

ALCOHOL LICENSE COMMITTEE AGENDA

July 28, 2025

4:00 PM

Meeting Room A

City-County Government Center

160 S Macy Street

Fond du Lac, Wisconsin

I. ROLL CALL

A. Attendance

B. Declaration Quorum Present

II. CONSENT AGENDA

A. June 30, 2025 Minutes

III. INPUT

A. Audience Comments

The Presiding Officer Shall Limit Comments To Items Noticed On The Agenda

IV. ACTIONS

A. "Class C" Wine License

Limited Liability Co: Noel's Touch Esthetics LLC

Agent Name: Noel Deibert

d/b/a: Noel's Touch Esthetics

Business Address: 42 N Main Street

B. "Class C" Wine License

Limited Liability Co: Twisted Warrior LLC

Agent Name: Lucille Mathers

d/b/a: The Twisted Warrior Yoga Studio

Business Address: 15 N Main Street (3rd Floor)

C. Temporary Class "B" Licenses/Picnic Licenses

- FDL Blue Line Hockey (Cruise in Car Show 8/8/2025)

V. ADJOURN

**ALCOHOL LICENSE COMMITTEE
CITY OF FOND DU LAC, WISCONSIN**

Title: June 30, 2025 Minutes

Subject:

Initiator:

Location:

Recommendation:

ATTACHMENTS:

	File Name	Description
📎	Minutes_2025_6_30_Meeting(1237).pdf	minutes

ALCOHOL LICENSE COMMITTEE
MEETING MINUTES
CITY OF FOND DU LAC, WISCONSIN
Meeting Room A
160 S Macy Street

June 30, 2025
4:00 PM

ROLL CALL

Attendance

Present

Scott Gilgenbach
Andrew Hayes
Brandon Hiller
Melissa Kolstad
Thomas Schuessler

Absent

Mason Gravelle (Excused)
Kathryn Strong Langolf (Excused)

Administrative Staff

Deb Hoffmann, City Attorney
Anthony Hahn, Police Captain

Declaration Quorum Present

Chairperson Melissa Kolstad declared a quorum present.

CONSENT AGENDA

May 19, 2025 Minutes

A Motion was made by Brandon Hiller to approve May 19, 2025 Minutes and seconded by Scott Gilgenbach, and the motion was **Passed.**

Ayes: Gilgenbach, Hayes, Hiller, Kolstad, Schuessler

Absent: Gravelle, Strong Langolf

INPUT

Audience Comments

The Presiding Officer Shall Limit Comments To Items Noticed On The Agenda

No audience comments were made.

Proposed Ordinance To Amend Chapter 400 In Regards To Off Premise
Intoxicating Liquor Sales

Proposed Ordinance To Amend Chapter 400 In Regards To Off Premise
Intoxicating Liquor Sales was presented by City Attorney, Deb
Hoffmann

A Motion was made by Thomas Schuessler to recommend to the City
Council approval of the Proposed Ordinance To Amend Chapter 400 In
Regards To Off Premise Intoxicating Liquor Sales and seconded by
Brandon Hiller, and the motion was **Passed**.

Ayes: Gilgenbach, Hayes, Hiller, Kolstad, Schuessler

Absent: Gravelle, Strong Langolf

ACTIONS

Temporary Class "B" Licenses/Picnic Licenses

- FDL Co. Agricultural Society (FDL Fair 7/15-7/20/2025)
- Holy Family Catholic Community (25th Anniversary 8/16-
8/17/2025)

A Motion was made by Scott Gilgenbach to approve Temporary Class
"B" Licenses/Picnic Licenses and seconded by Andrew Hayes, and the
motion was **Passed**.

Ayes: Gilgenbach, Hayes, Hiller, Kolstad, Schuessler

Absent: Gravelle, Strong Langolf

ADJOURN

A Motion was made by Brandon Hiller to adjourn at 4:09 p.m. and
seconded by Scott Gilgenbach, and the motion was **Passed**.

