ALCOHOL LICENSE COMMITTEE AGENDA

August 28, 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 July 31st, 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: Ale House, LLC
 Agent Name: Ron Boda
 Agent Address: 440 Satterlee St, Fond du Lac
 d/b/a: 2.0 Ale House
 Location of Premises: 65 N Main St, Fond du Lac

V. ADJOURN

ALCOHOL LICENSE COMMITTEE CITY OF FOND DU LAC, WISCONSIN

<u>Title:</u> Approval of Meeting Minutes - July 31st, 2017

<u>Subject:</u>

<u>Initiator:</u>

Location:

Recommendation:

ATTACHMENTS:

File Name
D 07-31-17_ALC_Minutes.pdf

Description Meeting Minutes

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

July 31, 2017 4:00 PM

ROLL CALL

Attendance

<u>Present</u>

Shawn Anhalt Peter Doll Karen Merkel Mark Otterstatter

<u>Absent</u>

Jacob Lehman Kerry Ann Strupp Travis VanDynHoven

Administrative Staff

Steve Klein, Asst Police Chief

Declaration Quorum Present

Chairperson Anhalt declared a quorum present.

CONSENT AGENDA

Approval of Meeting Minutes - June 29, 2017

A Motion was made by Mark Otterstatter to approve minutes of June 29, 2017 and seconded by Karyn Merkel, and the motion was **Passed**.

Ayes: Anhalt, Doll, Merkel, Otterstatter

Absent: Lehman, Strupp, 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 Pump N Pantry at 329 W Pioneer Road Robert and Lois LeMense, N8055 Rolling Hills Drive, Fond du Lac

ACTIONS

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

A Motion was made by Karyn Merkel to approve a "Class B" Intoxicating Liquor and Class "B" Fermented Malt Beverage license for Pump N Pantry at 329 W Pioneer Road and seconded by Peter Doll, and the motion was **Passed**.

Ayes: Anhalt, Doll, Merkel, Otterstatter

Absent: Lehman, Strupp, VanDynHoven

ADJOURN

A Motion was made by Peter Doll to adjourn at 4:17 PM and seconded by Karyn Merkel, and the motion was **Passed**.

Ayes: Anhalt, Doll, Merkel, Otterstatter

Absent: Lehman, Strupp, VanDynHoven

ALCOHOL LICENSE COMMITTEE CITY OF FOND DU LAC, WISCONSIN

- <u>Title:</u> Audience Comments
- <u>Subject:</u> Presiding officer shall limit comments to items noticed only on the agenda.

<u>Initiator:</u>

Location:

Recommendation:

ALCOHOL LICENSE COMMITTEE CITY OF FOND DU LAC, WISCONSIN

- <u>Title:</u> Class "B" Fermented Malt & "Class B" Intoxicating Liquor License
- Subject:Limited Liability Co:Ale House, LLCAgent Name:Ron BodaAgent Address:440 Satterlee St, Fond du Lacd/b/a:2.0 Ale HouseLocation of Premises:65 N Main St, Fond du Lac

Initiator:

Location:

Recommendation:

ATTACHMENTS:

	File Name	Description
D	PD_Memo2.0_All_House.pdf	Memo
D	2.0_Ale_House_Application_Redacted.pdf	Application

Fond du Lac City Police Department



Memo

To: City Manager Moore

From: Chief Lamb

Date: 08-21-17

Re: Change of Entity/ Owner for 2.0 Ale House, 65 N. Main Street

The City has received a request for a change of entity/owner of 2.0 Ale House located at 65 N. Main St. Ron Boda is purchasing the business from Brian Perl. Mr. Boda has shared his plans for this location with City staff.

Mr. Boda does not anticipate major changes to the current operation and plans on keeping the same name for the business. He is looking at making some improvements to the restaurant operations. In addition, he has already installed enhanced security features including ID-card scanners at the entrance points which help keep those who are underage or having fake ID's from entering the establishment. He has also implemented rules and policies that set the tone that they do not tolerate unruly or disruptive behavior in the establishment.

