

ALCOHOL LICENSE COMMITTEE AGENDA

May 19, 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. April 28, 2025 Minutes

III. INPUT

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

B. Biannual Update On Licensed Establishments With Demerit Points

Presented By: Captain, Tony Hahn

IV. ACTIONS

A. Temporary Class "B" Licenses/Picnic Licenses

- Campbellsport FFA Alumni & Supporters (Tractor Pull 6/7/2025)
- Downtown FDL Partnership (Summer Wine Walk 6/13/2025)
 - 111 S Main Street
 - 19 S Main Street
 - 28 N Main Street
 - 57 N Macy Street
 - 15 E 2nd Street
 - 1 N Main Street
 - 104 S Main Street
 - 74 S Main Street
 - 117 S Main Street
 - 130 S Main Street
 - 14 N Main Street
 - 36 N Main Street
 - 17 Forest Avenue Suite 116
- Big Brother Big Sisters of Fond du Lac Co (Halloweenie Street Party 10/31/2025)

B. "Class A" Intoxicating Liquor and Class "A" Fermented Malt License

Limited Liability Co: SSV LLC

Agent Name: Chaitanya Reddy Godhala

d/b/a: Eastside Spirits

Business Address: 405 Fond du Lac Avenue

V. ADJOURN

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

Title: April 28, 2025 Minutes

Subject:

Initiator:

Location:

Recommendation:

ATTACHMENTS:

	File Name	Description
📄	Minutes_2025_4_28_Meeting(1214)_(2).pdf	Minutes

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

April 28, 2025
4:00 PM

ROLL CALL

Attendance

Present

Scott Gilgenbach
Andrew Hayes
Brandon Hiller
Kathryn Strong Langolf

Absent

Mason Gravelle (Excused)
Melissa Kolstad (Excused)
Thomas Schuessler (Excused)

Administrative Staff

Ali Panagopoulos, Deputy City Attorney
Anthony Hahn, Police Captain

Declaration Quorum Present

Vice-Chairperson Scott Gilgenbach declared a quorum present.

CONSENT AGENDA

March 31, 2025 Minutes

A Motion was made by Brandon Hiller to approve March 31, 2025 Minutes and seconded by Andrew Hayes, and the motion was **Passed**.

Ayes: Gilgenbach, Hayes, Hiller

Abstain: Strong Langolf

Absent: Gravelle, Kolstad, Schuessler

INPUT

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

No audience comments were made.

ACTIONS

Temporary Class "B" Licenses/Picnic Licenses

- Downtown FDL Partnership (Beer & Bourbon Crawl 5/3/2025)
 - 19 S Main Street
 - 28 N Main Street
 - 23 S Main Street
 - 1 N Main Street
 - 27 S Main Street
 - 117 S Main Street
- Fe, Vida y Esperanza (Micro Wrestling 5/23/2025)
- Fond du Lac Firefighters Local 400 (Walleye Weekend 6/6/2025-6/8/2025)
- Knights of Columbus-Council 664 (Walleye Weekend 6/6/2025-6/8/2025)
- Kiwanis Club of Fabulous FDL (Walleye Weekend 6/6/2025-6/8/2025)
- Fond du Lac Noon Kiwanis (Walleye Weekend 6/6/2025-6/8/2025)
- Oriole Nation Booster Club (Walleye Weekend 6/6/2025-6/8/2025)
- Noon Optimist Club of FDL (Walleye Weekend 6/6/2025-6/8/2025)
- Fond du Lac Morning Rotary (Walleye Weekend 6/6/2025-6/8/2025)
- Kiwanis Club of FDL-Lakeside (Walleye Weekend 6/6/2025-6/8/2025)
- Fond du Lac Evening Optimist (Father's Day Car Show 6/15/2025)
- Fond du Lac Softball Inc (FDL Co. Fair 7/15/2025-7/20/2025)
- Noon Optimist Club of FDL (FDL Co. Fair 7/16/2025-7/20/2025)
- Fond du Lac Evening Optimist (FDL Co. Fair 7/15/2025-7/20/2025)

A Motion was made by Kathryn Strong Langolf to approve Temporary Class "B" Licenses/Picnic Licenses and seconded by Brandon Hiller, and the motion was **Passed**.

Ayes: Gilgenbach, Hayes, Hiller, Strong Langolf

Absent: Gravelle, Kolstad, Schuessler

ADJOURN

A Motion was made by Kathryn Strong Langolf to adjourn at 4:02 p.m. and seconded by Andrew Hayes, and the motion was **Passed**.

Ayes: Gilgenbach, Hayes, Hiller, Strong Langolf

Absent: Gravelle, Kolstad, Schuessler

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

Title: Biannual Update On Licensed Establishments With
Demerit Points

Subject: Presented By: Captain, Tony Hahn

Initiator:

Location:

Recommendation:

ATTACHMENTS:

	File Name	Description
📎	Report_ALC_2025_Demerit_Points_Report_(002).pdf	Report

CITY OF FOND DU LAC - Memorandum

City Attorney

Date: May 12, 2025

To: Alcohol Licensing Commission

From: City Attorney's Office

Re: Biannual Update on Licensed Establishments with Demerit Points

Under Section 400-7(D) of the Code of the City of Fond du Lac, City staff must periodically report issued demerit points to the Alcohol Licensing Committee.

In 2025, the following licensed establishments received demerit points:

Establishment	Date of Incident	Violation	Demerit Points
Los Mezcales 156 Western Av	03/19/25	Sale of Alcohol to Person Under Age 21 Ordinance 400.1.125.07(1)(a)2 (80 Demerit Pts)	=80
Brick House 161 S Main St	03/19/25	Sale of Alcohol to Person Under Age 21 Ordinance 400.1.125.07(1)(a)2 (80 Demerit Pts)	=80
Theo's 24 24 N Main St	03/19/25	Sale of Alcohol to Person Under Age 21 Ordinance 400.1.125.07(1)(a)2 (80 Demerit Pts)	=80
Gino's 584 W Johnson St	04/03/25	Sale of Alcohol to Person Under Age 21 Ordinance 400.1.125.07(1)(a)2 (80 Demerit Pts)	=80
Ledgeview Lanes 170 Prairie Rd	04/03/25	Sale of Alcohol to Person Under Age 21 Ordinance 400.1.125.07(1)(a)2 (80 Demerit Pts)	=80
Mancinos 818 S Main St	04/03/25	Sale of Alcohol to Person Under Age 21 Ordinance 400.1.125.07(1)(a)2 (80 Demerit Pts)	=80

May 12, 2025

Page 2

Ang and Eddies 7 14 th St	04/03/25	Sale of Alcohol to Person Under Age 21 Ordinance 400.1.125.07(1)(a)2 (80 Demerit Pts)	=80
Saltys 503 N Park Av	04/03/25	Sale of Alcohol to Person Under Age 21 Ordinance 400.1.125.07(1)(a)2 (80 Demerit Pts)	=80
Kwik Trip #613 456 S Main St.	04/29/25	Sale of Alcohol to Person Under Age 21 Ordinance 400.1.125.07(1)(a)2 (80 Demerit Pts)	=80
Backyard Grill 838 E Johnson St	05/01/25	Sale of Alcohol to Person Under Age 21 Ordinance 400.1.125.07(1)(a)2 (80 Demerit Pts)	=80
Fat Joes 15 W Division St	05/01/25	Sale of Alcohol to Person Under Age 21 Ordinance 400.1.125.07(1)(a)2 (80 Demerit Pts)	=80

Please contact Deputy City Attorney Alexandra Panagopoulos at (920) 322-3428 or apanagopoulos@fdl.wi.gov, or Captain Robb Duveneck at (920)322-3749 or rduveneck@fdl.wi.gov with questions regarding the above-referenced demerit points or incidents.