Ayes: Gilgenbach, Hayes, Hiller, Kolstad, Schuessler

Absent: Gravelle, Strong Langolf

**ALCOHOL LICENSE COMMITTEE
CITY OF FOND DU LAC, WISCONSIN**

Title: "Class C" Wine License

Subject: Limited Liability Co: Noel's Touch Esthetics LLC
Agent Name: Noel Deibert
d/b/a: Noel's Touch Esthetics
Business Address: 42 N Main Street

Initiator:

Location:

Recommendation:

ATTACHMENTS:

	File Name	Description
📎	07-14-25NoelsTouchMemo.pdf	Police Memo
📎	noel_Redacted.pdf	application

Fond du Lac Police Department

MEMO



To: City Manager Joe Moore
From: Captain R Duveneck
RE: Class C Wine license,
Noel's Touch Esthetics, Fond du Lac, WI.
42 N Main St.
Date: 07/14/25

On July 14th 2025, City Attorney Hoffmann, City Clerk Maggie Hefter, Fond du lac Fire Department Community Risk Reduction & Life Safety Rachelle Vaughan, and Fond du Lac Police Department Captain Robb Duveneck, met with applicant/owner Mrs. Noel Deibert regarding her proposal for a Class C Wine license at her business Noel's Touch Esthetics, 42 N Main st, Fond du Lac, WI.

The legal business name is Noel's Touch Esthetics LLC, DBA Noel's Touch Esthetics. Mrs. Deibert advised this is primarily a spa during day time hours and would like to have the option to serve wine with her spa services. Mrs. Deibert currently holds a valid Responsible Alcohol serving certificate and advised she would be the only employee distributing the wine.

Not present was Mrs Dyann Benson from Community Development, she did review the application and had no concerns via an email to Captain Duveneck.

Captain Duveneck discussed with the applicant the City's expectations of being a license holder.

Background checks conducted on the applicant, both in-house and NCIC/CIB, indicate no prior criminal history that would preclude the issuance of the license request. The Police Department has no objections to the license request.

Captain Robb Duveneck

07-17-25

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	CITY OF FOND DU LAC
License Period	8/14/2025 - 6/30/2025

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer \$ 200 ☐ Class "B" Beer \$ 100
- ☐ "Class A" Liquor \$ 500 ☐ "Class B" Liquor \$ 500
- ☐ "Class A" Liquor (cider only) \$ 0 ☐ Reserve "Class B" Liquor \$
- ☒ "Class C" Liquor (wine only) \$ 100

Fees	
License Fees	\$ 100
Background Check Fee	\$
Publication Fee	\$ 65
Total Fees	\$ 165

Part A: Premises/Business Information			
1. Legal Business Name (individual name if sole proprietorship) Noel's Touch Esthetics LLC			
2. Business Trade Name or DBA Noel's Touch Esthetics LLC			
3. FEIN 88-1615131		4. Wisconsin Seller's Permit Number 456-1030984741-04	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization			
6. State of Organization WISCONSIN		7. Date of Organization 04/25/24 04/06/22	
8. Wisconsin DFI Registration Number A10809			
9. Premises Address 42 N. Main St.			
10. City FOND DU LAC		11. State WI	12. Zip Code 54935
13. County Fond du Lac		14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: FOND DU LAC	
15. Aldermanic District			
16. Premises Phone 920-579-6611		17. Premises Email	
18. Website			
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. Business is a spa. Open waiting area one treatment room one bathroom on main floor/laundry cleaning closet. Wine will be offered during services & events. Wine only on premises during events on request by client.			
20. Mailing Address (if different from premises address) 27 N. Hickory St.			
21. City Fond du Lac		22. State WI	23. Zip Code 54935
Part B: Questions			
1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list the details of violation below. Attach additional sheets if necessary.			
Law/Ordinance Violated		Location	
Penalty Imposed		Trial Date	
Was sentence completed?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated		Location	
Penalty Imposed		Trial Date	
Was sentence completed?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol ... ☐ Yes ☒ No
If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? ... ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ... ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity

4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ... ☒ Yes ☐ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ... ☐ Yes ☒ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ... ☐ Yes ☒ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
Deibert	Noël	owner + Agent	920-579-6611

Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor
- one general partner of a partnership
- one corporate officer
- one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name	First Name	M.I.
Deibert	Noël	J
Title	Email	Phone
owner	njaton41@gmail.com	920-579-6611
Signature	Date	
Noël J Deibert		

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
JUL 01 2025	C-2025-0108		
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Alcohol Beverage Appointment of Agent

Date

Agent Type (check one)

- ☒ Original (no fee) ☐ Successor (\$10 fee for municipal licensees only)

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)
Noel's Touch Esthetics LLC
2. Business Trade Name or DBA
Noel Touch Esthetics LLC
3. Entity Type (check one)
☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization
4. Alcohol Beverage Business Authorization (check one)
☒ Municipal Retail License ☐ State Permit
5. If successor agent, provide State Permit or Municipal Retail License Number
6. Describe the reason for appointing a successor agent, if successor is checked above.

