A AND TO BE THE TOTAL TO TO TO T	VE PHILLI	2)308-2580	1/2022	
ATIVITY CENTE	T III	MANAGE AND	ä			
PROPOSED BUILDING ALTERATIONS FOR:	SCAL	THE BY AND TO CONTROL THE BY AND AND THE BY AND TO CONTROL THE BY AND THE BY A	SALES R	NWAGO	DATE:	REVISIO

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APPROVED

5/11/2022 7:52:49 AM

REFLECTED CEILING PLAN



PROPOSED BUILDING ALTERATIONS FOR: VIRLEE ACTIVITY CENTER



Original Alcohol Be (Submit to municipal clerk.)				Applicant's Wisconsin Selle	3 837.4	-DZ
Submit to mamorpar dions,			, / ,2023	FEIN Number 3625	5849	
For the license period beginnin	ıg:(mm dd yyyy)	ending:_ <i>_0</i>	6/30/2022 (firm dd yyy)	TYPE OF LICENSI REQUESTED		FEE
	□ Town of > <		0	Class A beer	\$	
To the Governing Body of the:	☐ Village of	Turaem	Bay-	Class B beer	\$	100
to the Governing Body of the.	City of	(☐ Class C wine	\$	
	y only or	J	U	☐ Class A liquor	\$	
County of		Aldermanic	: Dist. No	Class A liquor (cider	only) \$	N/A
, <u>"</u>		(if required	by ordinance)	Class B liquor	\$	500
	,			Reserve Class B liqu	Jor \$	
Check one: Individual	Limited Liability	Company		☐ Ćlass B (wine only)	winery \$	
Partnership	☐ Corporation/Nor		on	Publication fee	\$	8.90
	copporation,,rto.	,		TOTAL FEE	\$	
Name (individual / partners give last r	name, first, middle; corpor	ations / limited liability	companies give registere	d name)		
	110					
BH Canvas						
An "Auxiliary Questionnaire by each member of a partne each member/manager and	ership, and by each	officer, directoriability company	r and agent of a co y. List the full name	and place of residence	e of each p	ation, and by
President / Member Last Name	(First)	(Middle Name)		City or Post Office, & Zip Code		1000
Carter	Wende	Sule.	332 N. 5	"Are 813	5	4235
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code	e)	
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code	e)	
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code	e)	
Agent Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code	e)	
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code	е)	
	1		D. de la constitución de la cons	ne Number <u>920</u>	R18-1	777
1. Trade Name	UO ,	,				
2. Address of Premises	36 N. 3rd/	tre	Post Office &	Zip Code $5B$	5423	55
3. Premises description: De applicant must include a storage of alcohol bever described.) COOLERS OU SIGN WAL	II rooms including livages and records. (A	ring quarters, if u Alcohol beverage	sed, for the sales, s s may be sold and s	ervice, consumption, a	nd/or nises	
4. Legal description (omit if		ven above):				,
5. (a) Was this premises lic						⊈Yes □ N
(b) If yes, under what na	ıme was license issu	ed? <u>BH</u> (Canvas L	LC		

AT-106 (R. 3-19)

Wisconsin Department of Revenue

3. 1 1	s 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	Ø No
· '.	Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? If yes, explain.	☐ Yes	Ĭ X No ¹
3.	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 Wisconsing lifyes, explain. Carfor Holdings LLC KIPIS LU.	? 凇 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]	-	I No
11.	Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]	. XYes	s □ No
12	Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?	. X Yes	s □ No
the tha ass	AD CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been best of the knowledge of the signer. Any person who knowingly provides materially false information on this application may be requested in \$1,000. Signer agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s) signed to another. (Individual applicants, or one member of a partnership applicant must sign; one corporate officer, one member/management in the provided in the	, if granted,	will not be ted Liability
	ntact Person's Name (Last, First, M.I.) Carter, Wench S. Phone Number Phone Number 920 495-9339 info@cra	ite. res	taura
	BE COMPLETED BY CLERK		
	ate received and filed with municipal clerk Date reported to council / board Date provisional license issued Signature of Clerk / Deputy Clerk		
D	ate license granted Date license issued License number issued		

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Submit to municipal cierk.	
(middle nan	ne)
Individual's Full Name (please print) (last name) (first name)	
Carler Williams	Zip Code
Post Office City	ZIP 60de
332 N. 5th Ave 5B Sturgeon Bay Place of Bi	24155
332 N. 5 Ave Date of Birth Place of Bi	rth
Home Phone Number 920-495-9339 49 06-04-1972 Milv	Vankee WI
The above named individual provides the following information as a person who is (check one):	
I and the fact are also had beyong elicense as an individual.	
Applying for an alcohol beverage license and alcohol beverage license. Amember of a partnership which is making application for an alcohol beverage license.	
Amember of a partnership which is making approximately the convergence of the convergence	
Of Of (Name of Corporation, Limited Liability Company or Nonprofit)	t Organization)
which is making application for an alcohol beverage license.	
Which is making application for an extension of the licensing outhority.	
The above named individual provides the following information to the licensing authority:	
fadaral lawe any Wisconsin idwa, any idwa of any	☐ Yes ☑ Ño
violation of any federal laws, any vvisconsin laws, any laws of any laws of any laws or an	• • • • • • • • • • • • • • • • • • • •
If yes, give law or ordinance violated, that count, that count, the status of charges pending. (If more room is needed, continue on reverse side of this form.)	
status of charges perfung. (whose reasons and	->
3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverage	5)
3. Are charges for any offenses presently pending against you (other than terms disconsisted and county of for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county of the violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county of the violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county of the violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county of the violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county of the violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county of the violation o	I Vac IIVa
for violation of any federal laws, any vvisconsin laws, any laws of sales and sales and municipality?	Yes WNo
municipality?	
If yes, describe status of charges pending. 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 4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit 4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit 4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit 4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit 4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit 4. Do you hold, are you making application for or are you an officer, director or applying for any other alcohol.	•
4. Do you hold, are you making application for or are you directly company holding or applying for any other alcoholding or applying for all alcoholding or all alcoholding or all all alcoholding or applying for all all alcoholding or all all all all all all alcoholding or all all all all all all all all all al	ol
4. Do you hold, are you making application for or are you an officer, director of agont or a company of a limited liability company holding or applying for any other alcohorganization or member/manager/agent of a limited liability company holding or applying for any other alcohorganization.	Yes 🗌 No
beverage license or permit?	_
beverage license or permit?	
5. Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation	or
5. Do you hold and/or are you an officer, director, stockholder, agent of onlying for a wholesale beer permit,	
5. Do you hold and/or are you an officer, director, stockholder, agont or employing for a wholesale beer permit, member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, member/manager/agent of a limited liability company holding or applying for a wholesale beer permit,	Yes
member/manager/agent of a limited liability company holding or applying for a wholesale beer porming member/manager/agent of a limited liability company holding or applying for a wholesale beer porming member/manager/agent of a limited liability company holding or applying for a wholesale beer porming to a wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin?	
If ves, identify.	and County)
(Name of Wholesale Licensee or Permittee)	ma outney,
6. Named individual must list in chronological order last two employers. Employed From Em	То
Employer's Name Employer's Address Employer's Address	10/12
	70
	10 7012
Employer's Name	1012
(I I I I I I I I I I I I I I I I I I I	
Saharday Mickeyland Dr. Gill Employed From	To 2012

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.