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

Title: Temporary Class "B" Licenses/Picnic Licenses

Subject:

- Campbellsport FFA Alumni & Supporters (Tractor Pull 6/7/2025)
- Downtown FDL Partnership (Summer Wine Walk 6/13/2025)
 - 111 S Main Street
 - 19 S Main Street
 - 28 N Main Street
 - 57 N Macy Street
 - 15 E 2nd Street
 - 1 N Main Street
 - 104 S Main Street
 - 74 S Main Street
 - 117 S Main Street
 - 130 S Main Street
 - 14 N Main Street
 - 36 N Main Street
 - 17 Forest Avenue Suite 116
- Big Brother Big Sisters of Fond du Lac Co (Halloweenie Street Party 10/31/2025)

Initiator:

Location:

Recommendation:

ATTACHMENTS:

	File Name	Description
📎	Campbellsport_FFA.pdf	Campbellsport
📎	dfp_Redacted.pdf	DFP
📎	big_brother_Redacted.pdf	BBBS

Form
AB-220

Temporary Alcohol Beverage License

Municipality
City of FDL

License(s) Requested	Fees	
<input type="checkbox"/> Temporary "Class B" Wine	License Fees	\$ 10
<input checked="" type="checkbox"/> Temporary Class "B" Beer	Background Check	\$ -
	Total Fees	\$ 10.00

Part A: Organization Information

1. Organization Name
Campbellsport FFA Alumni & Supporters

2. Organization Permanent Address
327 North Fond du Lac Ave.

3. City
Campbellsport

4. State
W.

5. Zip Code
53010

6. Mailing Address (if different from permanent address)

7. FEIN

8. Date of Organization/Incorporation
01/01/1991

9. State of Organization/Incorporation
W.

10. Phone
920-948-9310

11. Email

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)

15. Agent/Contact Person of Organization in charge of Affair
Nickolas Schneider

16. Agent/Contact Person's Phone Number or Email
920-948-9310

17. Agent/Contact Person's Address
N6291 Cty. Rd G, St. Cloud, Wis 53078

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
Felton	Scott	president	
Schultz	Peter	vice-president	
Scampel	Brenda	secretary	
Schneider	Nick	treasurer	

Continued →

Part C: Event Information

1. Name of Event (if applicable) <i>Campbellsport FFA Alumni Tractor Pull</i>			
2. Dates of Operation <i>06/07/2025</i>		3. Hours of Operation <i>3:00 pm ~ 11:00 PM</i>	
4. Premises Address <i>520 Fond du Lac Ave FDL Fairgrounds</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) <i>Brock Neitzel</i>		12. Email and/or Phone Number for Organizer of Event <i>920-979-9917</i>	
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. <i>sell beer & soda out of a tent near the grandstand at county Fair grounds (Fond du Lac)</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>Schneider</i>		First Name <i>Nicholas</i>	M.I. <i>J.</i>
Title <i>Treasurer</i>	Email <i>Nicket79@gmail.com</i>		Phone <i>920-948-9310</i>
Signature <i>Nicholas J. Schneider</i>			Date <i>4/23/25</i>

Part E: For Clerk Use Only

Date Application Was Filed With Clerk <i>APR 23 2025</i>	License Number <i>C-0063</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. R.D. #121

 Denied a license APR 25 2025

Comments _____

rpt # 7591

C-0067

Form
AB-220

Temporary Alcohol Beverage License

Municipality
CITY OF FOND DU LAC

License(s) Requested	Fees	
<input checked="" type="checkbox"/> Temporary "Class B" Wine <input 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 Downtown Fond du Lac Partnership		
2. Organization Permanent Address 131 S. Main Street, Suite 101		
3. City Fond du Lac	4. State WI	5. Zip Code 54935
6. Mailing Address (if different from permanent address)		
7. FEIN 46-1169019	8. Date of Organization/Incorporation	9. State of Organization/Incorporation Wisconsin
10. Phone (920) 322-2007	11. Email info@downtownfdl.com	
12. Organization type (check one) <input 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 checked="" 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)		

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).

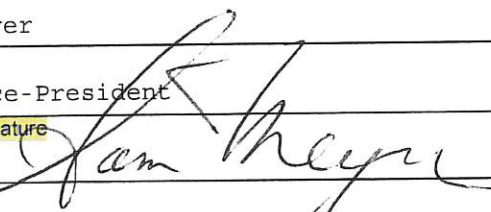
Last Name	First Name	Title	Phone
Raflik	J.J.	President	
Meyer	Sam	Vice President	
Gross	Tyler	Secretary	
Kittleson	Andy	Treasurer	
Krupp	Amy	Executive Director	

Continued →

Part C: Event Information

1. Name of Event (if applicable) Downtown Fond du Lac Summer Wine Walk			
2. Dates of Operation Friday, June 13, 2025		3. Hours of Operation 4:00 pm to 8:00 pm	
4. Premises Address Argentum Et Aurum, 111 S. Main St.			
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) Megan Sigrist / Amy Krupp		12. Email and/or Phone Number for Organizer of Event Megan@downtownfdl.com / Amy@downtownfdl.com, 920-322-2006	
13. Organizer Website www.downtownfdl.com		14. Event Website https://downtownfdl.com/wine-walk/	
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. Ground Floor			

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 Meyer	First Name Sam	M.I.
Title Vice-President	Email sam@sammeyeragency.com	Phone (920) 924-4425
Signature 		Date

Part E: For Clerk Use Only

Date Application Was Filed With Clerk APR 28 2025	License Number C-0067
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. R.D. #121*

 Denied a license MAY 01 2025

Comments _____

Temporary Alcohol Beverage License

License(s) Requested	Fees	
<input checked="" type="checkbox"/> Temporary "Class B" Wine <input 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.