Part B: Agent Information

1. Last Name *Dekeet* 2. First Name *Noel* 3. M.I. *J.*
4. Email *njaton41@gmail.com* 5. Phone *920-579-6661*
6. Home Address
27 N. Hickory St.
7. City *Fond du Lac* 8. State *WI* 9. Zip Code *54935* 10. Age *[Redacted]*
11. Drivers License/State ID Number *[Redacted]* 12. Drivers License/State ID State of Issuance *WI*

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? ☒ Yes ☐ No
Submit proof of completion.
2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire*? ☒ Yes ☐ No
Submit a completed Form AB-100 with this form.
3. Have you been a Wisconsin resident for at least 90 continuous days? ☒ Yes ☐ No
See instructions for exceptions.

Continued →

Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name Deibert		First Name Noël		M.I. S.
Title owner	Email njaton41@gmail.com		Phone 920-579-6611	
Signature Noël J. Deibert			Date 6/25/25	

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name Deibert		First Name Noël		M.I. S.
Signature Noël J. Deibert			Date 6/25/25	

Alcohol Beverage Individual Questionnaire

Date

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all officers, directors, and agent of a corporation or nonprofit organization
- all partners of a partnership
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)

Noel's Touch Esthetics LLC

2. Business Trade Name or DBA

Noel's Touch Esthetics LLC

3. Entity Type (check one)

☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

Part B: Individual Information

1. Last Name

Deibert

2. First Name

Noel

3. M.I.

J

4. Relationship to Business (Title)

owner

5. Email

njaton41@gmail.com

6. Phone

920-579-6661

7. Home Address

27 N. Hickory St.

8. City

Fond du Lac

9. State

WI

10. Zip Code

54935

11. Date of Birth

[REDACTED]

12. Drivers License/State ID Number

[REDACTED]

13. Drivers License/State ID State of Issuance

WISCONSIN

Part C: Address History

1. Do you currently reside in Wisconsin? ☒ Yes ☐ No

If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?

Years

5

Months

6

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address 1

27 N. Hickory St.

City

Fond du Lac

State

WI

Zip Code

54935

Previous Address 2

City

State

Zip Code

Previous Address 3

City

State

Zip Code

Previous Address 4

City

State

Zip Code

Previous Address 5

City

State

Zip Code

3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.

State

County

State

County

State

County

State

County

WI Fond du Lac

State

County

State

County

State

County

State

County

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

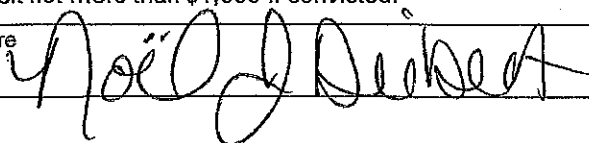
2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature



Date

6-25-25

Noel's Touch Esthetics LLC



Noel's Touch^{LLC}
esthetics

Noel Deibert
42 N. Main St.
Fond Du Lac, WI 54935

Table of Contents

Executive Summary Page 3

Success Factors Page 4

SWOT Analysis Page 5

Services and Pricing Page 6

Competitive Analysis Page 6

Marketing Plan Page 7

Financial Considerations Page 8

Income Projections Page 9

Monthly Cash Flow Page 11

Three Year Income Projections Page 12

Executive Summary

Business Overview

Noel's Touch Esthetics is a new business that launched in May of 2024 in Fond Du Lac, WI. Noel's Touch Esthetics provides a variety of services including basic facials, specialty facials for treating specific concerns, body wraps, and more. All services are available for both men and woman. Noel's Touch Esthetics provides a calm and

relaxing environment that prioritizes making the clients comfortable. Noel's Touch Esthetics, LLC will also be a destination location for Fond du Lac events and for private group events.

Ownership:

Noel's Touch Esthetics, LLC will be operating as a Limited Liability Company in Fond Du Lac, WI under owner/operator Noel Diebert.

