ALCOHOL LICENSE COMMITTEE AGENDA

July 28, 2025 4:00 PM

Meeting Room A

160 S Macy Street Fond du Lac, Wisconsin

City-County Government Center

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

<u>Title:</u> 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

<u>Title:</u> "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

On-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, Wl.

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

	Fo	r Munic	ipal	Use Only	
Municip	pality	55 55			
CITY	OF	FOND	DU	LAC	
License					
BIN	262	35-6	/30,	/2025	

icense(s) Requested: (up to two boxes may be	cnecked)		Fees	
Class "A" Beer \$ 200	Class "B" Beer \$	License Fe	es	\$ 100
] "Class A" Liquor \$ 500	Class B" Liquor \$5	Backgroun	d Check Fee	\$
"Class A" Liquor (cider only) \$0 R	Reserve "Class B" Liquor \$	— Publication	Fee	\$ 45
4 "Class C" Liquor (wine only) \$100		Total Fees		\$ 145
Part A: Premises/Business Information				
1. Legal Business Name (individual name if sole propriet	hetics LLC			
2. Business Trade Name or DBA	hetics UC			
3. FEIN 88-1615131	4. Wisconsin Se	eller's Permit Number	7/11 2	,)
5. Entity Type (check one)	456-	1030984	141-0	1
6 1	Limited Liability Company	☐ Corporation	☐ Nonpro	ofit Organization
6. State of Organization 7.	Date of Organization	06/ 8. Wisconsi	n DFI Registrati	on Number
9. Premises Address	9 1/45/4	<u> </u>		1
10. City		11. State	12. Zip Code	
FOND DU LAC	17	WI	54935	
i	. Governing Municipality: 🔽 City	☐ Town ☐ Village	15. Alderman	ic District
Fond du Lac	of: FOND DU LAC			
16. Premises Phone 17	7. Premises Email	18. We	bsite	
19. Premises Description - Describe the building or buil are kept. Describe all rooms within the building, including the state of the s	luding living quarters. Authorized ald	ohol beverage activiti	es and storage	of records may occur
only on the premises described in this application. A	DO DO 11 DO DO	DOG SME	JARAT.	ment room
me ha thoman on May	Sloor/lawrar	y cleanin	g Close	V. Wire wil
so offerred during sin	vices & ecents. L	The only	M premi	5BS OUT FROM
20. Mailing Address (if different from premises address)				- orring
2/N. HICKORY ST	7			
21. City		22. State	23. Zip Code	125
Ford all lal		IWI	- 547	(22)
Part B: Questions				
 Has the business (sole proprietorship, partners violating federal or state laws or local ordinand 	ces? Exclude traffic offenses unle	r corporation) been ess related to alcoh	convicted of ol beverages.	☐ Yes 📈 No
If yes, list the details of violation below. Attach	additional sheets if necessary.			
Law/Ordinance Violated	Location		Trial Date	
Penalty Imposed		Was sentence com	pleted?	Yes No
Law/Ordinance Violated	Location		Trial Date	
	1			