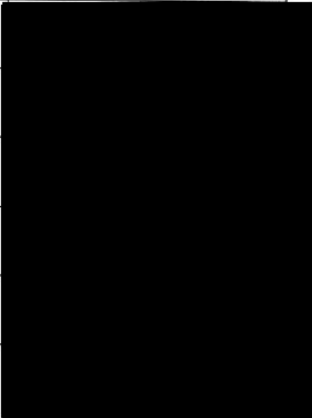
Part A: Organization Information

1. Organization Name Downtown Fond du Lac Partnership		
2. Organization Permanent Address 131 S. Main Street, Suite 101		
3. City Fond du Lac	4. State WI	5. Zip Code 54935
6. Mailing Address (if different from permanent address)		
7. FEIN 46-1169019	8. Date of Organization/Incorporation	9. State of Organization/Incorporation Wisconsin
10. Phone (920) 322-2007	11. Email info@downtownfdl.com	
12. Organization type (check one) <input 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 checked="" 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)		

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
Raflik	J.J.	President	
Meyer	Sam	Vice President	
Gross	Tyler	Secretary	
Kittleson	Andy	Treasurer	
Krupp	Amy	Executive Director	

Part C: Event Information


1. Name of Event (if applicable) Downtown Fond du Lac Summer Wine Walk			
2. Dates of Operation Friday, June 13, 2025		3. Hours of Operation 4:00 pm to 8:00 pm	
4. Premises Address Bird's Eye View Optical, 19 S. Main Street			
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) Megan Sigrist / Amy Krupp		12. Email and/or Phone Number for Organizer of Event Megan@downtownfdl.com / Amy@downtownfdl.com, 920-322-2006	
13. Organizer Website www.downtownfdl.com		14. Event Website https://downtownfdl.com/wine-walk/	
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. Ground Floor			

Part D: Attestation

Who must sign this application?

- one officer or director of the nonprofit organization

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Last Name Meyer		First Name Sam	M.I.
Title Vice-President	Email sam@sammeyeragency.com		Phone (920) 924-4425
Signature 			Date

Part E: For Clerk Use Only

Date Application Was Filed With Clerk APR 28 2025	License Number C-0068
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. R.D. #121*
 Denied a license MAY 01 2025

Comments _____

C-0069
rpt # 7593

Form
AB-220

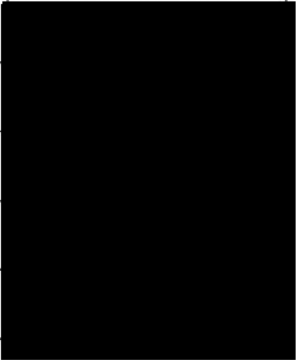
Temporary Alcohol Beverage License

Municipality
CITY OF FOND DU LAC

License(s) Requested	Fees	
<input checked="" type="checkbox"/> Temporary "Class B" Wine <input 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 Downtown Fond du Lac Partnership		
2. Organization Permanent Address 131 S. Main Street, Suite 101		
3. City Fond du Lac	4. State WI	5. Zip Code 54935
6. Mailing Address (if different from permanent address)		
7. FEIN 46-1169019	8. Date of Organization/Incorporation	9. State of Organization/Incorporation Wisconsin
10. Phone (920) 322-2007	11. Email info@downtownfdl.com	
12. Organization type (check one) <input 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 checked="" 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)		

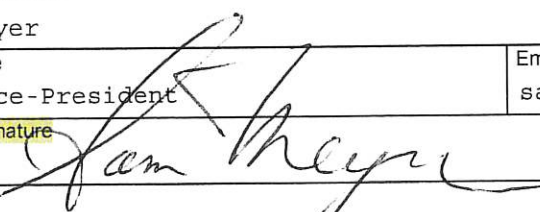
Part B: Individual Information			
List the name, title, and phone number for all officers, directors, and agent of the organization. Include an Individual Questionnaire (Form AB-100) for each person listed below. Attach additional sheets if necessary. Corporations must also include Alcohol Beverage Appointment of Agent (Form AB-101).			
Last Name	First Name	Title	Phone
Raflik	J.J.	President	
Meyer	Sam	Vice President	
Gross	Tyler	Secretary	
Kittleson	Andy	Treasurer	
Krupp	Amy	Executive Director	

Continued →

Part C: Event Information

1. Name of Event (if applicable) Downtown Fond du Lac Summer Wine Walk			
2. Dates of Operation Friday, June 13, 2025		3. Hours of Operation 4:00 pm to 8:00 pm	
4. Premises Address Blue Marble Botanicals, 28 N. Main St			
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) Megan Sigrist / Amy Krupp		12. Email and/or Phone Number for Organizer of Event Megan@downtownfdl.com / Amy@downtownfdl.com, 920-322-2006	
13. Organizer Website www.downtownfdl.com		14. Event Website https://downtownfdl.com/wine-walk/	
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. Ground Floor			

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 Meyer	First Name Sam	M.I.
Title Vice-President	Email sam@sammeyeragency.com	Phone (920) 924-4425
Signature 		Date

Part E: For Clerk Use Only

Date Application Was Filed With Clerk APR 28 2025	License Number C-0069
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. R.D. #121*
 Denied a license MAY 01 2025

Comments _____

C-0070
 rpt # 7594

Form
AB-220

Temporary Alcohol Beverage License

Municipality
 CITY OF FOND DU LAC

License(s) Requested	Fees	
<input checked="" type="checkbox"/> Temporary "Class B" Wine <input 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 Downtown Fond du Lac Partnership		
2. Organization Permanent Address 131 S. Main Street, Suite 101		
3. City Fond du Lac	4. State WI	5. Zip Code 54935
6. Mailing Address (if different from permanent address)		
7. FEIN 46-1169019	8. Date of Organization/Incorporation	9. State of Organization/Incorporation Wisconsin
10. Phone (920) 322-2007	11. Email info@downtownfdl.com	
12. Organization type (check one) <input 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 checked="" 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)		

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
Raflik	J.J.	President	[REDACTED]
Meyer	Sam	Vice President	
Gross	Tyler	Secretary	
Kittleson	Andy	Treasurer	
Krupp	Amy	Executive Director	

Continued →

Part C: Event Information

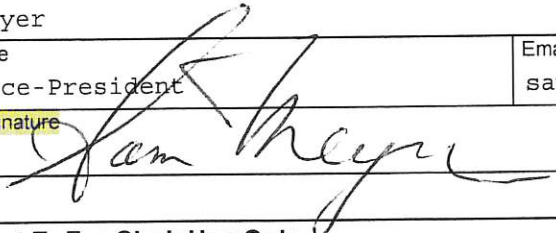
1. Name of Event (if applicable) Downtown Fond du Lac Summer Wine Walk			
2. Dates of Operation Friday, June 13, 2025		3. Hours of Operation 4:00 pm to 8:00 pm	
4. Premises Address CC's Chocolates Cafe, 57. N. Macy St.			
5. City Fond du Lac		6. State WI	7. Zip Code 54935
8. County FOND DU LAC	9. Governing 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) Megan Sigrist / Amy Krupp		12. Email and/or Phone Number for Organizer of Event Megan@downtownfdl.com / Amy@downtownfdl.com, 920-322-2006	
13. Organizer Website www.downtownfdl.com		14. Event Website https://downtownfdl.com/wine-walk/	
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. Grand Floor			

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 Meyer	First Name Sam	M.I.
Title Vice-President	Email sam@sammeyeragency.com	Phone (920) 924-4425
Signature 		Date

Part E: For Clerk Use Only

Date Application Was Filed With Clerk APR 28 2025	License Number C-0070
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. R.D. #121*
 Denied a license MAY 01 2025

Comments _____

C-0071
rpt #7595

Form
AB-220

Temporary Alcohol Beverage License

Municipality
CITY OF FOND DU LAC

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

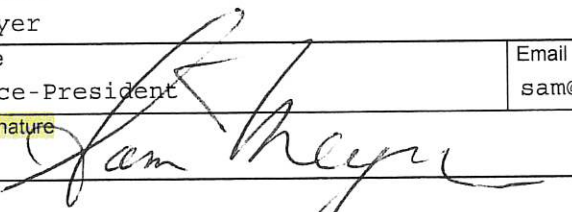
If not filed 15 days prior to ALC Meeting, a \$25 rush fee will be charged, for a total of \$35 due.

