

ALCOHOL LICENSE COMMITTEE AGENDA

September 30, 2024

4:00 PM

City-County Government Center

Meeting Room A

Fond du Lac, Wisconsin

I. ROLL CALL

A. Attendance

B. Declaration Quorum Present

II. CONSENT AGENDA

A. August 26, 2024 Minutes

III. INPUT

A. Audience Comments

The Presiding Officer Shall Limit Comments To Items Notice Only On
The Agenda

IV. ACTIONS

A. Temporary Class "B" Licenses/Picnic Licenses

- Fe, Vida y Esperanza Inc (Micro Wrestling All Stars 10/11/2024)
- Fond du Lac Festivals (Fondy FallToberFest 10/12/2024)
- Big Brother Big Sisters of Fond du Lac County (Halloweenie Street Party 10/24/24)

V. ADJOURN

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

Title: August 26, 2024 Minutes

Subject:

Initiator:

Location:

Recommendation:

ATTACHMENTS:

	File Name	Description
📎	Minutes_2024_8_26_Meeting(1145).pdf	Minutes

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

August 26, 2024
4:00 PM

ROLL CALL

Attendance

Present

Scott Gilgenbach
Mason Gravelle
Brandon Hiller
Melissa Kolstad
Thomas Schuessler

Absent

Peter Doll (Excused)
Molly Waldschmidt Jaster (Excused)

Administrative Staff

Ali Panagopoulos, Deputy City Attorney
Anthony Hahn, Police Captain

Declaration Quorum Present

Chairperson Melissa Kolstad declared a quorum present.

CONSENT AGENDA

July 29, 2024 Minutes

A Motion was made by Mason Gravelle to approve July 29, 2024 and seconded by Thomas Schuessler, and the motion was **Passed**.

Ayes: Gilgenbach, Gravelle, Hiller, Kolstad, Schuessler

Absent: Doll, Waldschmidt Jaster

INPUT

Audience Comments

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

No audience comments were made.

ACTIONS

Class "B" Fermented Malt License
Limited Liability Co: AJJ Hospitality LLC
Agent Name: Siddharth Sharma
Agent Address: 920 S Military Rd
d/b/a: Microtel Inn & Suites
Business Address: 920 S Military Rd

A Motion was made by Scott Gilgenbach to recommend to the City Council approval of Class "B" Fermented Malt License at 920 S Military Rd for AJJ Hospitality LLC and seconded by Brandon Hiller, and the motion was **Passed**.

Ayes: Gilgenbach, Gravelle, Hiller, Kolstad, Schuessler

Absent: Doll, Waldschmidt Jaster

"Class A" Intoxicating Liquor and Class "A" Fermented Malt License
Corporation: MKE Oil Corporation
Agent Name: Parmeet Arora
Agent Address: 8176 Basil Ct., Neenah, WI
d/b/a: A.P. Quick Mart
Business Address: 136 W Scott Street

A Motion was made by Thomas Schuessler to recommend to the City Council approval of "Class A" Intoxicating Liquor and Class "A" Fermented Malt License at 136 W Scott Street for MKE Oil Corporation and seconded by Mason Gravelle, and the motion was **Passed**.

Ayes: Gilgenbach, Gravelle, Hiller, Kolstad, Schuessler

Absent: Doll, Waldschmidt Jaster

ADJOURN

A Motion was made by Scott Gilgenbach to adjourn at 4:15 p.m. and seconded by Mason Gravelle, and the motion was **Passed**.

Ayes: Gilgenbach, Gravelle, Hiller, Kolstad, Schuessler

Absent: Doll, Waldschmidt Jaster

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

Title: Temporary Class "B" Licenses/Picnic Licenses

Subject:

- Fe, Vida y Esperanza Inc (Micro Wrestling All Stars 10/11/2024)
- Fond du Lac Festivals (Fondy FallToberFest 10/12/2024)
- Big Brother Big Sisters of Fond du Lac County (Halloweenie Street Party 10/24/24)

Initiator:

Location:

Recommendation:

ATTACHMENTS:

File Name	Description
 noreply@fdl.wi.gov_20240925_105305_Redacted.pdf	Applications

opt # 5708

Application for Temporary Class "B" / "Class B" Retailer's License

See Additional Information on reverse side. Contact the municipal clerk if you have questions.