2. Are charges for any offenses pending a	against the business? Exc	clude traffic offen	ses unless related to alco	ohol Yes IZNo
beverages.				
If yes, describe the nature and status of	of pending charges using	the space below.	Attach additional sheets	as needed.
4.				
 Is the applicant business or any of its individuals or entities a restricted inve If yes, provide the name of the restrict 	stor with any interest in a	an alcohol bever	age producer or distribute	related or? Yes No
			•	
Is the applicant business owned by an If yes, provide the name(s) and FEIN(s)	other business entity?	· · · · · · · · · · · · · · · · · · ·	ala additional abanda an	····· Yes No
4a. Name of Business Entity	of the business entity of	4b. Business Ent		needed.
		,		
Have the partners, agent, or sole proporthis license period? Submit proof of co	rietor satisfied the respon	sible beverage s	erver training requiremer	at for Yes No
6. Is the applicant business indebted to a	·			
7. Does the applicant business owe past				<u></u>
Part C: individual Information				and the second s
List the name, title, and phone number for eac Question 4: sole proprietor, all officers, director managers, and agent of a limited liability comp	rs, and agent of a corporatio	n or nonprofit orga	s in the applicant business on a partition, all partners of a pa	or businesses listed in Part B, rtnership, and all members,
Include Form AB-100 for each person listed be	· r····	s must appoint an a	agent by including Form AB-	-101.
Last Name	First Name	Title		Phone
Derbert	Noel	0	wher	420-519-6611
			+ Agent	
			<u> </u>	
Part D: Attestation				
One of the following must sign and attest	to this application: al partner of a partnership		marata afficar	o mambar of an 110
READ CAREFULLY BEFORE SIGNING: Un			•	e member of an LLC
I am acting solely on behalf of the applicant be rights and responsibilities conferred by the lice	ousiness and not on behalf of	of any other individ	lual or entity seeking the lic	ense. Further, I agree that the
according to the law, including but not limited to any portion of a licensed premises during it	I to, purchasing alcohol bev	rerages from state	authorized wholesalers. I u	inderstand that lack of access
revocation of this license: I understand that a	any license issued contrary	to Wis. Stat. Char	iter 125 shall be void unde	r penalty of state law. I further
understand that I may be prosecuted for sub- ingly provides materially false information on	this application may be req	affidavits in conne juired to forfeit not	ction with this application, a more than \$1,000 if convic	ted.
Last Name Dubu7	Firs	t Name		M.I
Title O O O	Email	1001	11600000110	Phone Oca 500
Signature Signature	iha G	010119	Date Date	om 400-5-19-601
Part E: For Clerk Use Only	UNU!			
Date Application Was Filed With Clerk Licer	nse Number		Date License Granted	Date License Issued
JUL 0 1 2025	A	801		
Signature of Clerk/Deputy Clerk	• •		Date Provisiona	l License Issued (if applicable)

Form AB-101

Alcohol Beverage Appointment of Agent

Date		

Agent Type (check one)						
Criginal (no fee)	Successor (\$10 fee for me	micinal licensees only)				ro si digitali ya Maje at 15 km²
AND CHRISTIAN (110 100)	<u></u>	amolpai noonsees only)			_ -	
Part A: Business Inform	to conflict the first of the first of the private of the first of the					
1. Legal Business Name (individ	ouch Esthet	ics lu				
2. Business Trade Name or DBA	14	LC				
3. Entity Type (check one)	Limited Liability Company	☐ Corporation	on 🗌 No	nprofit Organiz	ation	
Alcohol Beverage Business At Municipal Retail Lice		5. If successor agent, prov	ride State Permit or M	funicipal Retail L	icense N	umber
6. Describe the reason for appoin	nting a successor agent, if successor	is checked above.				
			niro-iva			
Part B: Agent Information	on					
1. Last Name Del Del A		2. First Name			3. M.I.	
4. Email	110 amail. Co	m		5 Phone	579	-10101
6. Home Address	Koni St.				**************************************	
Fond du	lac	8. State 9. Zip Code	135	10 Age		
44 Drivera Lineana/State ID Mur	nhor.	12. Driv	rers License/State ID	State or issuant	,e	
			<u> </u>			
Part C: Agent Question	\$ 1					
Have you satisfied the res Submit proof of completion	sponsible beverage server traini n.	ng requirement?			Yes	☐ No
Have you completed Form Submit a completed Form	m AB-100, <i>Alcohol Beverage Ind</i> n AB-100 with this form.	lividual Questionnaire?.		······································	Yes	□No
	sin resident for at least 90 contir	nuous days?		······· 7	Yes	□No
				······································		

Continued \rightarrow

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 De (De / + S.) First Name M.I.
Title Dune Phone Nation 410 and 1.com 920-579-60
Signature $\frac{600000000000000000000000000000000000$
Part E: Agent Attestation
READ CAREFULLY BEFORE SIGNING: I, the Agent , herby 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.1. The state of the
Signature Dei Dei Dei Dei Co / 25/25

Form		
Α	B-1	00

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
 members and agent of a limited liability company
- · all partners of a partnership