Part A: Organization Information		
1. Organization Name Downtown Fond du Lac Partnership		
2. Organization Permanent Address 131 S. Main Street, Suite 101		
3. City Fond du Lac	4. State WI	5. Zip Code 54935
6. Mailing Address (if different from permanent address)		
7. FEIN 46-1169019	8. Date of Organization/Incorporation	9. State of Organization/Incorporation Wisconsin
10. Phone (920) 322-2007	11. Email info@downtownfdl.com	
12. Organization type (check one) <input 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 checked="" 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)		

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
Raflik	J.J.	President	[REDACTED]
Meyer	Sam	Vice President	
Gross	Tyler	Secretary	
Kittleson	Andy	Treasurer	
Krupp	Amy	Executive Director	

Continued →

Part C: Event Information			
1. Name of Event (if applicable) Downtown Fond du Lac Summer Wine Walk			
2. Dates of Operation Friday, June 13, 2025		3. Hours of Operation 4:00 pm to 8:00 pm	
4. Premises Address Knockouts Women's Kickboxing Studio, 15 E. 2nd St.			
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) Megan Sigrist / Amy Krupp		12. Email and/or Phone Number for Organizer of Event Megan@downtownfdl.com / Amy@downtownfdl.com, 920-322-2006	
13. Organizer Website www.downtownfdl.com		14. Event Website https://downtownfdl.com/wine-walk/	
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. Grand Floor			

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 Meyer		First Name Sam	M.I.
Title Vice-President	Email sam@sammeyeragency.com		Phone (920) 924-4425
Signature 		Date	

Part E: For Clerk Use Only	
Date Application Was Filed With Clerk APR 28 2025	License Number C-0071
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. R.D. #121*
 Denied a license MAY 01 2025

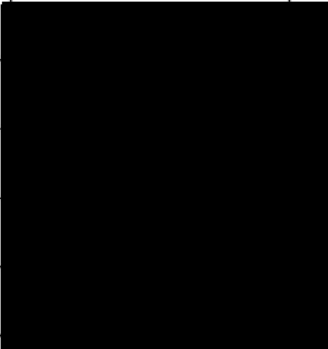
Comments _____

C-0072
rpt # 7596Form
AB-220**Temporary Alcohol Beverage License**Municipality
CITY OF FOND DU LAC

License(s) Requested	Fees	
<input checked="" type="checkbox"/> Temporary "Class B" Wine <input 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 Downtown Fond du Lac Partnership		
2. Organization Permanent Address 131 S. Main Street, Suite 101		
3. City Fond du Lac	4. State WI	5. Zip Code 54935
6. Mailing Address (if different from permanent address)		
7. FEIN 46-1169019	8. Date of Organization/Incorporation	9. State of Organization/Incorporation Wisconsin
10. Phone (920) 322-2007	11. Email info@downtownfdl.com	
12. Organization type (check one) <input 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 checked="" 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)		

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
Raflik	J.J.	President	
Meyer	Sam	Vice President	
Gross	Tyler	Secretary	
Kittleson	Andy	Treasurer	
Krupp	Amy	Executive Director	

Continued →

Part C: Event Information


1. Name of Event (if applicable) Downtown Fond du Lac Summer Wine Walk			
2. Dates of Operation Friday, June 13, 2025		3. Hours of Operation 4:00 pm to 8:00 pm	
4. Premises Address La Belle FDL, 1 N. Main St			
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) Megan Sigrist / Amy Krupp		12. Email and/or Phone Number for Organizer of Event Megan@downtownfdl.com / Amy@downtownfdl.com, 920-322-2006	
13. Organizer Website www.downtownfdl.com		14. Event Website https://downtownfdl.com/wine-walk/	
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. Ground Floor			

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 Meyer		First Name Sam	M.I.
Title Vice-President	Email sam@sammeyeragency.com	Phone (920) 924-4425	
Signature 		Date	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk APR 28 2025	License Number C-0072
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. L.D. #121*
 Denied a license **MAY 01 2025**

Comments _____

C-0073
rpt #7597

Form
AB-220

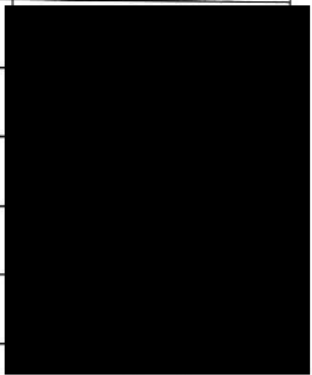
Temporary Alcohol Beverage License

Municipality
CITY OF FOND DU LAC

License(s) Requested	Fees	
<input checked="" type="checkbox"/> Temporary "Class B" Wine <input 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 Downtown Fond du Lac Partnership		
2. Organization Permanent Address 131 S. Main Street, Suite 101		
3. City Fond du Lac	4. State WI	5. Zip Code 54935
6. Mailing Address (if different from permanent address)		
7. FEIN 46-1169019	8. Date of Organization/Incorporation	9. State of Organization/Incorporation Wisconsin
10. Phone (920) 322-2007	11. Email info@downtownfdl.com	
12. Organization type (check one) <input 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 checked="" 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)		


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
Raflik	J.J.	President	
Meyer	Sam	Vice President	
Gross	Tyler	Secretary	
Kittleson	Andy	Treasurer	
Krupp	Amy	Executive Director	

Continued →

Part C: Event Information

1. Name of Event (if applicable) Downtown Fond du Lac Summer Wine Walk			
2. Dates of Operation Friday, June 13, 2025		3. Hours of Operation 4:00 pm to 8:00 pm	
4. Premises Address Lake Literary Center, 104 S. Main, Ste 100			
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) Megan Sigrist / Amy Krupp		12. Email and/or Phone Number for Organizer of Event Megan@downtownfdl.com / Amy@downtownfdl.com, 920-322-2006	
13. Organizer Website www.downtownfdl.com		14. Event Website https://downtownfdl.com/wine-walk/	
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. Ground Floor-Suite 100			

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 Meyer	First Name Sam	M.I.
Title Vice-President	Email sam@sammeyeragency.com	Phone (920) 924-4425
Signature 		Date

Part E: For Clerk Use Only

Date Application Was Filed With Clerk APR 28 2025	License Number C-0073
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. R.D. #121*
 Denied a license **MAY 01 2025**

