

CITY COUNCIL MEETING AGENDA
CITY OF FOND DU LAC, WISCONSIN
Legislative Chambers
160 S Macy Street

May 28, 2025
6:00 PM

1. CALL TO ORDER

- a. Roll Call
- b. Declaration a Quorum Is Present
- c. Pledge of Allegiance
- d. Silent Reflection
- e. Fond du Lac Fire & Rescue Check Presentation To American Red Cross

2. PUBLIC HEARINGS

3. CONSENT AGENDA

- a. May 14, 2025 Minutes
- b. List Of Claims Dated May 21, 2025

4. AUDIENCE COMMENTS (Agenda and Non-agenda items)

5. ACTION ITEMS

- a. "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
Introduction: City Clerk

6. PRESENTATION OF INPUT ITEMS

- a. Update On Park Bridge, Playground And Resurfacing Projects
Presented By: Public Works Director
- b. Update On Spring And Summer Events
Presented By: City Manager

7. ADJOURN

**CITY COUNCIL MEETING AGENDA
CITY OF FOND DU LAC, WISCONSIN**

Title: May 14, 2025 Minutes

Subject: May 14, 2025 Minutes

Initiator:

Recommendation:

ATTACHMENTS:

File Name

Minutes_2025_5_14_Meeting(1219).pdf

**CITY COUNCIL MEETING MINUTES
CITY OF FOND DU LAC, WISCONSIN**

Legislative Chambers
160 S Macy Street

May 14, 2025
6:00 PM

CALL TO ORDER

Roll Call

Present

Tiffany Brault
Antonio Godfrey
Keith Heisler
Angela C Luehring
Patrick Mullen
Thomas Schuessler

Absent

Brett Zimmermann (Excused)

Administrative Staff

Joseph Moore, City Manager
Dyann Benson, Community Development Director
Tricia Davi, Director of Administration
Deb Hoffmann, City Attorney
Jon Mark Bolthouse, Library Director
Aaron Goldstein, Police Chief
Erick Gerritson, Fire Chief

Declaration a Quorum Is Present

President Brault declared a quorum present.

Pledge of Allegiance

Pledge of Allegiance was recited.

Silent Reflection

A moment of silent reflection was observed.

Proclamation Recognizing Police Memorial Week

President Brault presented a proclamation recognizing May 15, 2025, as Peace Officers Memorial Day, and May 11 - 17, 2025, as Police Week in the City of Fond du Lac, honoring those in law enforcement by recognizing their sacrifices and immeasurable contributions in protecting our community and its residents.

A Proclamation Declaring May 23, 2025 As Poppy Day

City Council President Tiffany Brault made a Proclamation Declaring May 23, 2025, as Poppy Day in the City of Fond du Lac and asks that all citizens please pay tribute to those that have made the ultimate sacrifice in the name of freedom by wearing the Memorial Poppy on this day.

CONSENT AGENDA

April 15, 2025 Organizational Minutes

April 23, 2025 Regular Council Minutes

List Of Claims Dated May 7, 2025

A Motion was made by Antonio Godfrey, Sr. to approve the consent agenda and seconded by Angela Luehring, and the motion was **Passed**.
Ayes: Brault, Godfrey, Sr., Heisler, Luehring, Mullen, Schuessler

Absent: Zimmermann

AUDIENCE COMMENTS (Agenda and Non-agenda items)

Spoke On Non-Agenda Item: North Main Street Corridor Plan:
Laura De Golier, 289 14th Street, Fond du Lac

ACTION ITEMS

Permit To Sell Fermented Malt Beverages On Park Property

A Motion was made by Patrick Mullen to approve permit for Fond du Lac Festivals Inc to sell fermented malt on park property for Walleye Weekend at Lakeside Park and seconded by Angela Luehring, and the motion was **Passed**.
Ayes: Brault, Godfrey, Sr., Heisler, Luehring, Mullen, Schuessler

Absent: Zimmermann

Resolution No. 9177

File No. 2025-61

A Motion was made by Antonio Godfrey, Sr. to approve Resolution No. 9177 A Resolution Waiving The Prohibition Against Possession Of Alcoholic Beverages On Specified Public Ways For Thelma At 51 Sheboygan Street On Thursday's From May 29, 2025 Thru September 4, 2025 For Free Concerts and seconded by Keith Heisler, and the motion was **Passed**.
Ayes: Brault, Godfrey, Sr., Heisler, Luehring, Mullen, Schuessler

Absent: Zimmermann

Resolution No. 9178

File No. 2025-62

A Motion was made by Keith Heisler to approve Resolution No. 9178 A Resolution Waiving The Prohibition Against Possession Of Alcoholic Beverages On Specified Public Ways For Thelma At 51 Sheboygan Street On Two Major Concerts in June And August 2025 For Major Street Concerts and seconded by Thomas Schuessler, and the motion was **Passed.**

Ayes: Brault, Godfrey, Sr., Heisler, Luehring, Mullen, Schuessler

Absent: Zimmermann

Resolution No. 9179

File No. 2025-63

A Motion was made by Antonio Godfrey, Sr. to approve Resolution No. 9179 A Resolution Waiving The Prohibition Against Possession Of Alcoholic Beverages On Specified Public Ways And Allowing A Temporary Expansion Of Premise For "Class B" License For Thelma At 51 Sheboygan Street For Friday, Saturday And/Or Sunday Pop Up Events May 2025 Through September 2025 and seconded by Keith Heisler, and the motion was **Passed.**

