

ALCOHOL LICENSE COMMITTEE AGENDA

July 31, 2017

4:00 PM

Meeting Room A & B

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. Approval of Meeting Minutes - June 29, 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
Limited Liability Co: Pump N Pantry, Inc.

Agent Name: Robert LeMense

Agent Address: N8055 Rolling Hills Dr, Fond du Lac

d/b/a: Pump N Pantry

Location of Premises: 329 W Pioneer Rd, Fond du Lac

V. ADJOURN

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

Title: Approval of Meeting Minutes - June 29, 2017

Subject:

Initiator:

Location:

Recommendation:

ATTACHMENTS:

	File Name	Description
📎	Minutes_2017_6_29_Meeting(353).pdf	Minutes

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

June 29, 2017
5:00 PM

ROLL CALL

Attendance

Present

Shawn Anhalt
Karen Merkel
Kerry Ann Strupp
Mark Otterstatter

Absent

Peter Doll
Jacob Lehman
Travis Vandynhoven

Administrative Staff

Ali Klimko, Asst City Attorney
Aaron Goldstein, Police Captain

Declaration Quorum Present

Chairperson, Shawn Anhalt, declared a quorum present.

CONSENT AGENDA

Approval of Meeting Minutes - May 22, 2017

A Motion was made by Karyn Merkel to approve minutes of May 22, 2017 and seconded by Mark Otterstatter, and the motion was **Passed**.

Ayes: Anhalt, Merkel, Otterstatter, Strupp

Absent: Doll, Lehman, VanDynHoven

INPUT

Audience Comments

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

Spoke in support of a "Class B" Intoxicating Liquor and Class "B" Fermented Malt Beverage license for Gilmore's Liquor Mart/The Dog

House at 232 N Main Street

Dawn Smet, 167 E 13th Street, Fond du Lac

ACTIONS

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

Limited Liability Co: Hoekstra Enterprises, LLC

Agent Name: Dawn Smet

Agent Address: 167 E 13th Street, Fond du Lac

d/b/a: Gilmores Liquor Mart/The Dog House

Location of Premises: 232 N Main Street, Fond du Lac

A Motion was made by Karyn Merkel to approve a "Class B" Intoxicating Liquor and Class "B" Fermented Malt Beverage license for Gilmore's Liquor Mart/The Dog House at 232 North Main Street and seconded by Kerry Strupp, and the motion was **Passed**.

Ayes: Anhalt, Merkel, Otterstatter, Strupp

Absent: Doll, Lehman, VanDynHoven

ADJOURN

A Motion was made by Kerry Strupp to adjourn at 5:05 PM and seconded by Mark Otterstatter, and the motion was **Passed**.

Ayes: Anhalt, Merkel, Otterstatter, Strupp

Absent: Doll, Lehman, VanDynHoven

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

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

Subject: **Limited Liability Co:** Pump N Pantry, Inc.
Agent Name: Robert LeMense
Agent Address: N8055 Rolling Hills Dr, Fond du Lac
d/b/a: Pump N Pantry
Location of Premises: 329 W Pioneer Rd, Fond du Lac

Initiator:

Location:

Recommendation:

ATTACHMENTS:

	File Name	Description
📎	ALC_Memo_0647.pdf	Memo
📎	Pump_N_Pantry_Application_-_Redacted.pdf	Application
📎	Agent_Form_0648_Redacted.pdf	Agent Form

**Fond du Lac City
Police Department**



Memo

To: City Manager Moore

From: Chief Lamb

Date: 07-27-17

Re: Change of License from Class A Combination to Class B Combination License for Pump and Pantry, 329 W Pioneer Rd.

The applicant, Robert LeMense has requested a change of license from a Class A Combination to a Class B Combination. Mr. LeMense currently operates Pump and Pantry as a convenience store with a restaurant inside the business. The restaurant has in store seating and dining, along with catering.

The proposed license change would allow those dining customers who chose to, to consume alcoholic drinks with their meal in the restaurant area. The applicant stated he does not anticipate any changes to the hours of operation for the business.

The applicant was advised that the City is exploring changing our City Ordinance to prohibit the carry out sale of fermented malt beverages or intoxicating liquors between the hours of 9 p.m. and 8 a.m. for Class B combination license holders. This would be in line with the current ordinance closing hours for Class A license holders.

Mr. LeMense has held a liquor license in the City of Fond du Lac for many years with no significant concerns noted by law enforcement.

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.

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning 5-11 20 2017
ending 06-30 20 2017

TO THE GOVERNING BODY of the: ☐ Town of }
☐ 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): Pump N Pantry, Inc.