Comments _____

C-0074
rpt # 7598

Form
AB-220

Temporary Alcohol Beverage License

Municipality
CITY OF FOND DU LAC

License(s) Requested	Fees	
<input checked="" type="checkbox"/> Temporary "Class B" Wine <input 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 Downtown Fond du Lac Partnership		
2. Organization Permanent Address 131 S. Main Street, Suite 101		
3. City Fond du Lac	4. State WI	5. Zip Code 54935
6. Mailing Address (if different from permanent address)		
7. FEIN 46-1169019	8. Date of Organization/Incorporation	9. State of Organization/Incorporation Wisconsin
10. Phone (920) 322-2007	11. Email info@downtownfdl.com	
12. Organization type (check one) <input 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 checked="" 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)		

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
Raflik	J.J.	President	
Meyer	Sam	Vice President	
Gross	Tyler	Secretary	
Kittleson	Andy	Treasurer	
Krupp	Amy	Executive Director	

Continued →

Part C: Event Information

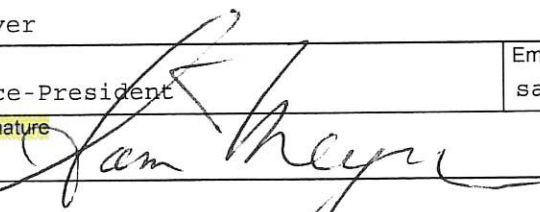
1. Name of Event (if applicable) Downtown Fond du Lac Summer Wine Walk			
2. Dates of Operation Friday, June 13, 2025		3. Hours of Operation 4:00 pm to 8:00 pm	
4. Premises Address Lunar & Lake Book Market, 74 S. Main St.			
5. City Fond du Lac		6. State WI	7. Zip Code 54935
8. County FOND DU LAC	9. 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) Megan Sigrist / Amy Krupp		12. Email and/or Phone Number for Organizer of Event Megan@downtownfdl.com / Amy@downtownfdl.com, 920-322-2006	
13. Organizer Website www.downtownfdl.com		14. Event Website https://downtownfdl.com/wine-walk/	
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. Ground Floor			

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 Meyer		First Name Sam	M.I.
Title Vice-President	Email sam@sammeyeragency.com		Phone (920) 924-4425
Signature 			Date

Part E: For Clerk Use Only

Date Application Was Filed With Clerk APR 28 2025	License Number C-0074
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. L.D. #121

 Denied a license

MAY 01 2025

Comments _____

C-0075

rpt #7599

Form

AB-220

Temporary Alcohol Beverage License


Municipality

CITY OF FOND DU LAC

License(s) Requested	Fees	
<input checked="" type="checkbox"/> Temporary "Class B" Wine <input 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 Downtown Fond du Lac Partnership			
2. Organization Permanent Address 131 S. Main Street, Suite 101			
3. City Fond du Lac		4. State WI	5. Zip Code 54935
6. Mailing Address (if different from permanent address)			
7. FEIN 46-1169019	8. Date of Organization/Incorporation		9. State of Organization/Incorporation Wisconsin
10. Phone (920) 322-2007	11. Email info@downtownfdl.com		
12. Organization type (check one) <input 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 checked="" 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)			

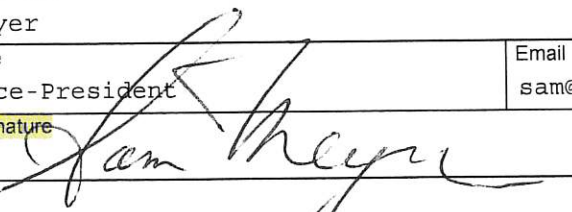
Part B: Individual Information			
List the name, title, and phone number for all officers, directors, and agent of the organization. Include an Individual Questionnaire (Form AB-100) for each person listed below. Attach additional sheets if necessary. Corporations must also include Alcohol Beverage Appointment of Agent (Form AB-101).			
Last Name	First Name	Title	Phone
Raflik	J.J.	President	
Meyer	Sam	Vice President	
Gross	Tyler	Secretary	
Kittleson	Andy	Treasurer	
Krupp	Amy	Executive Director	

Continued →

Part C: Event Information

1. Name of Event (if applicable) Downtown Fond du Lac Summer Wine Walk			
2. Dates of Operation Friday, June 13, 2025		3. Hours of Operation 4:00 pm to 8:00 pm	
4. Premises Address Main Street Fashion, 117 S. Main St.			
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) Megan Sigrist / Amy Krupp		12. Email and/or Phone Number for Organizer of Event Megan@downtownfdl.com / Amy@downtownfdl.com, 920-322-2006	
13. Organizer Website www.downtownfdl.com		14. Event Website https://downtownfdl.com/wine-walk/	
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. Grand Floor			

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 Meyer		First Name Sam	M.I.
Title Vice-President	Email sam@sammeyeragency.com		Phone (920) 924-4425
Signature 			Date

Part E: For Clerk Use Only

Date Application Was Filed With Clerk APR 28 2025	License Number C-0075
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. L.D. #121*
☐ Denied a license **MAY 01 2025**

Comments _____

C-0076

rpt #7600

Form

AB-220

Temporary Alcohol Beverage License

Municipality

CITY OF FOND DU LAC

License(s) Requested	Fees	
<input checked="" type="checkbox"/> Temporary "Class B" Wine <input 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 Downtown Fond du Lac Partnership		
2. Organization Permanent Address 131 S. Main Street, Suite 101		
3. City Fond du Lac	4. State WI	5. Zip Code 54935
6. Mailing Address (if different from permanent address)		
7. FEIN 46-1169019	8. Date of Organization/Incorporation	9. State of Organization/Incorporation Wisconsin
10. Phone (920) 322-2007	11. Email info@downtownfdl.com	
12. Organization type (check one) <input 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 checked="" 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)		

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).

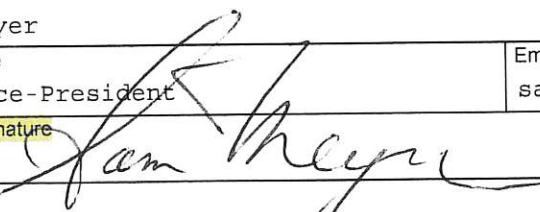
Last Name	First Name	Title	Phone
Raflik	J.J.	President	
Meyer	Sam	Vice President	
Gross	Tyler	Secretary	
Kittleson	Andy	Treasurer	
Krupp	Amy	Executive Director	

Continued

Part C: Event Information

1. Name of Event (if applicable) Downtown Fond du Lac Summer Wine Walk			
2. Dates of Operation Friday, June 13, 2025		3. Hours of Operation 4:00 pm to 8:00 pm	
4. Premises Address National Exchange Bank & Trust, 130 S. Main St.			
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) Megan Sigrist / Amy Krupp		12. Email and/or Phone Number for Organizer of Event Megan@downtownfdl.com / Amy@downtownfdl.com, 920-322-2006	
13. Organizer Website www.downtownfdl.com		14. Event Website https://downtownfdl.com/wine-walk/	
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. Grand Floor			