Schedule for Appointment of Agent by Corporation / Nonprofit Organization or Limited Liability Company

Submit to municipal clerk

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: Sturger Day County of Dook The undersigned duly authorized officer/member/manager of Sturger Name of Corporation / Organization or Limited Liability Company)
The undersigned duly authorized officer/member/manager of (Registered Name of Corporation / Organization or Limited Liability Company)
a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as
located at 136 N. 3rd Ave Sturgeon Bay W/ 54235
appoints Wendi Carkr (Name of Appointed Agent) (Name of Appointed Agent) (Home Address of Appointed Agent) (Home Address of Appointed Agent)
to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?
Yes No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).
I the responsible heverage server training course:
How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin?
1 1000
For: BH Canvas LLC (Name of Corporation / Organization / Limited Liability Company) Rev. 1110000 Canvella
(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, Windi Cartur , hereby accept this appointment as agent for the
corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohole the premises for the corporation/organization/limited liability company.
NUMBER OF THE PRINTED TO A SECOND SEC
Beverages conducted on the prime of the prime of Agent and the Agent and the prime of Agent and the Agent and the prime of Agent and the Agent and the Agent and
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 (Town Chair, Village President, Police Chief) (Town Chair, Village President, Police Chief)
(Date) (Systems 4) Wisconsin Department of Revenue

AT-104 (R. 4-18)

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 Liqour and Beer license.

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

Appl	icant Must Complete:
1	Property Address: 136 N. THIRD AVE, SB
2	Is the Class B Liquor License being applied to a new business development?YesNo If yes, provide details about proposed use (attach additional pages if need)
	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 PRINTER DINNER PRINKS
4	Number of years this business has been in existence: 6.5
5	which the street hydrogen in the community. 11, 5
6	Hours of operation? 5-9+ 7 days per Week, Year-round Full time operation: Yes No Second 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) LIBUR WILL BE KEPT IN A CONTROLLED SPACE WITH OWR EXISTING WINES, LICENSED BARTENDERS WILL CONTINUE TO
10	BE USED. 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	or and the standard but not limited to:

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 BE 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
	Signature Mind Cautu Date 7/19/22
	City Clerk office Use Only: Date Received: 7:19:2022

City Staff to Complete: Date of application: 2 16 22 Is the application complete and in order: Yes ___No Are there any outstanding deliquent taxes on the property? ____ Yes \(\frac{1}{2} \) No 2 If yes, explain: Are there any oustanding delinquent taxes for the individual/corporation applying? ___Yes X No 3 If yes, explain: _____ Any outstanding/delinquent payments owed to the City or SBU? ___ Yes $\underline{\hspace{0.1cm}}^{\hspace{0.1cm} \hspace{0.1cm}}$ No If yes, explain: Is the location consistent with the City of Sturgeon Bay Comprehensive Plan? \underline{X} Yes ____ No 5 Is the proposed use/development of the license and property consistent with the City of Sturgeon Bay development plans? X Yes ___ No Is the property zoned properly? _X_ Yes ____ No Does the site accomdate the City Parking Code Ordinance? Yes No (parking not required) 8 Has the property been inspected by the following: 9 Sturgeon Bay Fire Department? Yes ___ No Sturgeon Bay Police Department? X_Yes ___ No Door County Sanitarian X 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? Ø 12 What has been the nature of the calls: 13 Disorderly conduct? Ø 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

				Comins		
Original Alcohol Bev	erage Retail	License Ap	plication	Applicant's Wisconsin Seller's Perm	nit Number	
(Submit to municipal clerk.)	Q1 10		0	FEIN-Number 21.9108	30	
For the license period beginning	g: (mm dd yyyy)	ending:	(mm dd yyyy)	TYPE OF LICENSE REQUESTED	FEE	
To the Governing Body of the:	☐ Town of ☐ Village of	Sturgeon	Bag	Class A beer Class B beer Class C wine	\$ \$	
County of	ony on	Aldermanic (if required b	Dist. No oy ordinance)	☐ Class A liquor ☐ Class A liquor (cider only) ☑ Class B liquor	\$ N/A \$	
Check one:	☑ Limited Liability (☐ Corporation/Non		on	Reserve Class B liquor Class B (wine only) winery Publication fee TOTAL FEE	\$ \$ \$	
	R. A.				φ	
Name (individual / partners give last na	ame, first, middle; corpora	tions / limited liability	companies give registere	d name)		
An "Auxiliary Questionnaire, by each member of a partner each member/manager and a	ship, and by each	officer, director	and agent of a co	rporation or nonprofit orga	ilization, and by	
President / Member Last Name	(First)	(Middle Name)	Home Address (Street, 0	City or Post Office, & Zip Code)	turglass	
Weasles Vice President / Member Last Name (First) Home Address (Street, City or Post Office, & Zip Code) Weasles Home Address (Street, City or Post Office, & Zip Code)					Wixs	
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 Directors / Managers Last Name	Weaster Hearther L. 435 D. Hudsun Ave 35 3 12 .					
1. Trade Name	inhus		Business Pho	one Number 608.3	333.4S	
2. Address of Premises	ell Jeff	erus	Post Office &	Zip Code Sy239	5	
 Address of Fremises 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.) Out for	Or room Church with a storage					
0/25	ized t	ridge.	Bottl	e Kegs of	Beer)	
				· · · · · · · · · · · · · · · · · · ·	_	
4. Legal description (omit if	street address is give	en above):	ē.		_	
5. (a) Was this premises lice	. (a) Was this premises licensed for the sale of liquor or beer during the past license year?					
(b) If yes, under what nar	ne was license issue	ed?			_	

AT-106 (R. 3-19)