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

Part A: Business Info	ormation					
1. Legal Business Name (inc			1 1 1			
Noel's. i	ouch Es	sthetics	ررر			
2. Business Trade Name or		esthetics	11	ک		
3. Entity Type (check one)		_/				
☐ Sole Proprietor	☐ Partnership	Limited Liability	Company	/ Corporation	ı No	nprofit Organization
				SW TO WINDOW HOW IN A PART AND THE ARREST	el liberado en contra entante de 1800.	
Part B: Individual Inf	ormation	75				100
1. Last Name DOUGH		2. Fig	XX ()		3. M.I.
4. Relationship to Business	(Title)	5. Email	1110	@gmail.	C03000 6	Phone
001/61		Maro	1191	. ognun	יושי	100-2-17-60
7. Home Address	rickory	St.				
stand d	u Lac	· •	9. State	10. Zip Code 54935	111	Date of Birth
12 Drivers License/State IC	Number			13. Drivers License/S	tate ID State o	f Issuance
				MISC	DX 1 Z Z	
Part C: Address Hist	ory					
1. Do you currently resid	e in Wisconsin?					⊠Yes □ No
If yes to 1 above, how	iona hava yay canfi	nuouely lived in Wieer	onein prior	to the date of applica	tion?	Years Months
il yes to I above, now	long have you com	nuousiy iivea iii vvisci	origination	to the date of applica	augitr	5 1 6
2. List in chronological o	rder all of your addre	esses within the last 5	years. Att	ach additional sheets	if necessary	
Previous Address 1		City	_ 1	· \ .	State	Zip Gode
12710. But	ROW S	t F	Md	du las	WI	154935
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 cou	nties you have lived	in as an adult. Attach	additiona	I sheets if necessary.		
State County	State C	ounty	State	County	State	County
WE Fondo						
State County	State C	ounty	State	County	State	County
1 1						

Continued →

Part D: Criminal History			
Have you ever been convicted of any off for violation of any federal, Wisconsin, or			
If yes to question 1, please list details of	each conviction below. Attach add	ditional sheets as needed.	
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	Yes No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	Yes No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	Yes No
sheets as needed.			
Part E: Attestation			
READ CAREFULLY BEFORE SIGNING truthfully. I certify that I am not prohibite beverage industry as a restricted invest under penalty of state law. I further under with this application, and that any person to forfeit not more than \$1,000 if convict	d from participating in this busine or. I understand that any license stand that I may be prosecuted fo n who knowingly provides materic	ess due to any involvement in ano issued contrary to Wis. Stat. Cha or submitting false statements and a	ther tier of the alcohol pter 125 shall be void affidavits in connection
Signature	Word	Date 6-2	5-25

Noel's Touch Esthetics LLC



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

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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

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

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

ALCOHOL LICENSE COMMITTEE CITY OF FOND DU LAC, WISCONSIN

<u>Title:</u> "Class C" Wine License

<u>Subject:</u> 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

Onumber Of twisted_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, Wl.

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	沙 (图:15
Municipality CITY OF FOND DU LAC	- 17
License Period 8/14/2035_6/30/2025	

License(s) Requested: (up to two boxes may	be checked)		Fees	
☐ Class "A" Beer \$200 ☐] Class "B" Beer \$;	License Fe	es	\$ 100
Class A" Liquor \$ 500] "Class B" Liquor \$	Background	Check Fee	\$
Class A" Liquor (cider only) \$0	Reserve "Class B" Liquor \$	Publication	Fee	\$ 65
Class C" Liquor (wine only) \$100		Total Fees		\$ 105
Part A: Premises/Business Information			e e astronomica	
Legal Business Name (individual name if sole prop T	prietorship)	_ 0, // 1,	Twist	TOF LLC
2. Business Trade Name or DBA	12: - 1/	061	· VVQ11	101 22
3 FEIN	Darrior Joga 4, Wisconsin S	⇒∬ (CO) (aller's Permit Number	<u>O</u>	
46387768	7 456-	-103149°	1601-0	4
5. Entity Type (check one) Sole Proprietor Partnership	Limited Liability Company	☐ Corporation	☐ Nonpro	ofit Organization
6. State of Organization	7. Date of Organization		DFI Registrati	
9. Premises Address	16/24/2013		06112	0
15 North Ma.	N			
10. City FOND DU LAC		11. State WI	12. Zip Code 54935	
13. County	14. Governing Municipality:	☐ Town ☐ Village	15. Alderman	ic District
Fond du Lac 16. Premises Phone	of: FOND DU LAC 17. Premises Email	18. Wel	site	
920-251-6833				eowarrior.com
19. Premises Description - Describe the building or are kept. Describe all rooms within the building, only on the premises described in this application.	including living quarters. Authorized ak n. Attach a map or diagram and additio	ohol beverage activitienal sheets if pecessary	s and storage	
20. Mailing Address (if different from premises address addres	· ·			
21. City		22. State	23. Zip Code	37
Part B: Questions		de la		
Has the business (sole proprietorship, partn violating federal or state laws or local ordinal				☐ Yes 🔀 No
If yes, list the details of violation below. Atta	-	····		
Law/Ordinance Violated	Location	T	rial Date	
Penalty Imposed		Was sentence com	oleted?	Yes No
Law/Ordinance Violated	Location	;	rial Date	** 1.
Penalty Imposed		Was sentence com	oleted?	Yes No