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 Meyer		First Name Sam	M.I.
Title Vice-President	Email sam@sammeyeragency.com		Phone (920) 924-4425
Signature 		Date	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk APR 28 2025	License Number C-0076
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. L.D. #121*
 Denied a license **MAY 01 2025**

Comments _____

C-0077
rpt # 7601

Form
AB-220

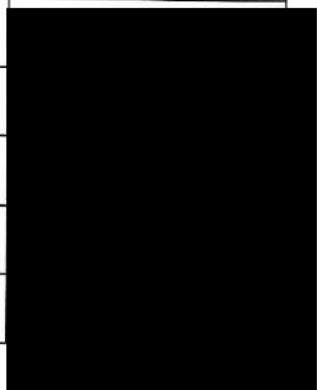
Temporary Alcohol Beverage License

Municipality
CITY OF FOND DU LAC

License(s) Requested	Fees	
<input checked="" type="checkbox"/> Temporary "Class B" Wine <input 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 Downtown Fond du Lac Partnership		
2. Organization Permanent Address 131 S. Main Street, Suite 101		
3. City Fond du Lac	4. State WI	5. Zip Code 54935
6. Mailing Address (if different from permanent address)		
7. FEIN 46-1169019	8. Date of Organization/Incorporation	9. State of Organization/Incorporation Wisconsin
10. Phone (920) 322-2007	11. Email info@downtownfdl.com	
12. Organization type (check one) <input 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 checked="" 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)		


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
Raflik	J.J.	President	
Meyer	Sam	Vice President	
Gross	Tyler	Secretary	
Kittleson	Andy	Treasurer	
Krupp	Amy	Executive Director	

Continued

Part C: Event Information

1. Name of Event (if applicable) Downtown Fond du Lac Summer Wine Walk			
2. Dates of Operation Friday, June 13, 2025		3. Hours of Operation 4:00 pm to 8:00 pm	
4. Premises Address Victoria's Pet Nutrition, 14 N. Main St.			
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) Megan Sigrist / Amy Krupp		12. Email and/or Phone Number for Organizer of Event Megan@downtownfdl.com / Amy@downtownfdl.com, 920-322-2006	
13. Organizer Website www.downtownfdl.com		14. Event Website https://downtownfdl.com/wine-walk/	
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. Ground Floor			

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 Meyer	First Name Sam	M.I.
Title Vice-President	Email sam@sammeyeragency.com	Phone (920) 924-4425
Signature 		Date

Part E: For Clerk Use Only

Date Application Was Filed With Clerk APR 28 2025	License Number C-0077
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. R.D. #121*

 Denied a license MAY 01 2025

Comments _____

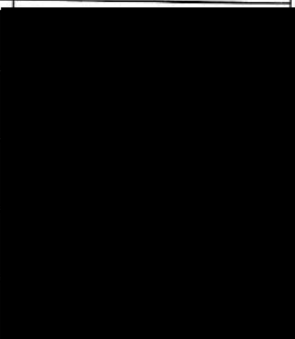
Temporary Alcohol Beverage License

C-0078
rpt #7602

License(s) Requested	Fees	
<input checked="" type="checkbox"/> Temporary "Class B" Wine <input 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 Downtown Fond du Lac Partnership		
2. Organization Permanent Address 131 S. Main Street, Suite 101		
3. City Fond du Lac	4. State WI	5. Zip Code 54935
6. Mailing Address (if different from permanent address)		
7. FEIN 46-1169019	8. Date of Organization/Incorporation	9. State of Organization/Incorporation Wisconsin
10. Phone (920) 322-2007	11. Email info@downtownfdl.com	
12. Organization type (check one) <input 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 checked="" 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)		

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
Raflik	J.J.	President	
Meyer	Sam	Vice President	
Gross	Tyler	Secretary	
Kittleson	Andy	Treasurer	
Krupp	Amy	Executive Director	

Continued →

Part C: Event Information


1. Name of Event (if applicable) Downtown Fond du Lac Summer Wine Walk			
2. Dates of Operation Friday, June 13, 2025		3. Hours of Operation 4:00 pm to 8:00 pm	
4. Premises Address Woods Floral & Gifts, 36 N. Main Street			
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) Megan Sigrist / Amy Krupp		12. Email and/or Phone Number for Organizer of Event Megan@downtownfdl.com / Amy@downtownfdl.com, 920-322-2006	
13. Organizer Website www.downtownfdl.com		14. Event Website https://downtownfdl.com/wine-walk/	
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. Ground Floor			

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 Meyer		First Name Sam	M.I.
Title Vice-President	Email sam@sammeyeragency.com		Phone (920) 924-4425
Signature 			Date

Part E: For Clerk Use Only

Date Application Was Filed With Clerk APR 28 2025	License Number C-0078
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. R.D. #121

 Denied a license

MAY 01 2025

Comments _____

Temporary Alcohol Beverage License

cp# 7698

License(s) Requested	Fees	
<input checked="" type="checkbox"/> Temporary "Class B" Wine <input 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.

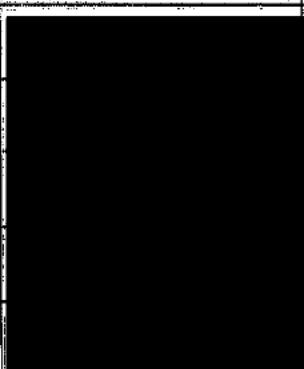
Part A: Organization Information

1. Organization Name Downtown Fond du Lac Partnership		
2. Organization Permanent Address 131 S. Main Street, Suite 101		
3. City Fond du Lac	4. State WI	5. Zip Code 54935
6. Mailing Address (if different from permanent address)		
7. FEIN 46-1169019	8. Date of Organization/Incorporation	9. State of Organization/Incorporation Wisconsin
10. Phone (920) 322-2007	11. Email info@downtownfdl.com	
12. Organization type (check one) <input 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 checked="" 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)		

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
Raflik	J.J.	President	
Meyer	Sam	Vice President	
Gross	Tyler	Secretary	
Kittleson	Andy	Treasurer	
Krupp	Amy	Executive Director	

Continued →

Part C: Event Information

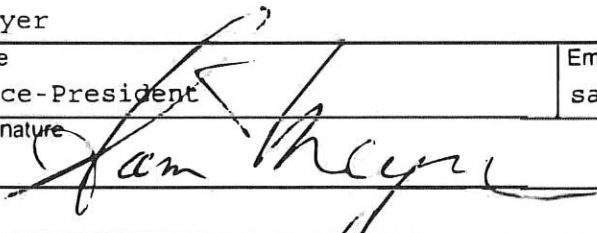
1. Name of Event (if applicable) Downtown Fond du Lac Summer Wine Walk			
2. Dates of Operation Friday, June 13, 2025		3. Hours of Operation 4:00 pm to 8:00 pm	
4. Premises Address 17 Forest Ave Suite 116 Thrivent			
5. City Fond du Lac		6. State WI	7. Zip Code 54935
8. County FOND DU LAC	9. Governing 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) Megan Sigrist / Amy Krupp		12. Email and/or Phone Number for Organizer of Event Megan@downtownfdl.com / Amy@downtownfdl.com, 920-322-2006	
13. Organizer Website www.downtownfdl.com		14. Event Website https://downtownfdl.com/wine-walk/	
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. Suite 116			

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 Meyer		First Name Sam	M.I.
Title Vice-President	Email sam@sammeyeragency.com		Phone (920) 924-4425
Signature 			Date

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 5/05/25	License Number C-0083
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	

Memorandum

Subject: Temporary Class B License

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

Memorandum

Subject: Temporary Class B License

Comments

rpt #7573

C-0065

Form

AB-220

Temporary Alcohol Beverage License

Municipality

CITY OF FOND DU LAC

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 \$25.00
RUSH FEE WILL BE CHARGED, FOR A TOTAL OF \$35.00 DUE.