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	Name	Home Address	Post Office & Zip Code
President/Member	<u>Pres.</u>	<u>Robert Lee McMenise</u>	<u>N 8055 Rolling Hills Dr.</u>	<u>FDL 54937</u>
Vice President/Member	<u>VP</u>	<u>Lois Jean McMenise</u>	<u>"</u>	<u>"</u>
Secretary/Member	<u>Sec.</u>	<u>Lois Jean McMenise</u>	<u>"</u>	<u>"</u>
Treasurer/Member	<u>Treas.</u>	<u>Robert Lee McMenise</u>	<u>"</u>	<u>"</u>
Agent		<u>Robert Lee McMenise</u>		

Directors/Managers

3. Trade Name Pump n Pantry Business Phone Number 920 926-0021
4. Address of Premises 329 W. Pioneer Rd Post Office & Zip Code FDL 54935

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 WI and date 12-25-1991 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? Class A License ☒ 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.) restaurant deli counter cold case large cooler

10. Legal description (omit if street address is given above): _____

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? Pump n Pantry, Inc

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 27th day of MARCH, 20 17

[Signature]
(Clerk/Notary Public)

My commission expires 4-27-2019

Robert L. McMenise
(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 <u>3-27-17</u>	Date reported to council/board <u>05-10-17</u>	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

Control# : 399 OL

**SCHEDULE FOR APPOINTMENT OF AGENT BY CORPORATION/NONPROFIT
ORGANIZATION OR LIMITED LIABILITY COMPANY**

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by the officer(s) of the corporation/organization or members/managers of a limited liability company and the recommendation made by the proper local official.

To the governing body of: ☐ Town ☐ Village ☒ City of FOND DU LAC County of FOND DU LAC

The undersigned duly authorized officer(s)/members/managers of Pump n Pantry, Inc
(registered name of corporation/organization or limited liability company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as Pump n Pantry
(trade name)

located at 329 W. Pioneer Rd FOND DU LAC, WI 54935

appoints Robert Lee LeMense
(name of appointed agent)
18055 Rolling Hills Dr. FOND DU LAC
(home address of appointed agent)

to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?

☐ Yes ☒ No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).

Is applicant agent subject to completion of the responsible beverage server training course? ☐ Yes ☒ No

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 64 yrs

Place of residence last year 18055 Rolling Hills Dr FDL WI 54935

For: Pump n Pantry, Inc
(name of corporation/organization/limited liability company)

By: Robert L. LeMense Officer
(signature of Officer/Member/Manager)

And: Lois J. LeMense V.P. Officer
(signature of Officer/Member/Manager)

ACCEPTANCE BY AGENT

I, _____, hereby accept this appointment as agent for the
(print/type agent's name)

corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

Robert L. LeMense 3/27/2017 Agent's age [REDACTED]
(signature of agent) (date)
18055 Rolling Hills Dr. FOND DU LAC, WI 54937 Date of birth [REDACTED]
(home address of agent)

**APPROVAL OF AGENT BY MUNICIPAL AUTHORITY
(Clerk cannot sign on behalf of Municipal Official)**

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on _____ by _____ Title _____
(date) (signature of proper local official) (town chair, village president, police chief)

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
LEPENSE		LOIS		JEAN	
Home Address (street/route)		Post Office	City	State	Zip Code
N 8055 Rolling Hills Dr		FDL	FDL	WI	54437
Home Phone Number		Age	Date of Birth	Place of Birth	

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.

☒ **Officer** of **Pump n Pantry, Inc**
(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:

1. How long have you continuously resided in Wisconsin prior to this date? **58 YRS**

2. 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.)

3. 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.

4. 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. **Pump n Pantry 329 W. Pioneer Rd FDL WI CLASS A**
(Name, Location and Type of License/Permit)

5. 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)

6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
Pump n Pantry Inc	329 W Pioneer Rd FDL	1988	PRESENT
Employer's Name	Employer's Address	Employed From	To
Carrow Oil	509 W. Edgewood Apple		1987

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 **27th** day of **MARCH**, 20 **17**

[Signature]
(Clerk/Notary Public)

My commission expires **9-29-17**

[Signature]
(Signature of Named Individual)



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Recycled Paper

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
LE MENSE		Robert		Lee	
Home Address (street/route)		Post Office	City	State	Zip Code
N8055 Rolling Hills Dr		FDL	Fond du Lac	WI	54937
Home Phone Number		Age	Date of Birth	Place of Birth	

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.

☒ Officer of Pump n Pantry, Inc.
(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? 64 years
- 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.) X ATTENDS DUI 04-2006 license suspension 6 months - class 1st moraine park, fine
- 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. Pump n Pantry, Inc 329 W. Pierce Rd FDL WI 54935 CLASS (A) Beer + liquor
(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)

6. Named individual must list in chronological order last two employers.

Employer's Name <u>POQ</u>	Employer's Address <u>3310 University Ave Madison WI</u>	Employed From <u>1977</u>	To <u>1985</u>
Employer's Name <u>GARROW Oil</u>	Employer's Address <u>504 W. Edgewood Dr, Appleton WI</u>	Employed From <u>1985</u>	To <u>1987</u>

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 27th day of MARCH, 2017

[Signature]
(Clerk/Notary Public)

Robert L. Le Mense
(Signature of Named Individual)

My commission expires 9-27-2019



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Recycled Paper

Business Plan Proposal Pump N Pantry

We are applying for a Class B license to serve on premise. We have had a class A license for 20 years since May 1997 at our location 329 W. Pioneer Rd. in Fond du lac.