2. Are charges for any offenses pending a						
beverages.	against the business? Exc	lude traffic of	ffenses unless relate	d to alcohol	☐ Yes	∑ No
If yes, describe the nature and status o	f pending charges using t	he space bel	ow. Attach additiona	I sheets as nee	eded.	
		•				
2 le the applicant hyginess are at the	- TC U					
 Is the applicant business or any of its of individuals or entities a restricted investigation. If yes, provide the name of the restricted 	stor with anv interest in a	n alcohol bev	verage producer or o	or other related distributor? .	Yes	X No
1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			·			
4. Is the applicant business owned by and	other business entity?				. □ Yes	I√ No
If yes, provide the name(s) and FEIN(s	of the business entity ov	vners below.	Attach additional sh	eets as neede	d	المحق
4a. Name of Business Entity		4b. Business	Entity FEIN		· ···························· ···	
5. Have the partners, agent, or sole propri	letor satisfied the respon	sible beverag	e server training rec	uirement for		
this license period? Submit proof of cor	mpletion					☐ No
6. Is the applicant business indebted to an						☑ No
7. Does the applicant business owe past	due municipal property ta	xes, assessn	nents, or other fees?	?	. 🔲 Yes	No No
Part C: Individual Information		South the death of		12 . m 3 . e. p. 4 . S. S	STATE VILLE OF	2-6-644-6-7-2
List the name, title, and phone number for each	person or entity holding the	following posi	tions in the applicant b	usiness or busir	esses liste	d in Part B
Question 4: sole proprietor, all officers, director managers, and agent of a limited liability compa	s, and agent of a corporation	or nonprofit o	rganization, all partner	s of a partnersh	ip, and all m	nembers,
Include Form AB-100 for each person listed be	low. Corporations and LLCs	must appoint	an agent by including !	Form AB-101.		
Last Name	First Name		Title	Pho	ne	
Mathon	1 1/2/10		Owner	4 67	0251-	1822
1 0/1/0/	haare-		OWNER	V (2.	-	00000
			AG	ent		
		·				
•		· · · · · · · · · · · · · · · · · · ·				
Part D: Attestation						
Part D: Attestation One of the following must sign and attest	to this application:					
One of the following must sign and attest	to this application: Il partner of a partnership	• one	corporate officer	• one men	nber of an	LLC
One of the following must sign and attest • sole proprietor • one general READ CAREFULLY BEFORE SIGNING: Und	ll partner of a partnership ler penalty of law. I have an	swered each o	of the above questions	completely and	l truthfully	Lagree that
One of the following must sign and attest • sole proprietor • one genera READ CAREFULLY BEFORE SIGNING: Und I am acting solely on behalf of the applicant by	Il partner of a partnership ler penalty of law, I have an usiness and not on behalf o	swered each of	of the above questions Lividual or entity seekir	completely and	l truthfully. Further, I ad	I agree that
One of the following must sign and attest • sole proprietor • one general READ CAREFULLY BEFORE SIGNING: Und I am acting solely on behalf of the applicant by rights and responsibilities conferred by the lice according to the law, including but not limited	Il partner of a partnership ler penalty of law, I have an usiness and not on behalf o ense(s), if granted, will not I to, purchasing alcohol bew	swered each of any other ind se assigned to erages from st	of the above questions lividual or entity seeking another individual or a ate authorized wholes	completely and ng the license. F entity. I agree to alers. I underst	I truthfully. Further, I ag o operate than	I agree that ree that the its business
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AB-200 (N. 03-24)