Wisconsin Department of Revenue

6.	3. 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				
	Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? If yes, explain.	☐ Yes	No		
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	/21			
	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		
the than ass Cor	AD CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been best of the knowledge of the signer. Any person who knowingly provides materially false information on this application may be required in \$1,000. Signer agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), igned to another. (Individual applicants, or one member of a partnership applicant must sign; one corporate officer, one member/managempanies must sign.) Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspendisdemeanor and grounds for revocation of this license.	ed to forfeit if granted, v ger of Limite	not more will not be d Liability		
	ntact Person's Name (Last, First, M.I.) Date 7/25 Phone Number 608.333.4553 Aramyus (Last, First, M.I.)	1200 Lanca	2.2 ntyp		
Da	BE COMPLETED BY CLERK te received and filed with municipal clerk Date reported to council / board Date provisional license issued Signature of Clerk / Deputy Clerk 1/27/2022 te license granted Date license issued License number issued		8		

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

-		(first name)	(middle name)	
Indi	dividual's Full Name (please print) (last name)	(ilist haine)	L .	
	weaster.	Meaner	A State Zip Code	\dashv
Hon	ome Address (street/route) Post Office	City	State LAL'SUZZC	
- 4	435 N. Hudson/tup >1	235 948	200 101 39833	
Hor	ome Phone Number	Age Date of Birth	Place of Birth	
	608.333, 4SS3	49 9/6/	72 Elmhurst, IL	
The	ne above named individual provides the following inform	mation as a person who is (chec	ck one):	
V	Applying for an alcohol beverage license as an indi	vidual		
	A member of a partnership which is making application	ation for an alcohol beverage lic	cense.	
V		1 Doggo hus 6	imited Liability Company or Nonprofit Organization)	
	which is making application for an alcohol beverage	e license.		
The	he above named individual provides the following infor	mation to the licensing authorit	y: () () () () () () () () () (
1.	How long have you continuously resided in Wiscons	in prior to this date?	J8 (19 Juns)	
2.	Have you ever been convicted of any offenses (othe	r than traffic unrelated to alcoho	ol beverages) for	
	violation of any federal laws, any Wisconsin laws, ar	ny laws of any other states or o	dinances of any county	Na
	or municipality?		ites	No
	If yes, give law or ordinance violated, trial court, trial	date and penalty imposed, and	yor date, description and	
	status of charges pending. (If more room is needed, co	ontinue on reverse side of this form)	
2	B. Are charges for any offenses presently pending aga	inst you (other than traffic unre	ated to alcohol beverages)	
٥.	for violation of any federal laws, any Wisconsin laws	, any laws of other states or or	dinances of any county or	
	municipality?		Yes	
				No
	If you describe status of charges pending			No —
4.	If yes, describe status of charges pending. Do you hold are you making application for or are y	ou an officer, director or agent	of a corporation/nonprofit	No
4.	If yes, describe status of charges pending. Do you hold, are you making application for or are you organization or member/manager/agent of a limited	rou an officer, director or agent liability company holding or ap	of a corporation/nonprofit olying for any other alcohol	No
4.	If yes, describe status of charges pending. Do you hold, are you making application for or are y organization or member/manager/agent of a limited beverage license or permit?	rou an officer, director or agent liability company holding or ap	of a corporation/nonprofit olying for any other alcohol	No
4.	If yes, describe status of charges pending. Do you hold, are you making application for or are you organization or member/manager/agent of a limited	ou an officer, director or agent liability company holding or ap	of a corporation/nonprofit olying for any other alcohol	No No
	If yes, describe status of charges pending. 1. Do you hold, are you making application for or are y organization or member/manager/agent of a limited beverage license or permit? If yes, identify.	rou an officer, director or agent liability company holding or ap	of a corporation/nonprofit plying for any other alcohol	No No
	If yes, describe status of charges pending. Do you hold, are you making application for or are y organization or member/manager/agent of a limited beverage license or permit? If yes, identify. Do you hold and/or are you an officer, director, stock	rou an officer, director or agent liability company holding or ap (Name, Location and Type of Licens kholder, agent or employe of ar	of a corporation/nonprofit plying for any other alcohol	No
	If yes, describe status of charges pending. Do you hold, are you making application for or are y organization or member/manager/agent of a limited beverage license or permit? If yes, identify. Do you hold and/or are you an officer, director, stock member/manager/agent of a limited liability compared.	rou an officer, director or agent liability company holding or applying the company holding or applying for a wholding or applying for a wholeighted the company is a second control or applying for a wholeighted the control of th	of a corporation/nonprofit plying for any other alcohol	No No
	If yes, describe status of charges pending. Do you hold, are you making application for or are y organization or member/manager/agent of a limited beverage license or permit? If yes, identify. Do you hold and/or are you an officer, director, stock member/manager/agent of a limited liability compar brewery/winery permit or wholesale liquor, manufactor.	rou an officer, director or agent liability company holding or applying the company holding or applying for a wholding or applying for a wholeighted the company is a second control or applying for a wholeighted the control of th	of a corporation/nonprofit plying for any other alcohol	No No
	If yes, describe status of charges pending. Do you hold, are you making application for or are y organization or member/manager/agent of a limited beverage license or permit? If yes, identify. Do you hold and/or are you an officer, director, stock member/manager/agent of a limited liability compared.	(Name, Location and Type of Licens kholder, agent or applying for a wholding or applying for a wholding or rectifier permit in the States	of a corporation/nonprofit plying for any other alcohol	No No
5.	If yes, describe status of charges pending. Do you hold, are you making application for or are yourganization or member/manager/agent of a limited beverage license or permit? If yes, identify. Do you hold and/or are you an officer, director, stock member/manager/agent of a limited liability compar brewery/winery permit or wholesale liquor, manufactif yes, identify. (Name of Wholesale Licensee of the control of the cont	(Name, Location and Type of Licens kholder, agent or applying for a wholding or applying for a whosturer or rectifier permit in the Star Permittee)	of a corporation/nonprofit plying for any other alcohol	No No
5.	If yes, describe status of charges pending. Do you hold, are you making application for or are younganization or member/manager/agent of a limited beverage license or permit? If yes, identify. Do you hold and/or are you an officer, director, stock member/manager/agent of a limited liability compar brewery/winery permit or wholesale liquor, manufactif yes, identify.	(Name, Location and Type of Licens kholder, agent or employe of army holding or applying for a whosturer or rectifier permit in the Signary Permittee)	of a corporation/nonprofit plying for any other alcohol ——————————————————————————————————	No No
5.	If yes, describe status of charges pending. Do you hold, are you making application for or are y organization or member/manager/agent of a limited beverage license or permit? If yes, identify. Do you hold and/or are you an officer, director, stock member/manager/agent of a limited liability compar brewery/winery permit or wholesale liquor, manufact If yes, identify. (Name of Wholesale Licensee of the companies of the compan	(Name, Location and Type of Licens kholder, agent or employe of army holding or applying for a whosturer or rectifier permit in the Signary Permittee)	of a corporation/nonprofit plying for any other alcohol ——————————————————————————————————	No No
5.	If yes, describe status of charges pending. Do you hold, are you making application for or are y organization or member/manager/agent of a limited beverage license or permit? If yes, identify. Do you hold and/or are you an officer, director, stock member/manager/agent of a limited liability compar brewery/winery permit or wholesale liquor, manufact If yes, identify. (Name of Wholesale Licensee of the companies of the compan	(Name, Location and Type of Licens kholder, agent or employe of army holding or applying for a whosturer or rectifier permit in the Start two employers.	of a corporation/nonprofit plying for any other alcohol	No No