Mr. Boda has been a resident of Fond du Lac for over 50 years. Mr. Boda owns a number of businesses including a soda fountain distribution business which supplies a number of restaurants and bars. He recently was approved as the licensed agent for this establishment and also for a Class B combination license at Nette's Bar and Grill. Mr. Boda has over 13 years of experience of working within the Hospitality industry.

Background checks on Mr. Boda both in-house and NCIC/CIB, indicate no prior criminal history that would preclude granting this request. The Police Department has no objections to the approval of this request and recommends approval.

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION
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Submit to municipal clerk.	LICENSE REQUESTED
For the license period beginning DULY (20 17;	TYPE FEE
ending June 30 20 18	Class A beer \$
	Class B beer \$ 100
TO THE GOVERNING BODY of the: 🗆 Village of } For ou LAC	Class C wine \$
	Class A liquor \$
	Class B liquor \$ 500
County of fow outpec Aldermanic Dist. No (if required by ordinance)	Reserve Class B liquor \$
	Class B (wine only) winery \$
1. The named 🔲 INDIVIDUAL 🔲 PARTNERSHIP 🔀 LIMITED LIABILITY COMPANY	Publication fee \$ 55
	TOTAL FEE \$ 655
hereby makes application for the alcohol beverage license(s) checked above.	0.11.110
 Name (individual/partners give last name, first, middle; corporations/limited liability companies give regional strategies in the strategies in	istered name): HLE HOUSE LLC
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, a	and by each member/manager and agent of a limited
liability company. List the name, title, and place of residence of each person.	e Address Post Office & Zip Code
President/Member Ronald E Book 440 SATTER	USE ST. FOLLI S4935
Vice President/Member	
Secretary/Member	
Agent ▶ Ronald & Boba (`	11
Directors/Managers 3. Trade Name ▶ 2.0 Aue House Business	Phone Number
3. Trade Name ► 2.0 Hue House Business 4. Address of Premises ► 65 N MAIN ST Post Offic	e & Zip Code > FPL 54935
5. Is individual, partners or agent of corporation/limited liability company subject to completion of the resp training course for this license period?	oonsible beverage server
a state of the second	
The second se	of this business? Yes KNN
 8. (a) Corporate/limited liability company applicants only: Insert state OCTSCOVERY and data (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability 	bility company? Yes 🔣 No
(b) Is applicant corporation/limited liability company a subsidiary of any other corporation of limited liability company, or ar (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or an	
(c) Does the corporation, or any officer, director, stockholder of agent of infinite flabing company, of an 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	ad 8 above)
9. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol	of beverages and records. (Alcohol beverages
may be sold and stored only on the premises described.)	
10 Legal description (omit if street address is given above)	
 (a) Was this premises licensed for the sale of liquor or beer during the past license year? 	
(b) If yes, under what name was license issued? 65 MAIN PUB LLC	
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]	
13. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same	e name as that shown in
Section 2 above? [nhone (608) 266-2776]	No
14. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin whole	salers, breweries and brewpubs? 🔀 Yes 🛛 🗌 No
READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above qu	
edge 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/m	anagers 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 refus	alus a misdemeanor and grounds for revocation of this license.
SUBSCRIBED AND SWORN TO BEFORE ME	INGR L
this <u>Sth</u> day of <u>AliguSt</u> , 20 []	// CIACACAC/////////////////////////////
(Officer of Corporation/	Member/Manager of Linned Liability Company/Parmermoladad
1 Rade and Sierk Matery Public) (Officer of Corpor	ation/Member/Manager of Limited Liability Company/Partner)
My commission expires	•
(Additional Partr	ner(s)/Member/Manager of Limited Liability Company if Any)
TO BE COMPLETED BY CLERK	
Date reported to council/board Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted Date license issued License number issued	
AT-106 (R. 6-14)	Wisconsin Department of Revenue
Controltt, Actual or Deathings	
Control #: 2674 OL Rec#: 40129	

Applicant's WI Seller's Permit No .: FEIN Number:

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AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Inc	dividual's Full Name <i>(please print)</i>	(last name)		(first name	ə)	-	(middle nan	ne)	
	F	SODA	Ro	NALP	à	Eo	WAR	Ø	
Hc	ome Address (street/route)		Post Office	- 1 -	City			Zip Code	
2	140 SATTSRIGO	: 50.	For		FPL		WI	5493	5
Ho	me Phone Number		,	Aae	Date of Birth		Place of Bir	th	
Th	e above named individual p		llowing information		son who is (check of	ne).			
	Applying for an alcohol be				Soft with 13 (check of				
		-			hal havaraga liaana				
	A member of a partnersh	inp which is ma			noi beverage licens				
K	Cofficer/Director/Mem	ber/Manager/Agenl)	of	HL2	ame of Corporation, Limited	d Liability Company	or Nonprofit (Organization)	
	which is making application		ol beverage licens	se.					
	•		-						
	e above named individual p					-			
	How long have you contin					YEARS			
2.	Have you ever been convi								
	violation of any federal law	•		-			ounty	Vee	□ No
	or municipality? If yes, give law or ordinand							🗶 Yes	
						date, descripti	on anu		
	status of charges pending			ONTEVEISE	side of this form.)				
3	Are charges for any offens			u (other th	nan traffic unrelated	to alcohol be	verages)		
v .	for violation of any federal	laws, any Wis	consin laws, any l	aws of oth	er states or ordina	nces of any co	ounty or		
	municipality?							🗌 Yes	🔀 No
	If yes, describe status of c	harges pendin	Ig.						
4.	Do you hold, are you mak	ing application	for or are you an	officer, dir	ector or agent of a	corporation/no	onprofit		
	organization or member/m		of a limited liability	/ company	/ holding or applyin	ig for any othe	r alcohol		
	beverage license or permi	.t?					0	K Yes	No
	If yes, identify.	TE'S USF	AR+ GIRIL	LAT	<u>211 5 mm</u> and Type of License/Perm	UL TARIA	10-	FOL	
F	Do you hold and/or are yo	w an officer di	rector stockholde	r agent or	employe of any pe	erson or corpo	ration or		
Э.	member/manager/agent c								
	brewery/winery permit or v							🗌 Yes	🗶 No
	If yes, identify.		. ,						
		(Name of Whole	esale Licensee or Permitte	e)		(Address	By City and C	County)	
6.	Named individual must lis	t in chronologi	cal order last two e	employers					
	Employer's Name	-	ployer's Address	1.0-	~	Employed From		То	
	SALF EMPL	ay Eup	SINCE	1 482	3				
	Employor's Name	Err	plover'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

August 20 dav of this (Clerk/Notary Public)

My commission expires

(Signature of Named Individual)



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.

local official.	Town
To the governing body of:	Village of FORD DULAE County of FOUD DULAC
	City
The undersigned duly autho	rized officer(s)/members/managers of
a corporation/organization or	limited liability company making application for an alcohol beverage license for a premises known as
2.0 A	LE HOUSE
located at 65 /	UMAIN STINFOC. WI 54935
appoints Ron	HED Z BODA
	(name of appointed agent) SHTTERLES ST. FOL WI SYA35- (home address of appointed agent)
to alcohol beverages conduc	anization/limited liability company with full authority and control of the premises and of all business relative ted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/ ompany having or applying for a beer and/or liquor license for any other location in Wisconsin?
	, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).
211 3 MILI	TARY LLC IN FOND DULAC
Is applicant agent subject to	completion of the responsible beverage server training course? Yes No
How long immediately prior to	o making this application has the applicant agent resided continuously in Wisconsin?
Place of residence last year	440 SATTFIRLES St. FOC WIE 54935
For:	ALE HOUSE 11C
Ву:	(name of corporation/organization/limited liability company) Relate Beelen / MEVIJ Sel (signature of Officer/Member/Manager)
And:	
	(signature of Officer/Member/Manager)
\square	ACCEPTANCE BY AGENT
, KOMALD E	(<i>print/type agent's name</i>), hereby accept this appointment as agent for the
	ited liability company and assume full responsibility for the conduct of all business relative to alcohol e premises for the corporation/organization/limited liability company.
- W- alle leg	Agent's age
440 SHITER	(home address of agent) Date of birth
	APPROVAL OF AGENT BY MUNICIPAL AUTHORITY (Clerk cannot sign on behalf of Municipal Official)
	hecked municipal and state criminal records. To the best of my knowledge, with the available information, putation are satisfactory and I have no objection to the agent appointed.
Approved on 08/21/17	by sturm Kle Title ASST · POUCE CHIEF