Form AB-101

Alcohol Beverage Appointment of Agent

Date	
i	

Part A: Business Information 1. Legal Business Name (Individual name if sole proprietor) 2. Business Trade Name or DBA That Is used to be proprietor for the content of	Agent Type (check one)			
1. Legal Business Name (Individual name if sole proprietor) 2. Business Tradie Name or DBA The Twisked Warrior Voq a Studio 3. Entity Type (check one) 4. Alcohol Beverage Business Authorization (check one) Municipal Retail License State Permit 6. Describe the reason for appointing a successor agent, if successor is checked above. Part B. Agent Information 1. Last Name 2. First Name 3. M.1. Municipal Retail License State Permit 3. M.1. Municipal Retail License State Permit 3. M.1. Municipal Retail License State Permit 3. M.1. Municipal Retail License Number 3. M.1. Municipal Retail Licens		Successor (\$10 fee for mu	unicipal licensees only)	ero paking provincia deministratoris y cruspolande mas escribilista de la fili
1. Legal Business Name (Individual name if sole proprietor) 2. Business Tradie Name or DBA The Twisked Warrior Voq a Studio 3. Entity Type (check one) 4. Alcohol Beverage Business Authorization (check one) Municipal Retail License State Permit 6. Describe the reason for appointing a successor agent, if successor is checked above. Part B. Agent Information 1. Last Name 2. First Name 3. M.1. Municipal Retail License State Permit 3. M.1. Municipal Retail License State Permit 3. M.1. Municipal Retail License State Permit 3. M.1. Municipal Retail License Number 3. M.1. Municipal Retail Licens				
2. Business Tracio Name or DBA The Twister Warrior Voga Studio 3. Entity Type (check one) 4. Alcohol Beverage Business Authorization (check one) Municipal Retail License State Permit 6. Describe the reason for appointing a successor agent, if successor is checked above. Part B: Agent Information 1. Last Name Luciffe 3. M.I. Martines 4. Email Martines 2. First Name Luciffe 3. M.I. Martines 4. Email Martines 4. Email Martines 4. Email Martines 8. Shone 9. Zip Code 9. Zip Code 5. Phone 9. Zip Code 5. Phone 9. Zip Code 9. Zip Code 5. Phone 9. Zip Code 9.	n tradition of the state of the second and the second of the second and the second of the second and second and	rifferen i dizi di Milijanggi ja produktion (j. 18. produktion) i milija, in izvori i Milijande 1772 (j. j.		Total Marine Ma
3. Entity Type (check one) Limited Liability Company		,	/	LOISTED WALLEY
4. Alcohol Beverage Business Authorization (check one) Municipal Retail License State Permit	The Two	steo warrior	- Voga Studie	Ö
State Permit	3. Entity Type (check one)	Limited Liability Company	✓ ☐ Corporation	☐ Nonprofit Organization
Part B: Agent Information 1. Last Name 2. First Name Luc, He 3. M.I. AL 4. Email Neg / Hy 1 @ Charler.net 6. Home Address VSH6 9 hg/ceshave Drive 7. City 11. Drivers License/State ID Number 11. Drivers License/State ID Number 11. Drivers License/State ID State of Issuance	俎 Municipal Retail Licer	nse 🔲 State Permit		Permit or Municipal Retail License Number