Part A: Organization Information

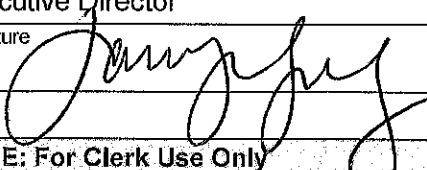
1. Organization Name Big Brothers Big Sisters of Fond du Lac County		
2. Organization Permanent Address 987 S. Main Street		
3. City Fond du Lac	4. State WI	5. Zip Code 54935
6. Mailing Address (if different from permanent address)		
7. FEIN 39-1330971	8. Date of Organization/Incorporation 1967	9. State of Organization/Incorporation Wisconsin
10. Phone 920-922-8200	11. Email amy.docter@bbbsfdl.org	
12. Organization type (check one) <input 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 checked="" 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 Tammy Young		16. Agent/Contact Person's Phone Number or Email 920-922-8200
17. Agent/Contact Person's Address 987 S. Main Street		18. Agent/Contact Person's Date of Birth [REDACTED]

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
Young	Tammy	Executive Director	[REDACTED]
Rosenau	Michael	Board President	
Roberts	Dan	Board Treasurer	
Oelke	Karri	Board Secretary	

Continued →

Part C: Event Information			
1. Name of Event (if applicable) Halloweenie Street Party			
2. Dates of Operation October 31, 2025		3. Hours of Operation 5:00pm - 8:00pm	
4. Premises Address Main Street between Forest Avenue & 2nd Street			
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)		12. Email and/or Phone Number for Organizer of Event	
13. Organizer Website		14. Event Website https://bbbsfdl.org/halloweenie-street-party/	
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. The event will take place on Main Street and sidewalks between Forest Avenue and 2nd Street.			

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 Young	First Name Tammy	M.I.
Title Executive Director	Email tammy.young@bbbsfdl.org	Phone 920-922-8200
Signature 		Date 4/24/25

Part E: For Clerk Use Only	
Date Application Was Filed With Clerk APR 25 2025	License Number C-0065
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. L.D. #121*
 Denied a license **MAY 01 2025**

Comments _____

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

Title: "Class A" Intoxicating Liquor and Class "A" Fermented
Malt License

Subject: Limited Liability Co: SSV LLC
Agent Name: Chaitanya Reddy Godhala
d/b/a: Eastside Spirits
Business Address: 405 Fond du Lac Avenue

Initiator:

Location:

Recommendation:

ATTACHMENTS:

	File Name	Description
📎	Eastside_Spirits.pdf	Application
📎	Business_Plan_Eastside_Spirits.pdf	Business Plan

Fond du Lac Police Department

MEMO



To: City Manager Joe Moore
From: Captain Robb Duveneck
Reference: *Class A Liquor and Fermented Malt Beverage license
Eastside Spirits, 405 Fond du Lac Av
Fond du Lac, WI*
Date: 05/01/25

On April 30th, 2025, Deputy City Attorney Panagopoulos, Deputy City Clerk Arlene Mand, Fire Department Division Chief of Community Risk Reduction & Life Safety Keith Wendt, Director of Community Development Dyann Benson, and Police Captain Robb Duveneck met with applicant Mr. Chaitanya Godhala and his business partner (wife) Varsha Herella regarding his proposal for a Class A liquor and Fermented Malt beverage license for the business that he purchased (Eastside Spirits) at 405 Fond du Lac Ave which which was formerly owned by Mr.Mohammad Mohebal.

The legal business name is SSV LLC, DBA Eastside Spirits Fond du Lac, WI. Mr. Chaitanya Godhala explained he purchased this business as a turn-key operation and intends to conduct business in the same manner as the previous owner Mr.Mohammad Mohebal.

This convenience store will sell liquor, beer, cigarettes, tobacco and vaping products. He currently holds a WI responsible beverage server certification and intends on having all his employees certified also.

Alcohol will not be stored or sold on the 2nd floor residential portion of the building.

Criminal background checks were conducted with no concerns from the Police Department.

The background check was conducted on Mr. Chaitanya Godhala and his wife Varsha Herella both in-house and NCIC/CIB, indicate no prior criminal history that would preclude the issuance of the license request (from a background check perspective). Mr. Chaitanya Godhala explained he understood the City's expectations and the demerit point system.

rpt #

C-0060/C-0061

Form
AB-200Alcohol Beverage License
Application

For Municipal Use Only	
Municipality	CITY OF FOND DU LAC
License Period	7/1/2025 - 6/30/2026

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	\$ 700
Background Check Fee	\$
Publication Fee	\$ 60
Total Fees	\$ 760

Part A: Premises/Business Information

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

SSV LLC

2. Business Trade Name or DBA

EASTSIDE SPIRITS

3. FEIN

33-4589944

4. Wisconsin Seller's Permit Number

456-1032126900-02

5. Entity Type (check one)

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

6. State of Organization

WISCONSIN

7. Date of Organization

04/15/2025

8. Wisconsin DFI Registration Number

S160184

9. Premises Address

405 FOND DU LAC AVE,

10. City

FOND DU LAC

11. State

WI

12. Zip Code

54935

13. County

Fond du Lac

14. Governing Municipality: ☒ City ☐ Town ☐ Village
of: FOND DU LAC

15. Aldermanic District

16. Premises Phone

920-921-5401

17. Premises Email

Saveway321@gmail.com

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.

Two-story Building located at 405 FOND DU LAC AVE, WI 54935; The 1st floor is licensed liquor store, including a customer sales area, walk-in & upright coolers for beer storage, & a back room for inventory. The 2nd floor is private quarters.

20. Mailing Address (if different from premises address)

6052 87th AVE

All alcohol ALCOHOL is stored & sold on the 1st floor only. NO ONSITE CONSUMPTION.

21. City

KENOSHA

The 2nd floor will not be included as part of the premise description.