AT-104 (R. 4-09)

Wisconsin Department of Revenue

Dear City of Fond du Lac,

I am happy to announce that I am purchasing the current establishment know as 2.0 Ale House from Bryan Perl and have actually taken management control as of July 10, 2017. At present we are just keeping with the current menu and hours of operation but that will be changing in the near future. Under my operation it will be a family ran business.

In September the new hours of operation will extend to Sundays with the following times

Monday	Only open for Packer games
Tuesday	CLOSED
Wednesday	3:30pm to 12:00am
Thursday	3:30pm to 12:00am
Friday	3:30pm to 2:30am
Saturday	3:30pm to 2:30am
Sunday	11:00am to 12:00am

We will be changing the menu over time now that the kitchen will be managed my daughter Samantha Boda. Sam for the last nine years has worked for the Applebees' corporation. She started as a hostess at age 16 and when she left to manage the 2.0 Ale House kitchen she was a general manager for the Fond du lac location. Sam brings considerable experience and consistency.

The bar will be managed by my brother Gary Boda, after 35 years in the Army he knows how to get things done. In his younger days he managed multiple clubs around Fond du Lac. Gary has the organizational skills needed to manage the large selection of craft beers. With 52 tap selections and over 375 bottle selection it will be challenge to keep the coolers stocked and organized.

My mother, Bette Boettcher, who has worked in the service industry for a large part of her life will hostess from time to time along with my wife Jeanette. My mother spent many year working for Petri's Restaurant in it's prime days. My wife Jeanette was a waitress going to school to be a nurse when I met her.

On Good Friday this year sadly my Step Father Woody Boettcher past away and I decided that we needed to start a business for sure that would be a place for all our family to have a job if so desired so we can have more time together. When Bryan called me to ask me to take this over for him it seemed like the perfect place for a family ran business.

We look forward to offering Fond du lac a nice place to relax and enjoy a meal in a sports bar environment without costing an arm and leg. We will be maintaining the \$2.00 all day domestic beer prices that people have became to value. Every Friday and Saturday we will continue to have DJ services for people to come and dance on the best dance floor and light show in town.

People should keep on eye on our facebook page for future updates and soon to come our own website to let people know of the upcoming craft beers to be put on and food specials. Thank you.

CITY OF FOND DU LAC, WISCONSIN

SURRENDER OF ALCOHOL BEVERAGE LICENSE

This is to advise that, as licensee, I (We) hereby surrender a	Combination "Class B" Intoxicating
Liquor & Fermented Malt Beverage license for the premise	
located at 65 N MAM ST	, on the condition that it be granted
to the applicant (future licensee).	

 65 MAIN PUBLIC
 d/b/a
 2.0 ALE HOUSE

 (Current licensee)
 (Current business name)

 and
 AVE HOUSE LLC
 as applicant, make a

(Future licensee) concurrent application for that license.

Licensee/Applicant Information

CURRENT LICENSEE

Please print the following information:

Name	@ 65 N MAIN PUBLLC
Home Address	463 GEDGER ST.
City	FOL. WI 54935
Phone	(920) 286-1979
Signature	Regardul Date <u>8/8/17</u>

NEW APPLICANT FUTURE LICENSEE

Please print the following information:

Name	ALE HOUSE LLC
Home Address	440 SHOTSREEF ST.
City	FOL, WI 54835
Phone	(920) 923-3517
Signature	R-dABrok Date 8/8/17

City of Fond du Lac, Wisconsin, 160 South Macy Street, Fond du Lac, WI 54935 (920)322-3430