Location:

42 N. Main St.
Fond Du Lac, WI 54935

Management:

Noel's Touch Esthetics, LLC will be under the management of owner/operator Noel Deibert. She will be responsible for all management, financial, and business-related decisions concerning the daily operations of the business as well as the long-term operational plans for the business as well as the long-term operational plans for the business.

Mission Statement:

The mission of Noel's Touch Esthetics is to provide a personalized experience that nurtures body and mind. Through the many available services, our clients can achieve relaxation, radiant skin health, and a better understanding of focus and peace.

Vision Statement:

Our vision is to become a staple of the Fond Du Lac community by providing much needed holistic beauty and wellness opportunities. We aim to provide community members with the services needed to achieve outer beauty and inner peace. Through exceptional service and a

and inner peace. Through exceptional service and a commitment to improvement we will cultivate a community focused on helping individuals restore, renew, and thrive in their health journey.

Primary Expenses for Expansion

Noel's Touch Esthetics, LLC is seeking a loan to expand their business into a larger facility. This will allow the business to be more visible to the public for marketing purposes. The larger space will also provide the opportunity for Noel to expand the services available and to eventually expand into offering products. The previous location was in the basement rooms of the Retlaw Hotel on Main St. The basement location made it difficult to promote the business because there was no street level signage. It was also difficult for a new client to find their way to the correct space downstairs. The new location is right next door to Wood's Floral on Main St.; the location makes it much easier to do ground floor signage and promotions. By remaining in the downtown area clients still have easy access to the services Noel provides.

Service/Product Offerings:

Noel's Touch Esthetics will offer numerous services and products to ensure to meet a wide range of clients' needs. Additional services and products will be offered once the company is more established, and a determination can be made concerning customer needs and wants. The current list of services and products includes:

- Facials
- Body Wraps
- Grounding Mat

- Ionic Foot Bath
- Lymphatic Drainage
- Red Light Therapy

Success Factors

- **Location:** Noel's Touch Esthetics is in the city of Fond Du Lac. The building is in Downtown Fond Du Lac on Main St. This area is well known for housing small businesses. Many local events take place in this area of town and the foot traffic will help get her name out into the community.
- **Relationships:** Noel is planning on establishing in Fond Du Lac and using her relationships with individuals who live in the area to help her promote her business.
- **Great Service/Affordable Prices:** The services provided by Noel's Touch Esthetics use high quality products to ensure a high-end experience. The pricing for these services is slightly lower than any of the local competitors.

SWOT Analysis

SWOT analysis is used to identify the strengths, weaknesses, opportunities, and threats that may face a business. In the case of Noel's Touch Esthetics, LLC a SWOT analysis was completed to assist in developing plans that will work with the strengths and opportunities and address the potential weaknesses and threats that may arise.

The SWOT analysis for Noel's Touch Esthetics, LLC will be used to help Noel establish and maintain her position

within the community. It will allow her to plan and to make necessary adjustments as her business grows and expands. This analysis should be reevaluated occasionally to adjust to the changing aspects of the business world and the health and wellness field.

Strengths

- Knowledge and Skill
- Increase Demand for Self-Care Services
- Personalized Services
- Wide Range of Available Services
- Specialized Treatment Available

Weaknesses

- Business Success Reliant on Owner/Client Relationships
- Competition
- Seasonal Demand May Fluctuate Need for Services
- Need for Continuous Education and Changing Services Based on Trends

Opportunities

- Expanding Services
- Building Online Presence
- Adding a Retail Portion to the Store
- Collaborating with Other Small Businesses that Focus on Similar Products and Services
- Working with Downtown Fond Du Lac Partnership to Increase Sales and Visibility.

Threats

- Economic Challenges
- Regulation Changes or Licensing Requirements
- Increased Competition
- Poor Location
- Client Expectations and Trends

Services and Pricing

Service

Pricing

Facials

Classic Facials **\$95**

Specialty Facials **\$110**

Body Wraps

Standard Body Wraps **\$105**

Specialty Body Wraps **\$120**

Packages

Bridal Package **\$460**

Couple's Package **\$360**

Grounding Mat **\$15**

Lymphatic Drainage **\$20**

Ionic Foot Bath **\$20**

Space Rental **\$100**

Competitive Analysis

Noel's Touch Esthetics will face competition within the community. There are other businesses that offer similar services and products. To be successful, Noel's Touch Esthetics will need to separate themselves from the competition. They plan to do this by offering high quality products and services at a price range 5-10% lower than their competition. This will allow them to establish a customer base and focus on attracting new clientele.