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.

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: Village of Sturgen Bou County of County of City
The undersigned duly authorized officer/member/manager of
a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as
located at
appoints Home Address of Appointed Agent) (Home Address of Appointed Agent) Syars
to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcoh everages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/organ; on/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?
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?
For: (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 , hereby accept this appointment as agent for the
corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company. Agent's age (Signature of Agent) (Home Address of Wgent) Date of birth
APPROVAL OF AGENT BY MUNICIPAL AUTHORITY (Clerk cannot sign on behalf of Municipal Official)
I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

(Signature of Proper Local Official) (Town Chair, Village President, Police Chief)

Approved on _

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 Liqour 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 Sheet Sturgeon See
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) Week Thurs Sundan Control of the Class B Liquor License being applied to a new business development?Yes No
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) Section 1. Se
4 Number of years this business has been in existence:
5 Number of years applicant has been conducting business in the community:
Hours of operation? Full time operation: Seasonal operation: Yes No If yes to seasonal, list the anticipated number of days of operation during license year:
 Will the business be open to the general public during during normal operations? Yes No Number of proposed seats: Attach Floor Plan
9 Explain your internal control procedures: (attach additional pages if needed)
Explain your policies/procedures to train employees regarding serving alcohol: Attach policy or additional pages if needed. The serving alcohol: The serving alcohol:
11 Size of business including but not limited to: Number of full-time jobs created (or full time equivalents) Jobs retained
Annual Sales Tax Revenue anticipated

12	Current assessed value of improvements on property: 225 Will improvements (renovations/additions) be made to the property if license issued: 17es No if yes, anticipated expected value 200, 000
13	How will issuance of this license enhance the quality of experience in the City of Sturgeon Bay?
10	(Attach additional pages if needed) The Control of
	with a lovely place to Sit outsite comes (cheese
	Clerone, such as you
	I, the undersigned, hereby state that the information contained in this application is true
	and correct.
	7/27/2077
	SignatureDateDate
	City Clerk office Use Only:
	Date Received:

	City Staff to Complete:	
1	Date of application: 7 27122 Is the application complete and in order:	
2	Are there any outstanding deliquent taxes on the property? Yes <u>\$\frac{1}{2}\$</u> No If yes, explain:	_
3	Are there any oustanding delinquent taxes for the individual/corporation applying?	Yes <u>X</u> No
4	Any outstanding/delinquent payments owed to the City or SBU? Yes X No If yes, explain:	_
5	Is the location consistent with the City of Sturgeon Bay Comprehensive Plan? \overline{X} Yes _	No
6	Is the proposed use/development of the license and property consistent with the City of Sturgeon Bay development plans? <u>X</u> Yes No	of
7	Is the property zoned properly? X Yes No	
8	Does the site accomdate the City Parking Code Ordinance? Yes No	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 X_ No Explain any no answers: White Santarian Signo off.	-
10 11 12	. How many service calls have been made to the property in the last three years?	
13 14 15	Underage drinking?	
	For Staff Use: City Clerk Office Review Finance Office Review Community Development Office Review Police Department Review Fire Department Review City Administrator Review	

Original Alcohol Bev (Submit to municipal clerk.)	verage Retail	-		Applicant's Wisconsin Seller's Perr	0316-03
For the license period beginning	: 7/27/22	ending:	130/23	11- 577588	6
	(_	(mm dd yyyy)	TYPE OF LICENSE REQUESTED	FEE
To the Governing Body of the:	lown of) <	Lange	A	Class A beer	\$
To the Governing Body of the:	Village of \	turgeon 5	6 V	Class B beer	\$
\mathcal{C}	City of	1	1	Class C wine	\$
County of S		Aldormania	Diat No	☐ Class A liquor	\$.
County of DO		Aldermanic (if required)	by ordinance)	Class A liquor (cider only)	\$ N/A
·		(ii required	by ordinance)	🗖 Class B liquor	\$
			`	Reserve Class B liquor	\$
Check one: Individual	🗹 Limited Liability (Company		Class B (wine only) winery	\$
☐ Partnership	Corporation/Non	profit Organizatio	on ·	Publication fee .	\$.
			* * *	TOTAL FEE	\$
Name (individual / partners give last na		tions / limited liability	companies give registered	i name)	
An "Auxiliary Questionnaire, by each member of a partner each member/manager and a	" Form AT-103, mus ship, and by each	officer, director	and agent of a cor	poration or nonprofit orga	nization, and by
President / Member Last Name	(First)	(Middle Name)	Home Address (Street, Ci	ity or Post Office, & Zip Code)	
Krauso	LeeAnn		3859 Cour	the Ed thish	Conk 54212
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, Ci	ity of Post Office & Zin Code)	Check, 1
Capila	7	11	0711 1	ity or Post Office, & Zip Code)	5472×
Secretary / Member Last Name	(First)	(Middle Name)	439 Quir	icy St. St. Suy	11235
Secretary / Member Last Name	(Filst)	(IMIDDIE IVAITIE)	Home Address (Street, Cl	ity or Post Office, & Zip Code)	
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, Ci	ity or Post Office, & Zip Code)	
Agent Last Name	(First)	(Middle Name)	Home Address (Street, Ci	ity or Post Office, & Zip Code)	& Coroll
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, Ci	ity or Post/Office, & Zip Code)	s'i eu
				0	
1. Trade Name 1	males	7/		e Number 920-746	70600
2. Address of Premises 26	, coaks	T	Post Office & Z	ip Code St Bay	54235
 Premises description: Des applicant must include all I storage of alcohol beverag described.) 	rooms including livings and records. (Ale	g quarters, if us cohol beverages	ed, for the sales, ser may be sold and sto	rvice, consumption, and/or ored only on the premises	
Dining Room	, Back She	d walk	Tin (Doler	. Ritchen.	
waltress Sta	Hon)			