FEE \$ 10.00 *If not filed in 15 days prior to event, a \$25 rush fee will be charged, for a total of \$35 due.* Application Date: 09/05/2024

Town Village City of FOND DU LAC County of FOND DU LAC

The named organization applies for: (check appropriate box(es).)

A Temporary Class "B" license to sell fermented malt beverages at picnics or similar gatherings under s. 125.26(6), Wis. Stats.

A Temporary "Class B" license to sell wine at picnics or similar gatherings under s. 125.51(10), Wis. Stats.

at the premises described below during a special event beginning 10/11/2024 and ending 10/11/2024 and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

- 1. **Organization** (check appropriate box) → Bona fide Club Church Lodge/Society
- Veteran's Organization Fair Association or Agricultural Society
- Chamber of Commerce or similar Civic or Trade Organization organized under ch. 181, Wis. Stats.

(a) Name Fe, Vida y Esperanza Inc.

(b) Address 1310 South 30th Street Milwaukee, WI 53215
(Street) Town Village City

(c) Date organized 07/01/2021

(d) If corporation, give date of incorporation _____

(e) If the named organization is not required to hold a Wisconsin seller's permit pursuant to s. 77.54 (7m), Wis. Stats., check this box:

(f) Names and addresses of all officers:
President Griselda Sanchez

Vice President _____

Secretary Minerva Salas

Treasurer _____

(g) Name and address of manager or person in charge of affair: Michel Hernandez
519 Mayville St Theresa WI 53091

2. Location of Premises Where Beer and/or Wine Will Be Sold, Served, Consumed, or Stored, and Areas Where Alcohol Beverage Records Will be Stored:

(a) Street number 520 Fond du Lac Ave. Fond du Lac, WI 54935

(b) Lot _____ Block _____

(c) Do premises occupy all or part of building? _____

(d) If part of building, describe fully all premises covered under this application, which floor or floors, or room or rooms, license is to cover: _____

3. Name of Event

(a) List name of the event Micro Wrestling All Stars 2024

(b) Dates of event 10/11/2024

DECLARATION

An officer of the organization, declares under penalties of law that the information provided in this application is true and correct to the best of his/her knowledge and belief. Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

Officer  09/05/2024
(Signature / Date)

Fe, Vida y Esperanza Inc.
(Name of Organization)

Date Filed with Clerk 09/05/2024

Date Reported to Council or Board _____

Date Granted by Council _____

License No. C-0157

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

Cpt. R.D. [Signature]

SEP 12 2024

Comments _____

Temporary Alcohol Beverage License

Municipality
CITY OF FOND DU LAC

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

IF not filed 15 days prior to ALC Meeting, a \$25 rush fee will be charged, for a total of \$35 due.

Part A: Organization Information

1. Organization Name
Fond du Lac Festivals, Inc.

2. Organization Permanent Address
650 N. Main Street

3. City
Fond du Lac

4. State
WI

5. Zip Code
54935

6. Mailing Address (if different from permanent address)

7. FEIN
39-1387857

8. Date of Organization/Incorporation
06/30/19

9. State of Organization/Incorporation
Wisconsin

10. Phone
(920) 923-6555

11. Email
director@fdlfest.com

12. Organization type (check one)

Bona Fide Club
 Church
 Fair Association/Agricultural Society
 Veteran's Organization
 Lodge/Society
 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? Yes No

14. Wisconsin Seller's Permit Number (if applicable)

Part B: Individual Information

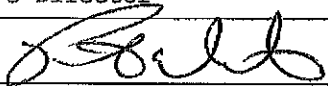
List the name, title, and phone number for all officers, directors, and agent of the organization. Include an Individual Questionnaire (Form AB-100) for each person listed below. Attach additional sheets if necessary.

Corporations must also include Alcohol Beverage Appointment of Agent (Form AB-101).