Ayes: Brault, Godfrey, Sr., Heisler, Luehring, Mullen, Schuessler

Absent: Zimmermann

Resolution No. 9180

File No. 2025-64

A Motion was made by Thomas Schuessler to approve Resolution No. 9180 A Resolution Waiving The Prohibition Against Possession Of Alcoholic Beverages On Public Ways For Big Brothers Big Sisters Of Fond du Lac County's Hallweenie .5K Event On October 31, 2025 and seconded by Angela Luehring, and the motion was **Passed.**

Ayes: Brault, Godfrey, Sr., Heisler, Luehring, Mullen, Schuessler

Absent: Zimmermann

Resolution No. 9181

File No. 2025-65

A Motion was made by Antonio Godfrey, Sr. to approve Resolution No. 9181 A Resolution Authorizing Waiver Of The Prohibition Against Possession Of Alcoholic Beverages On Specified Public Ways For The Downtown Fond du Lac Partnership Night Markets On June 26, July 10, July 24, August 7 and August 21, 2025 and seconded by Patrick Mullen, and the motion was **Passed.**

Ayes: Brault, Godfrey, Sr., Heisler, Luehring, Mullen, Schuessler

Absent: Zimmermann

PRESENTATION OF INPUT ITEMS

Update On CIP Subdivision Development

City Manager, Joe Moore Presented An Update On CIP Subdivision

Development.

ADJOURN

A Motion was made by Keith Heisler to adjourn at 6:20 p.m. and seconded by Antonio Godfrey, Sr., and the motion was **Passed.**

Ayes: Brault, Godfrey, Sr., Heisler, Luehring, Mullen, Schuessler

Absent: Zimmermann

Margaret Hefter
City Clerk

**CITY COUNCIL MEETING AGENDA
CITY OF FOND DU LAC, WISCONSIN**

Title: List Of Claims Dated May 21, 2025

Subject: List Of Claims Dated May 21, 2025

Initiator:

Recommendation:

ATTACHMENTS:

File Name

List_of_Claims_Memo_05-21-25.pdf

CITY OF FOND DU LAC - Memorandum

Department of Administration

Date: May 21, 2025

To: City Council

From: Tricia Davi, Director of Administration

Re: List of Claims

The list of claims for goods and services for the payment periods May 03, 2025 through May 16, 2025 for all funds total \$2,288,836.25. Wisconsin statute 66.0609 (2) requires the comptroller to file, at least monthly with the City Council, a list of approved claims paid.

Suggested Motion: Receive and File

**CITY COUNCIL MEETING AGENDA
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
Introduction: City Clerk

Initiator:

Recommendation:

ATTACHMENTS:

File Name

Eastside_Spirits.pdf

Business_Plan_Eastside_Spirits.pdf

ALC_5-19-2025_Excerpt_SSV_LLC.pdf

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 Nerella 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 Mohebali.

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 Mohebali.

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 Nerella 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 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? ☐ Yes ☒ NoIf 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	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 <i>Varsha 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 ☐ No

If 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 1	City	State	Zip Code
4400 S 27th Street	MILWAUKEE	WI	53221
Previous Address 2	City	State	Zip Code
8026 S 85th St	FRANKLIN	WI	53132
Previous Address 3	City	State	Zip Code
2431 W Longmoss 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

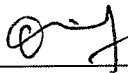
2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ☐ Yes ☒ No

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 Agent

Date
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) <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	
4. Alcohol Beverage Business Authorization (check one) <input checked="" type="checkbox"/> Municipal Retail License <input type="checkbox"/> 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 [REDACTED]			5. Phone [REDACTED]	
6. Home Address 4400 S 27 th Street				
7. City MILWAUKEE	8. State WI	9. Zip Code 53221	10. Age [REDACTED]	
11. Drivers License/State ID Number [REDACTED]		12. Drivers License/State ID State of Issuance WISCONSIN		

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire? Submit a completed Form AB-100 with this form.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you been a Wisconsin resident for at least 90 continuous days? See instructions for exceptions.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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.

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

May 19, 2025

4:00 PM

ROLL CALL

Attendance

Present

Scott Gilgenbach

Mason Gravelle

Andrew Hayes

Melissa Kolstad

Kathryn Strong Langolf (Arrived Late At 4:01 p.m.)

Absent

Brandon Hiller

Thomas Schuessler

Administrative Staff

Deb Hoffmann, City Attorney

Anthony Hahn, Police Captain

Declaration Quorum Present

Chairperson Melissa Kolstad declared a quorum present.

***** Other Business *****

ACTIONS

"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

A Motion was made by Scott Gilgenbach to recommend to the City Council approval of "Class A" Intoxicating Liquor and Class "A" Fermented Malt License at 405 Fond du Lac Avenue for SSV LLC and seconded by Andrew Hayes, and the motion was **Passed**.

Ayes: Gilgenbach, Gravelle, Hayes, Kolstad, Strong Langolf

Absent: Hiller, Schuessler

***** Other Business *****