harmon and the second s			<u> </u>		
4. Legal description (omit if st	reet address is giver	n above):			
5. (a) Was this premises licen	sed for the sale of li	quor or beer duri	ing the past license y	/ear?	Yes □ No
(b) If yes, under what name	e was license issued	? Hot Ta	males, LL	c (Beer)	

ls i	ndividual, partners or agent of corporation/limited liability verage server training course for this license period? If y	company subject to compleyes, explain	etion of the responsible	☐ Yes 🂢 No
ls If	the applicant an employe or agent of, or acting on behalf	f of anyone except the name	ed applicant?	☐ Yes Æ No
D	oes any other alcohol beverage retail licensee or whole usiness? If yes, explain	sale permittee have any int		☐ Yes 🆊 No
	a) Corporate/limited liability company applicants on			/
	of registration. b) Is applicant corporation/limited liability company a s company? If yes, explain	ubsidiary of any other corp	oration or limited liability	☐ Yes No
	c) Does the corporation, or any officer, director, stockh member/manager or agent hold any interest in any officer, explain.	older or agent or limited lial other alcohol beverage lice	bility company, or any nse or permit in Wisconsin′	- ? ☐ Yes 💆 No -
	Does the applicant understand they must register as a R government, Alcohol and Tobacco Tax and Trade Bureat business? [phone 1-877-882-3277]	Retail Beverage Alcohol Dea u (TTB) by filing (TTB form t		- Yes □ No
	Does the applicant understand they must hold a Wiscon	nsin Seller's Permit? [phone	e (608) 266-2776]	XYes 🗌 No
2.	Does the applicant understand that they must purchase breweries and brewpubs?	alcohol beverages only from	m Wisconsin wholesalers,	Yes □ No
ne nar ss	O CAREFULLY BEFORE SIGNING: Under penalty provided by latest of the knowledge of the signer. Any person who knowingly property \$1,000. Signer agrees to operate this business according to law gned to another. (Individual applicants, or one member of a partnen apanies must sign.) Any lack of access to any portion of a licensed isdemeanor and grounds for revocation of this license.	and that the rights and responsit	bilities conferred by the license(s	s), it granted, will not be
	tact Person's Name (Last, First, M.I.) LLHNN KAULE ABJUTE LLHAL FINILSE	Title/Member Co / Scurre, Phone Number 920-746-6	pale /27 Email Address Nottam	1/2 2 ales 2004egi
	BE COMPLETED BY CLERK		Signature of Clerk / Deputy Clerk	
1	te received and filed with municipal clerk Date reported to council / board	Date provisional license issued	Organization of Organi, I apply Trans	1

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

	- 10	Sant namal	(middle name)
Indiv	idual's Full Name (please print) (last name) (11	first name)	(
Hom	Address (street/qute) Post Office	City Age Date of Pirth	Mek W 54212 Place of Birth
Tho	above named individual provides the following information as	s a person who is (check on	e):
	Applying for an alcohol beverage license as an individual.		
\vdash	A member of a partnership which is making application for a	an alcohol beverage licens	э.
	Of American of American		
128	(Officer / Director / Member / Manager / Agent)	(Name of Corporation, Limited	Liability Company or Nonprofit Organization)
	which is making application for an alcohol beverage license.		
Th.	e above named individual provides the following information to		
	Light lang have you continuously resided in Wisconsin prior to	to this date?	
	then then tree	SHIC UNITEISTED TO SICOUR DE	verages) for
۷.	Have you ever been convicted of any offenses (other than the violation of any federal laws, any Wisconsin laws, any laws o	of any other states or ordina	nces of any county
	us are law or ordinance violated trial court trial date and	id penalty imposed, and/or (page, description and
	status of charges pending. (If more room is needed, continue on 001 -346.63 61915 fine 387.	5/15/15/263.50	and owi 346.63 1533.0
	of the second in a second in a second MOII	Tother than traffic uniteracted	to alcohol beverages)
3.	Are charges for any offenses presently pending againsty of for violation of any federal laws, any Wisconsin laws, any law	ws of other states or ordina	
	municipality?		Yes No
	municipality.		
4.		fficer, director or agent of a	corporation/nonprofit
	· · · · · · · · · · · · · · · · · · ·	COMPANY HORAING OF APPLY	9 101 411)
	beverage license or permit?		
	If yes, identify(Nar.	nme, Location and Type of License/Peri	nit)
r	Do you hold and/or are you an officer, director, stockholder,	agent or employe of any pe	erson or corporation or
э.		na ar anniviriu iui a wiloicse	iic bool politing
	brewery/winery permit or wholesale liquor, manufacturer or n	rectifier permit in the State	of Wisconsin?
	If yes, identify.		(Address By City and County)
	(Name of Wholesale Licensee or Permittee)		(Address By City and County)
6.	Named individual must list in chronological order last two en	mployers.	Employed/Frem To/
	Employer's Name Employer's Name	hook	9/85 (40)3
	Employer's Address	reco	Employee From To
	Employer's Name	OK.	794 0103
	MINITED THE		
	(ad states that each of the above questions has

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 (pipase print) (last name) Home Address (street/route)
Home Address (street/route) Home Phone Number
Home Phone Number Age
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. A member of a partnership 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? 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? 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? 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? 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? 4. If yes, describe status of charges pending.
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for violation of any federal laws, any visconsin laws, any laws of director or agent of a corporation/nonprofit Yes No Modern Programment Comments of the force of the comments of the commen
for violation of any federal laws, any visconsin laws, any laws of director or agent of a corporation/nonprofit Yes No Monunicipality?
municipality?
If yes, describe status of charges pending.
4 Do you hold are voll making application of all you are smooth and are voll making application for all your arrangements.
organization or member/manager/agent of a limited liability company floiding of applying its any other liability company floiding of apply
If yes, identify. (Name, Location and Type of License/Permit)
INVAILE, LOCALION and Type of Later
5. Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit,
member/manager/agent of a limited liability company holding or applying for a wholesale beef permits brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin?
brewery/winery permit of wholesale liquor, manufacturer of the state o
If yes, identify. (Name of Wholesale Licensee or Permittee) (Name of Wholesale Licensee or Permittee)
the third and the line throughout last fwo employers.
6. Named individual must list in chronological of the land of the
(to (ULA) Sh Cheller Brown To 1 /
Employer's Name (Employer's Address S S S S S S S S S S S S S S S S S S
Uniede Casino State Paris
the land the undersigned states that each of the above questions have
READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions have 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 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 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 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 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 been truthfully answered to the best of the knowledge of the signer.
been truthfully answered to the best of the knowledge of the signer. The signer agrees that he she is the person and instance are true at application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true at application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true at application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true at application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true at application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true at application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true at application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true at application; that the applicant has read and made a complete answer to each question, and that the application is a supplication of the each property and the each p
correct. The undersigned further understands that any license labeled and efficiently and effi
correct. The undersigned further understands that any license issued contrary to Chapter 123 of the Wisconsin States of the Visconsin States of the Vi
tion. Any person who knowingly provides materially raiso information
(hw/n, X)
7Signature of Nameo individual)
(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