Last Name	First Name	Title	Phone
Biolo	Robert	President of Board	[REDACTED]
Michels	Maeghan	Vice President	
Hebel	Dan	Secretary	
Holte	Lane	Treasurer	

Continued →

Part C: Event Information			
1. Name of Event (if applicable) Fondy FallToberFest			
2. Dates of Operation 10/12/2024		3. Hours of Operation 10am - 7pm	
4. Premises Address 555 Park Avenue (Oven Island)			
5. City Fond du Lac		6. State WI	7. Zip Code 54935
8. County FOND DU LAC	9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: FOND DU LAC		10. Aldermanic District N/A
11. Organizer of Event (if not the named applicant) Fond du Lac Festivals		12. Email and/or Phone Number for Organizer of Event director@fdlfest.com / 920-238-1282	
13. Organizer Website www.fdlfest.com		14. Event Website www.fdlfest.com	
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. Alcohol will be sold under south end of West Shelter. We will have licensed bar tenders selling beverages and Drug Free Communities will be distributing LDAC wristbands to all those Legal Drinking Age Adults with an approved ID.			

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 Wilke		First Name Peter	M.I. H
Title Executive Director	Email director@fdlfest.com		Phone (920) 238-1282
Signature 		Date 08/26/20	

Part E: For Clerk Use Only	
Date Application Was Filed With Clerk 8-27-24	License Number C-0153
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:

Granted a license CPT RD 121 # 9-6-24

Denied a license

Comments _____

Rpt # 5538

Municipality
CITY OF FOND DU LAC

Form
AB-220

Temporary Alcohol Beverage License

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

If not filed 15 days prior to ALC Meeting, a \$25 rush fee will be charged, for a total of \$35 due.

Part A: Organization Information

1. Organization Name
Big Brothers Big Sisters of Fond du Lac County

2. Organization Permanent Address
987 S. Main Street (as of 8.30.24)

3. City
Fond du Lac

4. State
WI

5. Zip Code
54935

6. Mailing Address (if different from permanent address)

7. FEIN
39-1330971

8. Date of Organization/Incorporation
1967

9. State of Organization/Incorporation
Wisconsin

10. Phone
920-922-8200

11. Email
amy.docter@bbbsfdl.org

12. Organization type (check one)

Bona Fide Club Church Fair Association/Agricultural Society Veteran's Organization

Lodge/Society Chamber of Commerce or similar Civic or Trade Organization under ch. 181, Wis. Stats.

X Non-Profit


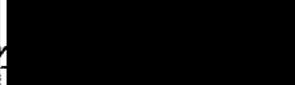
13. Is this organization required to hold a Wisconsin Seller's permit? Yes No

14. Wisconsin Seller's Permit Number (if applicable)

Part B: Individual Information

List the name, title, and phone number for all officers, directors, and agent of the organization. Include an Individual Questionnaire (Form AB-100) for each person listed below. Attach additional sheets if necessary.

Corporations must also include Alcohol Beverage Appointment of Agent (Form AB-101).

Last Name	First Name	Title	Phone
<i>Young</i>	<i>Tammy</i>	<i>Executive Director</i>	
<i>Docter</i>	<i>Amy</i>	<i>Executive Coordinator</i>	

Continued →

Part C: Event Information			
1. Name of Event (if applicable) <i>Halloweenie Street Party</i>			
2. Dates of Operation <i>October 24th, 2024</i>		3. Hours of Operation <i>5-8pm</i>	
4. Premises Address <i>Outside on Main Street from Forest Avenue to 3rd Street.</i>			
5. City <i>Fond du Lac</i>		6. State <i>WI</i>	7. Zip Code <i>54935</i>
8. County <i>FOND DU LAC</i>	9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <i>FOND DU LAC</i>		10. Aldermanic District <i>N/A</i>
11. Organizer of Event (if not the named applicant)		12. Email and/or Phone Number for Organizer of Event	
13. Organizer Website <i>www.bbbsfdl.com</i>		14. Event Website <i>Not up yet</i>	
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. <i>No buildings involved. All activities are outside in area described above.</i>			

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 <i>Young</i>	First Name <i>Tammy</i>	M.I.	
Title <i>Executive Director</i>	Email <i>tammy.young@bbbsfdl.org</i>	Phone <i>920-922-8200</i>	
Signature <i>Tammy Young</i>		Date <i>8/19/24</i>	

Part E: For Clerk Use Only	
Date Application Was Filed With Clerk <i>8-19-24</i>	License Number <i>C-0149</i>
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 CPT RD. #121 8-21-24

 Denied a license

Comments _____