Another competitive advantage for Noel's Touch Esthetics is that while there is local competition, she will differentiate her business by focusing on holistic remedies and treatments. Most of their competitors have similar treatments available as secondary services offered in a salon setting. Noel's Touch Esthetics will offer these treatments as their primary focus.

Noel is going to work with some of the other small businesses that offer similar services as hers so if she is unable to help a client, she can recommend someone who may be able to help. Noel will also set her business apart by partnering with salons in the area to provide services that they may not have available at their facilities. Noel will also be optimizing the use of her larger space by offering

**ALCOHOL LICENSE COMMITTEE
CITY OF FOND DU LAC, WISCONSIN**

Title: "Class C" Wine License

Subject: Limited Liability Co: Twisted Warrior LLC
Agent Name: Lucille Mathers
d/b/a: The Twisted Warrior Yoga Studio
Business Address: 15 N Main Street (3rd Floor)

Initiator:

Location:

Recommendation:

ATTACHMENTS:

	File Name	Description
📎	07-14-25Twisted_WarriorMemo.pdf	Police Memo
📎	twisted_Redacted.pdf	Application

Fond du Lac Police Department

MEMO



To: City Manager Joe Moore
From: Captain R Duveneck
RE: Class C Wine license,
Twisted Warrior Yoga Studio, Fond du Lac, WI.
15 N Main St.
Date: 07/14/25

On July 14th 2025, City Attorney Hoffmann, City Clerk Maggie Hefter, Fond du lac Fire Department Community Risk Reduction & Life Safety Rachelle Vaughan, and Fond du Lac Police Department Captain Robb Duveneck, met with applicant/owner Mrs. Luci Mathers regarding her proposal for a Class C Wine license at her business Twisted Warriors Yoga Studio, 15 N Main st, Fond du Lac, WI.

The legal business name is Twisted Warrior LLC, DBA Twisted Warrior Yoga Studio. Mrs. Mathers advised this is primarily a wellness and yoga studio, However, she would like to have the option to serve wine after the classes have finished. Mrs. Mathers currently holds a valid Responsible Alcohol serving certificate and advised she would be the only employee distributing the wine.

Not present was Mrs Dyann Benson from Community Development, she did review the application and had no concerns via an email to Captain Duveneck.

Captain Duveneck discussed with the applicant the City's expectations of being a license holder.

Background checks conducted on the applicant, both in-house and NCIC/CIB, indicate no prior criminal history that would preclude the issuance of the license request. The Police Department has no objections to the license request.

Captain Robb Duveneck

07-17-25

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	CITY OF FOND DU LAC
License Period	8/14/2025 - 6/30/2025

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer \$ 200 ☐ Class "B" Beer \$ 100
- ☐ "Class A" Liquor \$ 500 ☐ "Class B" Liquor \$ 500
- ☐ "Class A" Liquor (cider only) \$ 0 ☐ Reserve "Class B" Liquor \$
- ☒ "Class C" Liquor (wine only) \$ 100

Fees	
License Fees	\$ 100
Background Check Fee	\$
Publication Fee	\$ 65
Total Fees	\$ 165

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)			
Twisted Warrior LLC			
2. Business Trade Name or DBA			
The Twisted Warrior Yoga Studio			
3. FEIN		4. Wisconsin Seller's Permit Number	
463877687		456-1031492601-04	
5. Entity Type (check one)			
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization			
6. State of Organization		7. Date of Organization	
Wisconsin		10/24/2013	
8. Wisconsin DFI Registration Number			
T061120			
9. Premises Address			
15 North Main			
10. City		11. State	12. Zip Code
FOND DU LAC		WI	54935
13. County		14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village	
Fond du Lac		of: FOND DU LAC	
15. Aldermanic District		16. Premises Phone	
		920-251-6833	
17. Premises Email		18. Website	
healthy-lecharter.net		thetwistedwarrior.com	
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.			
15 North Main, 3rd floor, yoga studio.			
20. Mailing Address (if different from premises address)			
N8169 Lakeshore Drive			
21. City		22. State	23. Zip Code
FDL		WI	54937