DA case number

Charges

Prosecuting agency

Printable version

Responsible official Ehlers, D. Todd

Prosecuting agency
District Attorney

attorney

Funnell, Timothy Wayne

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		(<u>0</u>)
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 intoxicaling liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by an officer of the must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by an officer of the must be appointed 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 Town County of Down County of Down
The undersigned duly authorized officer/member/manager of (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 located at
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/
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? How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? Place of residence last year For: 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
, 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.
Beverages conducted on the plant of Agent's age (40) Agent's age (40) Bate of birth 3/88 (62) Agent's age (40) Date of birth 3/88 (62)
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 (Signature of Proper Local Official) Title(Town Chair, Village President, Police Chief)
Wisconsin Department of Revenue

AT-104 (R. 4-18)

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 Liqour and Beer license.

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

Appl	cant 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? X Yes No If yes, provide details about any changes in scope or operation of existing business:(attach additional pages if need) OUT Plan OUTSIDE Sufficient and a burning de
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: 1845
6	Hours of 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. 40 to Serving Liquing Licence and Fool & Set up Change Final Front Concerns and Fool & Set up
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 + 0 wtside when finished to more
	· ·

12	Current assessed value of improvements on property: $200,000$ Will improvements (renovations/additions) be made to the property if license issued: \times 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 Clost on the west Side See Attach Ment 113
	I, the undersigned, hereby state that the information contained in this application is true and correct. Signature Date
	City Clerk office Use Only: Date Received:

City Staff to Complete: Date of application: 7/27/22 Is the application complete and in order: Yes ___No Are there any outstanding deliquent taxes on the property? ___ Yes X_ No If yes, explain: _____ Are there any oustanding delinquent taxes for the individual/corporation applying? ___Yes X__ No 3 If yes, explain: __ Any outstanding/delinquent payments owed to the City or SBU? ___ Yes $\underline{\chi}$ No If yes, explain: ____ Is the location consistent with the City of Sturgeon Bay Comprehensive Plan? X Yes ____ No 5 Is the proposed use/development of the license and property consistent with the City of Sturgeon Bay development plans? XYes No (110 #2) Is the property zoned properly? X Yes ___ No 7 Does the site accomdate the City Parking Code Ordinance? X Yes __ No (Parking not required) 8 Has the property been inspected by the following: Sturgeon Bay Fire Deparment? X Yes ____ No Sturgeon Bay Police Department? __x Yes ___ No Door County Sanitarian ___ Yes ___ No Explain any no answers: ______ 10 Record of incidents for existing property: Ø 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: Norse Complement + Careaca Accest (Complement) 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

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 then 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.

Affroment #8 Sour 2019 Gosner Booth Jak / Registe Mon 0 0 400 100 0 1 ud *P* 9 0 0 ٩ 0 0 25 0 0 0 :Ast 0 1-2 1000 V y to f Booths Wast Sal Tag 0 Ó Q 9 100 6-1-6 0 >€ Ö 4 72 0 Q 470 L'Age Bothroon Morth

Original Alcohol Beverage Retail License Application (Submit to municipal clerk.)				Applicant's Wisconsin Seller's Pern Business often More transfer 86-193010	n 190 Days from today -10
For the license period beginning: 06/01/2012 ending: 06/33/33				TYPE OF LICENSE REQUESTED	FEE
To the Governing Body of the:	☐ Town of ☐ Village of ☑City of	turgeon B	<u> </u>	Class A beer Class B beer Class C wine	\$
County of DOOY		Aldermanic (if required b	Dist. No oy ordinance)	Class A liquor Class A liquor (clder only) Class B liquor Reserve Class B liquor	\$ N/A \$
Check one: Individual Limited Liability Company			Class B (wine only) winery Publication fee TOTAL FEE	\$ \$	
Name (Individual / partners give last na		ions / ilmited liability o	companies give registere	d name)	
An "Auxiliary Questionnaire, by each member of a partner each member/manager and a	ship, and by each	officer, director	and agent of a co	rporation or nonprofit orga	inization, and by
President / Member Last Name	(First)	(Middle Name)	Home Address (Street, C	City or Post Office, & Zip Code)	Fusen Bay WI 542
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, C	Oity or Post Office, & Zip Code)	Turseen Day Wil 3 90
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, C	City or Post Office, & Zip Code)	
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, 0	City or Post Office, & Zip Code)	
Agent Last Name SENTRY Directors / Managers Last Name	(First) JENNERER (First)	(Middle Name) (Middle Name)	6140 N.Sh	City or Post Office, & Zip Code) 1 ACS LC (V. Sturgea City or Post Office, & Zip Code)	1 Bas, WI 54235
Trade Name Sturse Address of Premises 10	eon Bay Tema	ice Street	Business Pho	ne Number <u>608-556</u> Zip Code <u>54 rzen Bo</u>	WI 54235
Premises description: Des applicant must include all	scribe building or bui	ildings where ald ng quarters, if us	cohol beverages are ed, for the sales, se		
R -112 = 10	+ Ye+ 6 m 1+	but 5/1	ted for Con	pleton in May a	2x 2023.
Story Build	FN3+ Floor B	or Anea Co	sisteman	prox 700 SO Ft 00 Prox 700 SO Ft 00 e That will be C outdoor for too our Space Contine: 0 50 ft Patho and Se	entropol
With locking do	nors First F	Goor bar of	ens to on	ontdoor patro	Wigh
Charles Date I	as had Scali	ns and plan	an MOREY 400	50 CL Path and Se	NICe Conter.
4. Legal description (omit if s	street address is give	n above):	4		_
		·		year?	
(b) If yes, under what nan	ne was license issue	_{d?}			-

