

ALCOHOL LICENSE COMMITTEE AGENDA

May 22, 2017

4:00 PM

160 S Macy Street

City-County Government Center

Meeting Room D

Fond du Lac, Wisconsin

I. ROLL CALL

A. Attendance

B. Declaration Quorum Present

II. CONSENT AGENDA

A. Approval of Meeting Minutes - April 24, 2017

III. INPUT

A. Audience Comments

Presiding officer shall limit comments to items noticed only on the agenda.

IV. ACTIONS

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

Individual: Salvador Mora

Address: 232 Amory Street

d/b/a: La Mexicana Mini Mart

Location of Premises: 174 W Division Street

V. ADJOURN

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

Title: Approval of Meeting Minutes - April 24, 2017

Subject:

Initiator:

Location:

Recommendation:

ATTACHMENTS:

	File Name	Description
📎	04-24-17_ALC_Minutes.pdf	04-24-17 ALC Minutes

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

April 24, 2017
4:00 PM

ROLL CALL

Attendance

Present

Shawn Anhalt
Peter Doll
Karen Merkel
Kerry Ann Strupp

Absent

Jacob Lehman
Mark Otterstatter
Travis Vandynhoven

Administrative Staff

Deb Hoffman, City Attorney
Steve Klein, Asst Police Chief of Operations

Declaration Quorum Present

Chairperson Anhalt declared a quorum present.

CONSENT AGENDA

Approval of Meeting Minutes - March 27, 2017

A Motion was made by Peter Doll to approve minutes of March 27, 2017 and seconded by Shawn Anhalt, and the motion was **Passed**.

Ayes: Anhalt, Doll, Strupp

Abstain: Merkel

Absent: Lehman, Otterstatter, VanDynHoven

INPUT

Audience Comments

Presiding office shall limit comments to items noticed only on the agenda.

No audience comments were made at this meeting.

ACTIONS

"Class B" Intoxicating Liquor and Class "B" Fermented Malt Beverage

Limited Liability Co: Fond du Lac Baseball Club, LLC

Agent Name: Ryan Moede

Agent Address: 43 Thackery Drive, Oshkosh, WI 54904

d/b/a: Fond du Lac Dock Spiders

Location of Premises: 980 E Division Street

A Motion was made by Kerry Strupp to approve a "Class B" Intoxicating Liquor and Class "B" Fermented Malt Beverage license for Fond du Lac Dockspiders at 980 E Division Street and seconded by Karyn Merkel, and the motion was **Passed**.

Ayes: Anhalt, Doll, Merkel, Strupp

Absent: Lehman, Otterstatter, VanDynHoven

"Class B" Intoxicating Liquor and Class "B" Fermented Malt Beverage

Limited Liability Co: 211 S Military LLC

Agent Name: Ronald Boda

Agent Address: 440 Satterlee St, Fond du Lac, WI 54935

d/b/a: Nette's Bar & Grill

Location of Premises: 211 S Military Rd

A Motion was made by Karyn Merkel to approve a "Class B" Intoxicating Liquor and Class "B" Fermented Malt Beverage license for Nette's Bar & Grill at 211 S Military Road and seconded by Kerry Strupp, and the motion was **Passed**.

Ayes: Anhalt, Doll, Merkel, Strupp

Absent: Lehman, Otterstatter, VanDynHoven

ADJOURN

A Motion was made by Peter Doll to adjourn at 4:26 PM and seconded by Kerry Strupp, and the motion was **Passed**.

Ayes: Anhalt, Doll, Merkel, Strupp

Absent: Lehman, Otterstatter, VanDynHoven

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

Title: Class "B" Fermented Malt & "Class B" Intoxicating
Liquor License

Subject: **Individual:** Salvador Mora
Address: 232 Amory Street
d/b/a: La Mexicana Mini Mart
Location of Premises: 174 W Division Street

Initiator:

Location:

Recommendation:

ATTACHMENTS:

	File Name	Description
📎	Police_Memo_LaMexicana_05-17-17.pdf	Memo
📎	La_Mexicana_Application_Redacted.pdf	Application
📎	La_Mexicana_-_Business_Plan.pdf	Business Plan



Memo

To: City Manager Moore

From: Chief Lamb

Date: 05-17-17

Re: Change of License from Class A Combination to Class B Combination License for La Mexicana, 174 W Division St.

On May 17, 2017 Assistant Chief Klein, Division Chief of Fire Prevention Troy Haase and City Clerk Maggie Hefter, met with the listed applicant Salvador Mora regarding his request to change from a Class A Combination license to a Class B combination license for the above location.

Mr. Mora recently moved from 158 W Division St to the building next door at 174 W Division St. As part of his expanded business, Mr. Mora established a restaurant section within the store, complete with an inside dining area. The proposed license request would allow those dining customers who chose to, to purchase a beer for on site consumption with their meal. Mr. Mora stated that he will not have a full service bar and that the restaurant closes at 8 p.m. with the retail portion of the store closing at 9 p.m.