1. Last Name A gthers 2. First Name Lucite 3. M.I. 4. Email Neg thy @ charler.net 6. Home Address N8169 hg/ke Shove Drive 7. City The state D. Number 11. Drivers License/State D. Number 12. First Name Lucite 3. M.I. 4. Email Lucite 9. Zip Code Lucite 10. Age Lucite 11. Drivers License/State D. State of Issuance	6. Describe the reason for appoin	ting a successor agent, if successor	is checked above.	
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7. City 8. State 9. Zip Code UL 54.937 10. Age 11. Drivers License/State ID Number 12. Drivers License/State ID State of Issuance	1. Last Name	n		
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11. Drivers License/State ID Number 12. Drivers License/State ID State of Issuance	1. Last Name Mathers 4. Email Meg/Hy_1 6. Home Address N8/169 hg/keS		Lacille	5. Phone 920:251-6833
	1. Last Name // Athers 4. Email Meg/thy-/ 6. Home Address // Sllog hakes 7. City DL	@charter.net hove Drive	8. State 9. Zip Code W Sy 937	5. Phone 920:251-6833
	1. Last Name // Athers 4. Email Meg/thy-/ 6. Home Address // Sllog hakes 7. City DL	@charter.net hove Drive	8. State 9. Zip Code W Sy 937	5. Phone 920:251-6833 10. Age
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	1. Last Name // Athers 4. Email // Acceptable of Acceptable 6. Home Address // City //	@charler.net hore Drive	8. State 9. Zip Code W Sy 937	5. Phone 920:251-6833 10. Age
Have you satisfied the responsible beverage server training requirement? Submit proof of completion. Yes N Submit proof of completion.	1. Last Name A Thers 4. Email Meg / Hy 6. Home Address 7. City 11. Drivers License/State ID Num Part C: Agent Questions	echarterinet hore Drive	8. State 9. Zip Code W Sy 637 12. Drivers Licens	5. Phone 920:251-6833 10. Age se/State ID State of Issuance SCONSIA
2. Have you completed Form AB-100, <i>Alcohol Beverage Individual Questionnaire?</i>	1. Last Name A Thers 4. Email A eq fhy 6. Home Address 7. City 11. Drivers License/State ID Num Part C: Agent Questions 1. Have you satisfied the res	echarterinethore Drive	8. State 9. Zip Code W Sy 637 12. Drivers Licens	5. Phone 920:251-6833 10. Age se/State ID State of Issuance SCONSIA
3. Have you been a Wisconsin resident for at least 90 continuous days?	1. Last Name A There 4. Email A eq fhy 6. Home Address 7. City 11. Drivers License/State ID Num Part C: Agent Questions 1. Have you satisfied the res Submit proof of completion 2. Have you completed Form 2. Have you completed Form	Charler nethore Drive hove Drive ponsible beverage server trainin. AB-100, Alcohol Beverage Ind	8. State 9. Zip Code W Sy 637 12. Drivers Licens W1	5. Phone 920:251-6833 10. Age se/State ID State of Issuance S C G A S I A Yes No