AT-106 (R. 3-19)

Wisconsin Department of Revenue

6. i	s indi bever	age server training course							
7.	ls the	a applicant an employe or a		lf of anyo	ne except the named	applicant? .	☐ Yes No		
8.	Doe: busl	s any other alcohol bevera		esale per	mittee have any inter	est in or cont	irol of this Yes No		
9.		Corporate/limited liabilit of registration. Is applicant corporation/li company? If yes, explain	y company applicants of mited liability company a	niy: Inse	rt state <u>WT</u> y of any other corpor	and date	oz/68/2 \ ed ilability	o	
	(c)	Does the corporation, or member/manager or age if yes, explain.		holder or other ald	agent or limited liabil cohol beverage licens	lity company, se or permit ir	or any n Wisconsin? ☐ Yes ☑´î	lo	
	go	oes the applicant understa	nd they must register as a bacco Tax and Trade Bure	Retail Be au (TTB)	verage Alcohol Deale by filling (TTB form 56	or with the fed 330.5d) before	eral	No No	
,	12. D	oes the applicant understa	and that they must purchas	e alcohol	beverages only from	Wisconsin w	holesalers, Yes 🛚	No	
	the be than \$ assign	st of the knowledge of the sign	e this business according to law cants, or one member of a partr cess to any portion of a license	w and that t	the rights and responsibil	itles conferred i	estions has been truthfully answere ion may be required to forfeit not r by the license(s), if granted, will no ne member/manager of Limited Lla sal to permit inspection. Such refu	bllltv	
		Person's Name (Last, First, M.I.)	NWFFER L.		Tille/Member Sole Memb Phone Number 608-556-435	er 66	Date 1/27/22 Email Address 5LGENTRY900	mail.	Com
	Date	E COMPLETED BY CLERK received and filed with municipal clerk 12212	Date Ilcense Issued		isionel license issued number issued	Signature of Clerk	/ Depuly Clerk		

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

	Suprinc to manner		(middle name)	
Individual's Full Name (please print) (last name)	(first name,		LYNN	
LENTRY	JENNEF	ER		Code
Home Address (street/route) Post	Office			4235
Colyn N. Share Side Cor.		Sturgean ?	Place of Birth	7232
Home Phone Number	Age	Date of Birth		Bay, WI
(068-556-4356	137	04/19/8	5 91001	931
(000° 30¢ (307		l la dala alcano		
The above named individual provides the following	ng information as a pers	son wno is (check one,	'·	
A member of a partnership which is making	application for an alco	hol beverage license	DRA Sture	in Bay Terrace
Applying for an alcohol beverage license as A member of a partnership which is making Sole Member (Officer / Director / Member / Menager / Agent)	of _ 513 Ma	For CCC	lability Company or Nonprofit Org	ganization)
(Officer / Director / Member / Manager / Agent)				
which is making application for an alcohol b	everage license.			
The above named individual provides the following	ng information to the lic	censing authority:		*
The above named individual provides the follows 1. How long have you continuously resided in V 2. Have you ever been convicted of any offensions of the convicted of any Wisconsin	Visconsin prior to this d	ate? 57 166	versions) for	
2. Have you ever been convicted of any offense	es (other than traffic un	related to alconol bet ther states or ordinal	nces of any county	
violation of any rederal laws, any visconom	iamoj and			🗌 Yes 🔀 No
violation of any federal laws, any vvisconsin or municipality?	ourt trial date and pena	ity imposed, and/or d	ate, description and	*
If yes, give law or ordinance violated, that or status of charges pending. (If more room is no	eeded, continue on revers	e side of this form.)		
status of charges perfuing. (Il more room is xi		1.1.1	t- alaskal hoverages)	
3. Are charges for any offenses presently pend	ding against you (other	than traffic unrelated	ices of any county or	
Are charges for any offenses presently pend for violation of any federal laws, any Wiscon	isin laws, any laws of o	iner states of ordinar	and or any commy	☐ Yes 🔀 No
municipality?				
If yes, describe status of charges pending.	an officer d	irector or agent of a	corporation/nonprofit	
 Do you hold, are you making application for organization or member/manager/agent of a 	a limited liability compa	ny holding or applyin	g for any other alcohol	Tyes No
organization or member/manager/agent of a beverage license or permit?				1. [] 100 []
If yes, identify.	(Name, Local	lon and Type of License/Pern	nit)	
rallun a	ten stockholder agent	or emplove of any pe	rson or corporation of	
Do you hold and/or are you an officer, direct member/manager/agent of a limited liability	company holding or at	oplying for a wholesa	le beer permit,	C V Ma
member/manager/agent of a limited liability brewery/winery permit or wholesale liquor,	manufacturer or rectifie	r permit in the State	of Wisconsin?	☐ Yes 🎽 No
If yes, identify.				
(Name of Wholesal	e Licensee or Permittee)		(Address By Cliy and C	<i>Jounty)</i>
a Named Individual must list in chronological	order last two employed	ers.	Employed From	To
Employer's Name Emplo	yer's Address	17 . Il 1 - M-547	0 Jun 2072	June, 2022
Employer's Name One Brace (Blewing Combing Employer's Name Employer's Name Basa barts class of Dowcomby S	33 Market Forcet.	633 HANGET, WILLIAM	Employed From	To
Employer's Name Emplo	eyer's Address	Sturgen By WI	\$1235 June 2021	Jan 2022
Bassa birts club of Dour Compy :	35 Samh JACHVE,		1, -/	
			d states that each of th	e ahove questions has
READ CAREFULLY BEFORE SIGNING: Ur been truthfully answered to the best of the kn	nder penalty provided b	y law, the undersight The signer agrees th	at he/she is the person	named in the foregoing
1 I withfully onewared to the best of the kill	OMICARO OF THE STATE		that the encurere in each	en instance are true ariu
The undergined fulfiller understands	that any modition in		to and affidovite in conn	ection with this applica-
correct. The undersigned further understands under penalty of state law, the applicant may tion. Any person who knowingly provides mat	be prosecuted for subm	on this application n	nay be required to forfei	t not more than \$1,000.
tion. Any person who knowingly provides mad	erially laise information			
		$\langle \alpha \rangle$	les bush	Individual)
		Gode	signature of Named	Jianiani)
		~ () ·	U	Wisconsin Department of Revenue
				LAK Department of Reventile

Schedule for Appointment of Agent by Corporation / Nonprofit Organization or Limited Liability Company

Submit to municipal clerk.