Mr. Mora has held a liquor license in the City of Fond du Lac since 2004 and previously held a license in Green Bay with no significant concerns noted by law enforcement.

Assistant Chief Klein discussed with the applicant the City's expectations of being a license holder and the importance of being a "good neighbor."

Background checks performed on the applicant, both in-house and NCIC/CIB, indicate no criminal history that would preclude him from obtaining the requested license. The Police Department has no objections to the approval of the proposed license request.

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ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning 6-14 20 17
ending 6-30 20 17

TO THE GOVERNING BODY of the: ☐ Town of } Fond du Lac
☐ Village of }
☒ City of }

County of Fond du Lac Aldermanic Dist. No. _____ (if required by ordinance)

1. The named ☒ INDIVIDUAL ☐ PARTNERSHIP ☐ LIMITED LIABILITY COMPANY
☐ CORPORATION/NONPROFIT ORGANIZATION

hereby makes application for the alcohol beverage license(s) checked above.

2. Name (individual/partners give last name, first, middle; corporations/limited liability companies give registered name): Salvador Mora

An "Auxiliary Questionnaire," Form AT-103, must be completed and attached to this application by each individual applicant, by each member of a partnership, and by each officer, director and agent of a corporation or nonprofit organization, and by each member/manager and agent of a limited liability company. List the name, title, and place of residence of each person.

Title SALVADOR MORA Address Fond du Lac Post Office & Zip Code 54935
President/Member _____
Vice President/Member _____
Secretary/Member _____
Treasurer/Member _____
Agent Salvador Mora
Directors/Managers _____

3. Trade Name Lamexicana Mini mart Business Phone Number 9209336013
4. Address of Premises 174 W. Division Post Office & Zip Code 54935, FdL

5. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? ☐ Yes ☒ No
6. Is the applicant an employee or agent of, or acting on behalf of anyone except the named applicant? ☐ Yes ☒ No
7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? ☐ Yes ☒ No
8. (a) Corporate/limited liability company applicants only: Insert state _____ and date _____ of registration.
(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? ☐ Yes ☒ No
(c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? ☐ Yes ☒ No

(NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.)

9. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Back storage, restaurant kitchen, Back building

10. Legal description (omit if street address is given above): 174 W. Division St

11. (a) Was this premises licensed for the sale of liquor or beer during the past license year? ☐ Yes ☒ No
(b) If yes, under what name was license issued?

12. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5) before beginning business? [phone 1-800-937-8864] ☒ Yes ☐ No

13. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown in Section 2, above? [phone (608) 266-2776] ☒ Yes ☐ No

14. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.) Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

SUBSCRIBED AND SWORN TO BEFORE ME

this _____ day of _____, 20 _____

Salvador Mora
(Clerk/Notary Public)

My commission expires 9-27-2019

Salvador Mora
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

(Officer of Corporation/Member/Manager of Limited Liability Company/Partner)

(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued <u>1-5054</u>	

Control # 2634

R# 20116

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
MORA		SALVADOR			
Home Address (street/route)		Post Office	City	State	Zip Code
[REDACTED]		54935 FOND DU LAC	FOND DU LAC	WI	54935
Home Phone Number		Age	Date of Birth	Place of Birth	
[REDACTED]		[REDACTED]	[REDACTED]	MEXICO	

The above named individual provides the following information as a person who is (check one):

- ☒ Applying for an alcohol beverage license as an **individual**.
- ☐ A member of a **partnership** which is making application for an alcohol beverage license.
- ☐ _____ of _____
(Officer/Director/Member/Manager/Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)
- which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 26 yrs
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? ☐ Yes ☒ No
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? ☐ Yes ☒ No
If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? ☐ Yes ☒ No
If yes, identify. _____
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employee of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? ☐ Yes ☒ No
If yes, identify. _____
(Name of Wholesale Licensee or Permittee) (Address By City and County)
- Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
LAMEXICANA	158 DIVISION	2004	2017
Employer's Name	Employer's Address	Employed From	To

The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application.

Subscribed and sworn to before me

this 24th day of April, 2017

(Clerk/Notary Public)

(Signature of Named Individual)

My commission expires 9-27-2019





State of Wisconsin • DEPARTMENT OF REVENUE
Personal Wallet Copy

Seller's Permit: 456-0000340905-03

Legal/Real Name: SALVADOR S MORA

Signature

Salvador Mora

LA MEXICANA MINI MART

174 WEST DIVISION STREET

FOND DU LAC WI 54935

DAILY HOURS MONDAY THROUGH SUNDAY

STORE 8AM TO 9PM

RESTAURANT 9AM TO 8 PM

PURPOSE FOR SERVICE TO CUSTOMERS AND INCREASE SALES THAT WE REQUEST TO SERVE ALCOHOLIC BEVERAGES

920.933 6013

CALL 251 5862