Continued \rightarrow

Part D: Business Attestation 🥢			
READ CAREFULLY BEFORE SIGNING: I, the corporation, nonprofit organization, or limited beverage activities on such premises. I certif on behalf of the entity. If I am appointing a sure i understand that I may be prosecuted for sure any person who knowingly provides materially if convicted.	I liability company with full authori y that I am authorized by the abov ccessor agent, I rescind all previou bmitting false statements and affid	ty and control of the premise re-named entity to authorize t us agent appointments for this avits in connection with this a	s and of all alcohol this individual to act s premises. Further, application, and that
Last Name Markers	First Name	/le	M.I. M.
Title	Email Lealthy / e	chalter.nt 9	e 20 251-683
Signature Man		Date 7/2/5	25
Part E: Agent Attestation			
READ CAREFULLY BEFORE SIGNING: I, the nonprofit organization, or limited liability come on the premises for the above-named busines and affidavits in connection with this application may be required to forfeit not more	pany and assume full responsibility ess. I further understand that I ma on, and that any person who know	y for the conduct of all alcoho ay be prosecuted for submitt	of beverage activities ing false statements
Last Name	First Name		M.I.
Signature		Date	
		1	

Form **AB-100**

Alcohol Beverage Individual Questionnaire

Date	-	
L		

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

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

Your alco	Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.								
Part A:	Business Informatio	on :						ren Turk signal	
1. Legal i	Business Name (individual r			260	, 57	Sectio . Twist	ted War	mor L	ic
2. Busine	ee Trade Name or DBA				1				
1. Th	e twistes	WG	rrior yo	ra	5/2	dio			
3. Entity	туре (спеск опе)								
☐ So	ole Proprietor	artnership	⊠, Limited Li	ability	Company	✓ ☐ Corporation	on No	onprofit Org	anization
Part B	Individual Informati	ion							
1. Last N	ame	Sauraiti i mili i Saurai an d	talingmy (goes on ingress) to programy and up your		t Name		ATTENDED TO STATE OF THE STATE	3	. M.I.
/	nathers				Luc	ille			M.
4. Relation	onship to Business (Title)		5. Email	.14	100	ille charterin	- L 6.	Phone	1000
	ner		neal	Thy		charler, n	1er 11	2025/-	-6055
7. Home:	69 hake 3	shore	Drive						
8, City	addickac). State	10. Zip Code 5437	_	Date of Rid	
12. Drive	rs License/State ID Number	•				13. Drivers License/	State ID State o	i issuance	
						12015C	asin)		
						1. 2			
Part C	Address History								
1. Do yo	ou currently reside in Wis	consin? .						🔽 Ye	∋s ∏ No
If yes	to 1 above, how long ha	We vou co	enting roughly lived in	Wieco	nsin nrior	to the date of applic	estion2	Years	Months
n yes	to rabove, now long he	we you co	muladasiy iived iii	VVISCO	tioni prior	to the date of applic			
1	n chronological order all	of your ad	dresses within the	last 5	years. Atta	ach additional sheet	s if necessary		
Previous	Address 1	,	n	City			State	Zip Code	
1/8/		hore	Drive		HOC	ر ا	wt	5493	7
Previous	Address 2			City			State	Zip Code	
Previous	Address 3			City		· ·	State	Zip Code	
<u> </u>								l	
Previous	Address 4			City			State	Zip Code	
Previous	Address 5			City			State	Zip Code	
3. List a	all states and counties yo	u have liv	ed in as an adult. A	Attach	additional	sheets if necessary	· Non	<i>e</i> a	their
State	County	State	County		State	County	State	County	1 100
			-						
State	County	State	County		State	County	State	County	

Continued →

Part D: Criminal History				
Have you ever been convicted of any offenses (excluding for violation of any federal, Wisconsin, or another state)	ng traffic offenses unle 's laws or of any count	ess related to alcohol beverages) y or municipal ordinances?	. 🗌 Yes	No
If yes to question 1, please list details of each conviction	n below. Attach additio	nal sheets as needed.		
Law/Ordinance Violated	Location		Conviction I	Date
Penalty Imposed		Was sentence completed?	. 🗌 Yes	☐ No
Law/Ordinance Violated	Location		Conviction	Date
Penalty imposed		Was sentence completed?	. Yes	□ No
Law/Ordinance Violated	Location		Conviction	Date
Penalty Imposed		Was sentence completed?	. Yes	☐ No
beverages) for violation of any federal, Wisconsin, or a ordinances?		•••••••••	Yes	∑ No
Part E: Attestation READ CAREFULLY BEFORE SIGNING: Under pena truthfully. I certify that I am not prohibited from particip beverage industry as a restricted investor. I understan under penalty of state law. I further understand that I ma with this application, and that any person who knowing to forfeit not more than \$1,000 if convicted.	ating in this business d that any license iss v be prosecuted for su	due to any involvement in anoth ued contrary to Wis. Stat. Chap Ibmitting false statements and af	er tier of the ter 125 shal fidavits in co	e alcohol Il be void Innection
Signature Ma Nu		Date 741/	25	

Twisted Warrior Voga Studio -Business Plan. DOffer wine to the students after planned wine classes. 6 x per year. Lucy Mathers.