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, list the details of violation below. Attach additional sheets if necessary.		
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No
- If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? ☐ Yes ☒ No
- If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☒ No
- If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity

4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No
6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No
7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

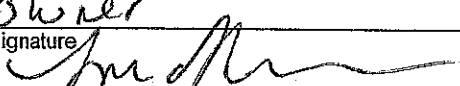
Last Name	First Name	Title	Phone
Mathers	Lucille	Owner + Agent	920 251-6833

Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor
- one general partner of a partnership
- one corporate officer
- one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name	First Name	M.I.
Mathers	Lucille	M
Title	Email	Phone
Owner	healthylife1@charter.net	920 251-6833
Signature	Date	
		

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
JUL 02 2025	C-2625-0109		
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Alcohol Beverage
Appointment of Agent

Date

Agent Type (check one)

☒ Original (no fee)☐ Successor (\$10 fee for municipal licensees only)

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)

Twisted Warrior LLC

2. Business Trade Name or DBA

The Twisted Warrior Yoga Studio

3. Entity Type (check one)

☒ Limited Liability Company☐ Corporation☐ Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)

☒ Municipal Retail License☐ State Permit

5. If successor agent, provide State Permit or Municipal Retail License Number

6. Describe the reason for appointing a successor agent, if successor is checked above.

Part B: Agent Information

1. Last Name

Mathers

2. First Name

Lucille

3. M.I.

M

4. Email

healthy_1@charter.net

5. Phone

920-251-6833

6. Home Address

18169 Lakeshore Drive

7. City

FDL

8. State

WI

9. Zip Code

54937

10. Age

[REDACTED]

11. Drivers License/State ID Number

[REDACTED]

12. Drivers License/State ID State of Issuance

WISCONSIN

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? ☒ Yes ☐ No
Submit proof of completion.2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire? ☒ Yes ☐ No
Submit a completed Form AB-100 with this form.3. Have you been a Wisconsin resident for at least 90 continuous days? ☒ Yes ☐ No
See instructions for exceptions.

Continued →

Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name <i>Mathers</i>		First Name <i>Lucille</i>		M.I. <i>M</i>
Title <i>owner</i>	Email <i>healthy1echarter.net</i>		Phone <i>920-251-6833</i>	
Signature <i>J Mathers</i>			Date <i>7/2/25</i>	

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name		First Name		M.I.
Signature			Date	

Alcohol Beverage
Individual Questionnaire

Date

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all officers, directors, and agent of a corporation or nonprofit organization
- all partners of a partnership
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)

The Twisted Warrior Yoga Studio. Twisted Warrior LLC

2. Business Trade Name or DBA

The Twisted Warrior Yoga Studio

3. Entity Type (check one)

☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

Part B: Individual Information

1. Last Name

Mathers

2. First Name

Lucille

3. M.I.

M.

4. Relationship to Business (Title)

Owner

5. Email

healthy1@charter.net

6. Phone

920-251-6833

7. Home Address

N8169 Lake Shore Drive

8. City

Fond du Lac

9. State

WI

10. Zip Code

54937

11. Date of Birth

12. Drivers License/State ID Number

13. Drivers License/State ID State of Issuance

WISCONSIN

Part C: Address History

1. Do you currently reside in Wisconsin? ☒ Yes ☐ No

If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?

Years Months

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address 1

N8169 Lakeshore Drive

City

FDL

State

WI

Zip Code

54937

Previous Address 2

City

State

Zip Code

Previous Address 3

City

State

Zip Code

Previous Address 4

City

State

Zip Code

Previous Address 5

City

State

Zip Code

3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.

None other

State

County

State

County

State

County

State

County

State

County

State

County

State

County

State

County

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

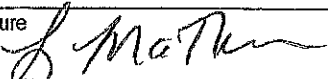
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature 	Date <u>7/1/25</u>
---	--------------------

Twisted Warrior Yoga Studio. Business Plan.

① Offer wine to the students
after planned wine classes.

6 X per year.

Lucy Mathers.