Total partial patrick and the latest
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: ☐ Village of 5 two sean Buy WI County of Door ☐ City
The undersigned duly authorized officer/member/manager of
a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as
located at 160 E. Maple Street, Sturgeon Bay, WI 54235
Server I was location
(Name of Appointed Agent) (Name of Appointed Agent) (Home Address of Appointed Agent)
to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?
Yes No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).
Is applicant agent subject to completion of the responsible beverage server training course? Yes No How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 37 Years Place of residence last year 440 N. Share Side City. Sturgen Bay, WI 54235
For: 1 SB Blaza, LLC
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
, hereby accept this appointment as agent for the
corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.
07/27/72 Agent's age
(Signature of figent) (Date) (All of Share Street Street 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 (Signature of Proper Local Official) Title (Town Chair, Village President, Police Chief)

AT-104 (R. 4-18)

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 Liquur and Beer license.

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

App	icant Must Complete:
1	Property Address: 100 E. Maple 54-, Sturgeon Bay, WI 54235
2	Is the Class B Liquor License being applied to a new business development? XYes No If yes, provide details about proposed use (attach additional pages if need) New Dellelofment at the West Laterfront - See Attached Business Plan and 5te Renderms, Which are Not to be made findire Record without
	Business Plan and Site Renderings, Which are Not to be much
3	Is the Class B Liquor License being applied to an existing location? Yes \times 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: New Basness
5	Number of years applicant has been conducting business in the community:
6	Hours of operation? Summer: 1 lam-10pm Daily/Winter 12pm-8pm Fri-sun
Ü	Full time opertation: Yes No
	Seasonal operation: Yes X 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? X Yes No
8	Number of proposed seats: First Floor: 35 Roortop: 49 Partio: 80 Parkland: Available for senting Seasonally Gut undetermined Attach Floor Plan - Ves
9	Explain your internal control procedures: (attach additional pages if needed) See Alfacul Basiness Plan, Pases Fand 8
10	Explain your policies/procedures to train employees regarding serving alcohol: Attach policy or additional pages if needed. See Attachded Busness Plase Pages 7 and 8
11	Size of business including but not limited to: Number of full-time jobs created (or full time equivalents) 30 Jobs retained NA Annual Sales Tax Revenue anticipated Maritan Anticipated capacity of business (e.g. number of seats, patron capacity) 178 Tadoar and OU+ (Seasonalls)

12	Current assessed value of improvements on property:
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 Worth Front and
	OcenPies a Vacant lot Sthraked on a Contaminated Brown Field. It is Critical That
	(Attach additional pages if needed) This Project Activates The West West water front and Occupies a Vacant let Situated on a Contaminated Brown Field. It is Critical that This Project Move forward to allow The City to Contame to grow and develor-
	l .
	I, the undersigned, hereby state that the information contained in this application is true
	and correct.
	Signature $\sqrt{27/22}$
	Signature Date 1/2//22
	City Clerk office Use Only:
	Date Received:
	Date Headings.

	City Staff to Complete:
1	Date of application: 7/27/22 Is the application complete and in order:YesNo
2	Are there any outstanding deliquent taxes on the property? Yes <u></u> No If yes, explain:
3	Are there any oustanding delinquent taxes for the individual/corporation applying?Yes X_ No If yes, explain:
4	Any outstanding/delinquent payments owed to the City or SBU? Yes X No If yes, explain:
5	Is the location consistent with the City of Sturgeon Bay Comprehensive Plan? X Yes No
6	Is the proposed use/development of the license and property consistent with the City of Sturgeon Bay development plans? X Yes No (710 *4)
7	Is the property zoned properly? X Yes No
8	Does the site accomdate the City Parking Code Ordinance? X Yes No
9	Has the property been inspected by the following: Sturgeon Bay Fire Department?Yes X_No Sturgeon Bay Police Department?YesNo Door County SanitarianXyes X_No Explain any no answers: No Doubling to inspect - Varant land - W
	J
10 11 12	How many service calls have been made to the property in the last three years? Νεω Construction
13 14 15	Underage drinking?
	For Staff Use: City Clerk Office Review Finance Office Review Community Development Office Review Police Department Review Fire Department Review City Administrator Review

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 Norther 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 baren 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 that 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.

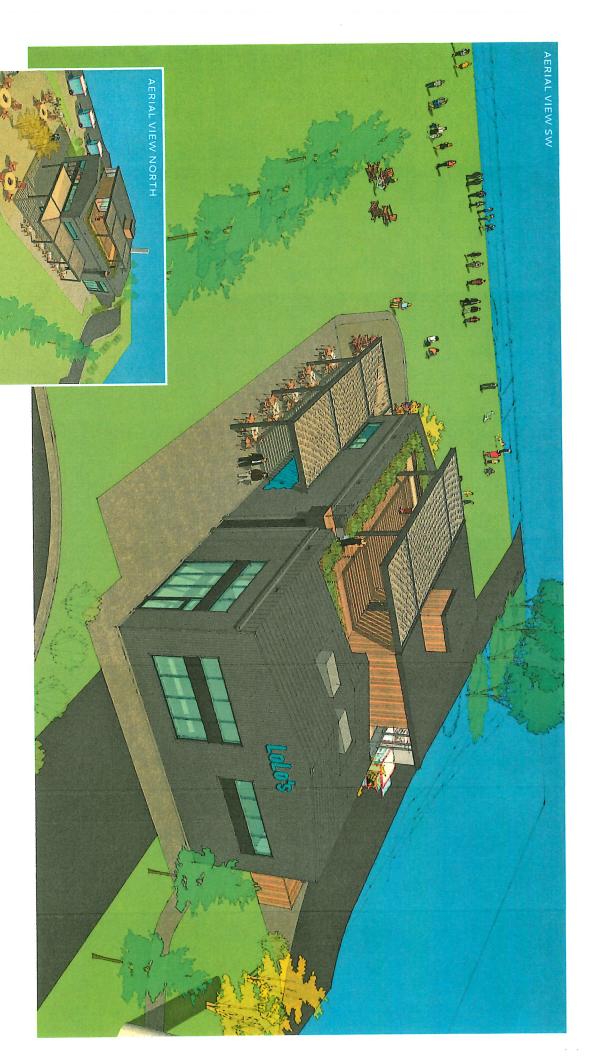
Precautions will be taken to assure that we do not serve underage patrons. Employees will be trained to check identification of all patrons who may be under the age of 35. Another important responsibility is identifying and preventing over consumption by our patrons. These practices have proven successful 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.









NORTHEAST ELEVATION FACING PARK