Our restaurant has been the strongest part of our business. We have a seating area for 65 people. Home cooking for breakfast, lunch and dinner. Our fish fry and chicken have been our strongest items.

With all the road constructions, economy and new competition that we have endured we find our gas sales have declined and customer counts are declining. Our restaurant sales seem constant, this seems to be the only area where we might grow our business.

By offering Drinks on premise mainly beer and wine and possibly a Bloody Mary Bar on sun mornings. We feel this would give us the opportunity to grow our restaurant sales.

We have had a Class B at the Forest Mall from 2006-2009 when we had our mall restaurant. We served glasses of beer from bottles and cans and individual small wines from bottles.

At our Pioneer Store, we would do the same for the Bloody Mary Bar we would use the small individual serving bottle of alcohol.

As of now our operators license holders are at the front registers, convenience side of store.

In the restaurant, currently no tobacco, lottery or alcohol sales are rung up on the restaurant registers.

We currently have high school students cashiering in the restaurant, and also have responsible adults working for us with up to 11 years' experience. I have shared the idea of on-site consumption and was met with enthusiasm. Often customers have stated it would be nice to have a beer with their fish- fry, pizza or sandwich. We have had 2 employees with combined 17 yrs. working at Pump N Pantry that have gone on to become police officers Kevin Post Sheboygan Police Dept. and Keywon Brown FDL Police Dept.

We plan on improving our menu for dine in experience, and catering opportunities as customers have really appreciated what we are doing.

We realize with a convenience store the concerns, customers would not be allowed to bring alcohol from the convenience side to the sit-down restaurant side.

We currently close at 9:30 pm but in the past, we were open till 10: pm. We have No interest in staying open until midnight.

If our business increases due to restaurant sales expansion, and as our gas equipment needs replacing due to age, our plan would be to move more to a restaurant with bar.

Thank You for your consideration,

Sincerely,

Bob & Lois LeMense

Pump N Pantry, Inc 329 W. Pioneer Rd. Fond du lac 920 926-0021 pumpnpantry@aol.com



WISCONSIN DEPARTMENT OF REVENUE
PO BOX 8902
MADISON, WI 53708-8902

Contact Information:

2135 RIMROCK RD PO BOX 8902
MADISON, WI 53708-8902
ph: 608-266-2776 fax: 608-264-6884
email: DORBusinessTax@revenue.wi.gov
website: revenue.wi.gov

PUMP N PANTRY, INC.
329 W PIONEER RD
FOND DU LAC WI 54935-5614

Letter ID L2036339296



Wisconsin Business Tax Registration Certificate

Expiration date: August 31, 2017
Legal/real name: PUMP N PANTRY, INC.

- This certificate confirms that you are registered with the Wisconsin Department of Revenue for the tax types shown below.
- This registration certificate is not a seller's permit, and should not be used as proof that you hold a seller's permit.
- You may not transfer this certificate to any other individual or business.

Tax Type	Account Type	Number
Sales & Use Tax	Sales & Use Tax	456-0000470636-03
Withholding Tax	Withholding Tax	036-0000470636-04

**SCHEDULE FOR APPOINTMENT OF AGENT BY CORPORATION/NONPROFIT
ORGANIZATION OR LIMITED LIABILITY COMPANY**

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by the officer(s) of the corporation/organization or members/managers of a limited liability company and the recommendation made by the proper local official.

To the governing body of: ☐ Town ☐ Village ☒ City of FOND DU LAC County of FOND DU LAC

The undersigned duly authorized officer(s)/members/managers of Pump n Pantry, Inc
(registered name of corporation/organization or limited liability company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as

Pump n Pantry
(trade name)

located at 329 W. Pioneer Rd FOND DU LAC, WI 54935

appoints Robert L. Lemense
(name of appointed agent)

N8055 Rolling Hills Dr. FOND DU LAC
(home address of appointed agent)

to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?

☐ Yes ☒ No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).

Is applicant agent subject to completion of the responsible beverage server training course? ☐ Yes ☒ No

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 64 yrs

Place of residence last year N8055 Rolling Hills Dr FDL WI 54935

For: Pump n Pantry, Inc
(name of corporation/organization/limited liability company)

By: Robert L. Lemense OFFICER
(signature of Officer/Member/Manager)

And: Louis J. L. M... V.P. OFFICER
(signature of Officer/Member/Manager)

ACCEPTANCE BY AGENT

I, ROBERT L. LEMENSE, hereby accept this appointment as agent for the
(print/type agent's name)

corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

Robert L. Lemense 3/27/2017 Agent's age [REDACTED]
(signature of agent) (date)
N8055 Rolling Hills Dr. FOND DU LAC, WI 54937 Date of birth [REDACTED]
(home address of agent)

APPROVAL OF AGENT BY MUNICIPAL AUTHORITY
(Clerk cannot sign on behalf of Municipal Official)

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on 07/27/17 by [Signature] Title ASSISTANT POLICE CHIEF
(date) (signature of proper local official) (town chair, village president, police chief)