**ALCOHOL LICENSE COMMITTEE
CITY OF FOND DU LAC, WISCONSIN**

Title: Temporary Class "B" Licenses/Picnic Licenses

Subject: • FDL Blue Line Hockey (Cruise in Car Show
8/8/2025)

Initiator:

Location:

Recommendation:

ATTACHMENTS:

	File Name	Description
📎	July_Special_Class_B.pdf	Applications

Temporary Alcohol Beverage License

REC# 8781

License(s) Requested	Fees	
<input type="checkbox"/> Temporary "Class B" Wine	License Fees	\$ 10.00
<input checked="" type="checkbox"/> Temporary Class "B" Beer	Background Check	\$ 0.00
	Total Fees	\$

IF NOT FILED 15 DAYS PRIOR TO ALC MEETING, A \$25.00
RUSH FEE WILL BE CHARGED, FOR A TOTAL OF \$35.00 DUE.

Part A: Organization Information		
1. Organization Name Fond du Lac Blue Line Hockey Inc.		
2. Organization Permanent Address 550 Fond du Lac Ave.		
3. City Fond du Lac	4. State WI	5. Zip Code 54935
6. Mailing Address (if different from permanent address)		
7. FEIN 23-7182059	8. Date of Organization/Incorporation 01/01/19	9. State of Organization/Incorporation Wisconsin
10. Phone (734) 516-1381	11. Email Binkmgr@fdlblueinc.com	
12. Organization type (check one) <input checked="" type="checkbox"/> Bona Fide Club <input type="checkbox"/> Church <input type="checkbox"/> Fair Association/Agricultural Society <input type="checkbox"/> Veteran's Organization <input type="checkbox"/> Lodge/Society <input type="checkbox"/> Chamber of Commerce or similar Civic or Trade Organization under ch. 181, Wis. Stats.		
13. Is this organization required to hold a Wisconsin Seller's permit? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
14. Wisconsin Seller's Permit Number (if applicable)		
15. Agent/Contact Person of Organization in charge of Affair Tim Pickert / Chris Twissig		16. Agent/Contact Person's Phone Number or Email 920-948-1298
17. Agent/Contact Person's Address		18. Agent/Contact Person's Date of Birth

Part B: Individual Information			
List the name, title, and phone number for all officers, directors, and agent of the organization			
Last Name	First Name	Title	Phone
Carlson	Doug	President	
Pickert	Tim	Vice President	
Schneider	Aaron	Treasurer	
Scheafer	Evie	Secretary	

Continued →

Part C: Event Information

1. Name of Event (if applicable)

Cruise in Car Show

2. Dates of Operation

8/8/25

3. Hours of Operation

5pm to 9pm

4. Premises Address

334 N Rolling Meadows Dr

5. City

FOND DU LAC

6. State

WI

7. Zip Code

54935

8. County

FOND DU LAC

9. Governing Municipality ☒ City ☐ Town ☐ Village

of: FOND DU LAC

10. Aldermanic District

N/A

11. Organizer of Event (if not the named applicant)

Chris Twohy / TIM Pickart

12. Email and/or Phone Number for Organizer of Event

ctwohy@holidayautomotive.com

13. Organizer Website

14. Event Website

15. Premises Description - Describe the building or buildings and any outside areas where alcohol beverages and records are sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.

Used Car Parking lot car show.

Part D: Attestation

Who must sign this application?

- one officer or director of the nonprofit organization

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant organization and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate according to the law, including but not limited to, purchasing alcohol beverages from Wisconsin-permitted wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name

Pickart

First Name

Timothy

M.I.

A

Title

Maintenance Manager

Email

pickartt@yahoo.com

Phone

920-948-1298

Signature



Date

7/11/25

Part E: For Clerk Use Only

Date Application Was Filed With Clerk

JUL 11 2025

License Number

C-2025-0116

Date License Granted

Date License Issued

Signature of Clerk/Deputy Clerk

CITY OF FOND DU LAC

Memorandum

Date:

To: Chief of Police Attn: Records Division

From: City Clerk

Subject: Temporary Class B License

The application copied on the reverse side was filed with this office within the preceding forty-eight hours.

It is respectfully requested that your recommendation on the granting and issuance of a license be provided to this office.

CITY OF FOND DU LAC

Memorandum

Date:

To: City Clerk

From: Chief of Police

Subject: Temporary Class B License

I hereby recommend that the application be:

X Granted a license

_____ Denied a license

Comments _____

CPT RQ #121 7-11-25