ALCOHOL LICENSE COMMITTEE CITY OF FOND DU LAC, WISCONSIN

<u>Title:</u> 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

Form

AB-220

Temporary Alcohol Beverage License

Municipality
CITY OF FOND DU LAC

Pec# 8781

License(s) Requested				Fees
		Lic	ense Fees	\$ 10.00
☐ Temporary "Class B" \	Nine I XTemporary Class	"B" Beer Ba	ckground Chec	k \$ 0.00
		To	tal Fees	\$
IF NOT FILED 15 DAYS PRIOR TO ALC MEETING, A \$25.0 RUSH FEE WILL BE CHARGED, FOR A TOTAL OF \$35.00 DO				
Part A: Organization Informa	tion			
1. Organization Name				!
2. Organization Permanent Address	blue Line Hackey	The.		
_	Lac Ave			
3. City_	Cac / fac.		4. State	5, Zip Code
Fond du Lac			UI.	54935
6. Mailing Address (if different from per	rmanent address)			
7. FEIN	8. Date of Organization/Inco	moration 9.5	State of Organiza	tion/Incorporation
23-7182059	_	, portation	Wiscons	
10. Phone	01/01/19 11. Email		CONSCORE	
(734) 516-1381	Rinkmarafala	bluelme, com		
12. Organization type (check one)	7		•	
Bona Fide Club ☐	Church Fair Association	n/Agricultural Society	Vetera	n's Organization
☐ Lodge/Society ☐	Chamber of Commerce or similar	Civic or Trade Organiz	ation under ch.	181, Wis. Stats.
13. Is this organization required to I	hold a Wisconsin Seller's permit?		.,	□ Yes 🗹 No
14. Wisconsin Seller's Permit Number ((if applicable)			
15. Agent/Contact Person of Organizat	tion in charge of Affair	16. Agent/Contact Pe	erson's Phone Nu	mber or Email
Tim Picker /		920 ,948	~1298	
17. Agent/Contact Person's Address	-	18. Agent/Contact Pe	erson's Date of Bi	rth
				······································
Part B: Individual Information	n			
List the name, title, and phone nu	mber for all officers, directors, and	agent of the organizat	ion	
Last Name	First Name	Title	Phone	
\wedge		7		
Carlson	Dong	President		
Pickert	Tim	Vice Presi	cont	
			~('')	
Schneider	Aron	Treasurer		
Schneider Scheafer	Evice	Secretar.	1	
			'	

Continued →

Part C: Event Information			va Tagareka 22 yan Arka	
1. Name of Event (if applicable)				•
Cruise in Car Show				
2. Dates of Operation			3. Hours of O	
8)8/25		5 BW	to 9 PM	
4. Premises Address	_			
334 N Ralling Mea	90-2 De		10.04-4-	7.7% 0-4-
5. City FOND DU LAC			6. State	7. Zip Code 54935
8. County	9. Governing Municipality		☐ Village	10. Aldermanic District
FOND DU LAC	of: FOND DU			N/A
11. Organizer of Event (if not the named applicant)	()	12. Email and/or Phone	Number for O	rganizer of Event
Chas Twoky TIM	. Pickart	Ctwohigah	10/10 ty QI	utomotive. com
13. Organizer Website	7	14. Event Website		
15. Premises Description - Describe the bui	Idina a la dialesa and a			
stored, or consumed, and related record alcohol beverage activities and storage or diagram and additional sheets if necessary	ds are kept. Describe a of records may occur essary.	II rooms within the bu	ilding, includi	ng living quarters. Authorized
	4.			
	the second second			
Part D: Attestation				
The state of the s	180 % 64 % 30 % 10 % 840%			
Who must sign this application?			*, * ,	4 2
one officer or director of the nonprofit				
READ CAREFULLY BEFORE SIGNING: truthfully. I agree that I am acting solely of seeking the license. Further, I agree that it to another individual or entity. I agree to of from Wisconsin-permitted wholesalers. I use deemed a refusal to allow inspection. I that any license issued contrary to Wis. So be prosecuted for submitting false statement provides materially false information on the	on behalf of the applicant he rights and responsible perate according to the nderstand that lack of a Such refusal is a misdetat. Chapter 125 shall bents and affidavits in con	nt organization and no illities conferred by the e law, including but no eccess to any portion of meanor and grounds e void under penalty innection with this appli	ot on behalf or e license(s), if ot limited to, p of a licensed p for revocation of state law. I ication, and the	f any other individual or entity from granted, will not be assigned burchasing alcohol beverages bremises during inspection will not this license. I understand further understand that I may not any person who knowingly
Last Name	First N	lame		M.I.
Pickert		(mothy		
Title	Email	. (Phone
Maintenance Manager Signature	Picke	HD Y Shoore	Date	920-948-1298
				111/25
				/ (/ 4-)
N Decompagación a salem de la visita de la visi		ing Parturage and the late of the late.	alan j	
Part E: For Clerk Use Only		Linna North		
Date Application Was Filed With Clerk	1 1 2025	License Number	2025-0	0116
Date License Granted		Date License Issued	*	
Signature of Clerk/Deputy Clerk				

CITY OF FOND DU LAC

Memorana	lum
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.
EITY OF Memoran Date:	FOND DU LAC
To:	City Clerk
From:	Chief of Police
Subject:	Temporary Class B License
	I hereby recommend that the application be:
	Granted a license CAT RO #121 .7-11-25
	Denied a license
	Comments