22. State

WI

23. Zip Code

53142

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. ☐ 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 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
NERELLA ← wife	VARSHA husband	PARTNER	
BANDI	SHRUTHI	PARTNER	
GODHALA husband	CHAITANYA REDDY	AGENT	

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 NERELLA	First Name VARSHA	M.I.
Title PARTNER	Email Varshanerella2309@gmail.com	Phone 214-697-9649
Signature Varsha Nerella		Date 04/18/2025

Part E: For Clerk Use Only

Date Application Filed with Clerk APR 18 2025	License Number C-0060/C-0061	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Alcohol Beverage
Individual QuestionnaireDate
04/18/2025

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

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- 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)

SSV LLC

2. Business Trade Name or DBA

EASTSIDE SPIRITS

3. Entity Type (check one)

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

Part B: Individual Information

1. Last Name

BANDI

2. First Name

SHRUTHI

3. M.I.

4. Relationship to Business (Title)

PARTNER

5. Email

6. Phone

7. Home Address

6052 87th ave

8. City

Kenosha

9. State

WI

10. Zip Code

53142

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

10

Months

2

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

Previous Address 1

6052 87th Ave

City

Kenosha

State

WI

Zip Code

53142

Previous Address 2

8026 S 85th Street

City

FRANKLIN

State

WI

Zip Code

53132

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

WI

Kenosha

State

County

WI

MILWAUKEE

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

Shruthi Bandi

Date

04/19/2025

Alcohol Beverage
Individual QuestionnaireDate
04/18/2025

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

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- 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) SSV LLC	
2. Business Trade Name or DBA EASTSIDE SPIRITS	
3. 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	

Part B: Individual Information

1. Last Name NERELLA		2. First Name VARSHA		3. M.I.	
4. Relationship to Business (Title) PARTNER		5. Email		6. Phone	
7. Home Address 2431 W CONGRESS PARKWAY, UNIT 1					
8. City CHICAGO		9. State IL		10. Zip Code 60612	
11. Date of Birth					
12. Drivers License/State ID Number		13. Drivers License/State ID State of Issuance ILLINOIS			

Part C: Address History

1. Do you currently reside in Wisconsin? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 2431 W CONGRESS PKWY UNIT 1		City CHICAGO		State IL		Zip Code 60612	
Previous Address 2 852 N RICHMOND ST, UNIT 2		City CHICAGO		State IL		Zip Code 60622	
Previous Address 3 2901 S KING DR APT #118		City CHICAGO		State IL		Zip Code 60616	
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 IL		County COOK		State IL		County COOK	
State WI		County MILWAUKEE		State TX		County HARRIS	
State PA		County CUMBERLAND		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 <i>Vandha Nerella</i>	Date <i>04/18/2025</i>
------------------------------------	---------------------------

Alcohol Beverage
Individual QuestionnaireDate
04/18/2025

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)

SSV LLC

2. Business Trade Name or DBA

EASTSIDE SPIRITS

3. Entity Type (check one)

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

Part B: Individual Information

1. Last Name

GOPHALA

2. First Name

CHAITANYA

3. M.I.

4. Relationship to Business (Title)

AGENT

5. Email

6. Phone

7. Home Address

4400 S 27th St

8. City

MILWAUKEE

9. State

WI

10. Zip Code

53221

11. Date of Birth

12. Drivers License/State ID Number

13. Drivers License/State ID State of Issuance

WI

Part C: Address History

1. Do you currently live in Wisconsin? ☒ Yes ☐ NoIf yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY)
05/2018

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

Previous Address	City	State	Zip Code
4400 S 27th Street	MILWAUKEE	WI	53221
8026 S 85th St	FRANKLIN	WI	53132
2431 W Longfellow Pkwy	CHICAGO	IL	60612
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	MILWAUKEE	WI	FRANKLIN	IL	COOK		

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

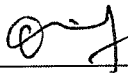
2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ☐ Yes ☒ No

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

04/18/2025

Alcohol Beverage
Appointment of AgentDate
04/18/2025

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)

SSV LLC

2. Business Trade Name or DBA

EASTSIDE SPIRITS

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

N/A

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

N/A

Part B: Agent Information

1. Last Name

GODHALA

2. First Name

CHAITANYA REDDY

3. M.I.

4. Email

5. Phone

6. Home Address

4400 S 27th Street

7. City

MILWAUKEE

8. State

WI

9. Zip Code

53221

10. Age

11. Drivers License/State ID Number

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>Nerella</i>		First Name <i>Varsha</i>	M.I.
Title <i>PARTNER</i>	Email <i>Varshanerella2309@gmail.com</i>	Phone <i>2146979649</i>	
Signature <i>Varsha Nerella</i>		Date <i>04/18/2025</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 <i>GODHALA</i>		First Name <i>CHAITANYA REDDY</i>	M.I.
Signature <i>[Signature]</i>		Date <i>04/18/2025</i>	

CITY OF FOND DU LAC

Memorandum

Date:

To: Chief of Police Attn: Records Division

From: City Clerk

Subject: Appointment of Agent Application

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: Appointment of Agent Application

I hereby recommend that the application be:

 X Granted a license *Cpt. R.D. #121*

 Denied a license **MAY 01 2025**

Comments _____

Liquor Store Business Plan

1. Business Overview

- **Business Name:** Moe's Eastside Spirits
- **Location:** 405 Fond du Lac Ave, Fond du Lac, WI 54935.
- **Ownership:** I am purchasing an existing, fully operational liquor store.
- **Transition Plan:** No major changes will be made to the business name, layout, inventory, or hours. The transition will be smooth, with existing staff retained where applicable.

2. Purpose of Business Plan

- To demonstrate commitment to legal compliance, public safety, and responsible alcohol sales.
- To reassure local authorities that the business will continue to operate responsibly under new ownership.

3. Operations Plan

- **Hours of Operation:** Open Every Day 9AM-9PM.
- **Staffing:** Retaining current staff with plans to provide additional training on responsible service.
- **Inventory Management:** No significant changes; maintaining existing vendor relationships and product selection.
- **Customer Base:** Primarily adult locals and regulars. No marketing to minors or intoxicated individuals.

4. Legal and Regulatory Compliance

- **Licensing:** I am in the process of transferring the current liquor license in accordance with Wisconsin Department of Revenue and local municipality regulations.
- **Training:**
 - All staff (including myself) will be certified in **Responsible Beverage Server Training**, as required by Wisconsin law.
 - Regular refresher courses will be scheduled to maintain compliance.
- **ID Verification:** Ensure all customer IDs are valid and not expired to prevent underage alcohol and cigarette sales.

- **Security Measures:**

- Surveillance cameras inside and outside the store.
- Secure cash handling procedures.
- Regular review of footage to ensure compliance and safety.

5. Community Responsibility

- I intend to maintain a positive relationship with local law enforcement.
- No loitering or public consumption of alcohol will be allowed on the premises.
- I will participate in community safety initiatives and neighborhood business associations where applicable.
- Clear signage about ID requirements and refusal of sale to intoxicated individuals will be posted.

6. Financial Plan

- Purchase funded through Loan, personal Funds and Partnership.
- Profitability expected to remain stable due to ongoing operations and consistent customer base.
- Business will continue to pay all taxes and fees in compliance with state and federal law.

7. Summary Statement

As a responsible business owner, I understand the importance of running a liquor store that serves the community safely and legally. My goal is to uphold the store's existing reputation, follow all Wisconsin and local alcohol laws, and ensure this transition supports both public safety and business integrity.