Legislative Chambers 160 S Macy Street

> May 28, 2025 6:00 PM

#### CALL TO ORDER

Roll Call

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

#### Administrative Staff

Joseph Moore, City Manager
Dyann Benson, Community Development Director
Deb Hoffmann, City Attorney
Paul De Vries, Director of Public Works
Jon Mark Bolthouse, Library Director
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.

Fond du Lac Fire & Rescue Check Presentation To American Red Cross

Fond du Lac Firefighters Local 400 Executive Board Member, Noah Lorenz presented a check to American Red Cross Executive Director, Rebecca Rockhill in the amount of \$9,100.00 for the Brat Fry hosted by the Fond du Lac Fire and Rescue earlier this month.

#### CONSENT AGENDA

May 14, 2025 Minutes

List Of Claims Dated May 21, 2025

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

#### AUDIENCE COMMENTS (Agenda and Non-agenda items)

No audience comments were made.

#### ACTION ITEMS

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

A Motion was made by Patrick Mullen to approve "Class A" Intoxicating Liquor and Class "A" Fermented Malt License for SSV LLC d/b/a Eastside Spirits at 405 Fond du Lac Avenue and seconded by Antonio Godfrey, Sr., and the motion was **Passed**. Ayes: Brault, Godfrey, Sr., Heisler, Luehring, Mullen, Schuessler, Zimmermann

#### PRESENTATION OF INPUT ITEMS

Update On Park Bridge, Playground And Resurfacing Projects

An Update On Park Bridge, Playground And Resurfacing Projects Was Presented By Paul De Vries, Public Works Director.

Update On Spring And Summer Events

An Update On Spring And Summer Events Was Presented By Joe Moore, City Manager.

#### **ADJOURN**

A Motion was made by Brett Zimmermann to adjourn at 6:30 p.m. and seconded by Keith Heisler, and the motion was **Passed**. Ayes: Brault, Godfrey, Sr., Heisler, Luehring, Mullen, Schuessler, Zimmermann

Margaret Hefter City Clerk

<u>Title:</u> Fond du Lac Fire & Rescue Check Presentation To American Red Cross

<u>Subject:</u> Fond du Lac Fire & Rescue Check Presentation To American Red Cross

Initiator:

Recommendation:

<u>Title:</u> May 14, 2025 Minutes

Subject: May 14, 2025 Minutes

Initiator:

Recommendation:

ATTACHMENTS:

File Name

Minutes 2025 5 14 Meeting(1219).pdf

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 Ouorum 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)

<u>Spoke On Non-Agenda Item: North Main Street Corridor Plan:</u>
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 Halloweenie .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

<u>Title:</u> 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

<u>Title:</u> "Class A" Intoxicating Liquor and Class "A" Fermented Malt License

<u>Subject:</u> 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 30<sup>th</sup>, 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 2<sup>nd</sup> 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 inhouse 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.

(pf#

C-0060/C-0061

Form AB-200

# Alcohol Beverage License Application

For Municipal Use Only

Municipality
CITY OF FOND DU LAC

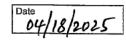
License Period
7/1/2025 - 6/30/2026

License(s) Requested: (up to two boxes may	be checked)			Fees	
☑ Class "A" Beer \$200 □	Class "B" Beer\$_	100	License Fee	es	\$ 700
☑ "Class A" Liquor \$500 ☐	☐ "Class B" Liquor \$_	500	Background	I Check Fee	\$
Class A" Liquor (cider only) \$0	Reserve "Class B" Liquor \$_	<del></del>	Publication	Fee	\$ 60
☐ "Class C" Liquor (wine only) \$100			Total Fees		\$ 760
Part A: Premises/Business Information  1. Legal Business Name (individual name if sole pro  SSV LLC  2. Business Trade Name or DBA  EAST SIDE SPIRIT  3. FEIN  33-4589944	prietorship)   4. Wiscons		ermit Number	0-02	
5. Entity Type (check one)			<u> </u>	· · · · · · · · · · · · · · · · · · ·	
Sole Proprietor Partnership	Limited Liability Company	☐ C	orporation		fit Organization
6. State of Organization	7. Date of Organization		l .	DFI Registration	on Number
9. Premises Address	04/15/2025		31	60184	
10. City FOND DU LAC  13. County	14. Governing Municipality: 📝 C	ity 🖂 Town	11. State WI	12. Zip Code 54935 15. Aldermani	ic District
Fond du Lac	of: FOND DU LAC	ity [_] towi	ı ∐ vıllaye		Journal of the state of the sta
16. Premises Phone 920 – 921 – 5401	17. Premises Email Saveway 321 @ gr	nail-com	18. Web	l site	
Premises Description - Describe the building or are kept. Describe all rooms within the building, only on the premises described in this application.	buildings where alcohol beverages including living quarters. Authorized	are produce	ed, sold, stored verage activities	s and storage	of records may occur
only on the premises described in this application  TWD-Story Building locate  is licensed ligor Store, inclu- for beer Storage, & a back  20. Mailing Address (if different from premises address	room for inventory.	The 2"	d floor is	Private	quarters.
20. Mailing Address (if different from premises address and the GoS2 87th AVE			ol is s lo onsit		Sold on the
21. City PENDALIA The	2nd floor will not be include the premise description.		00 01-1-	23. Zip Code 5314	
Part B: Questions			1 7-	1	
Has the business (sole proprietorship, partr violating federal or state laws or local ordinates)					☐ Yes ☑ No
If yes, list the details of violation below. Atta	ach additional sheets if necessa	ry.			•
Law/Ordinance Violated	Location		Tr	rial Date	
Penalty Imposed		Was se	entence comp	oleted?	Yes No
Law/Ordinance Violated	Location		Ti	rial Date	
Penalty Imposed		Was se	entence comp	oleted?	☐ Yes ☐ No
AB-200 (N. 03-24)	-1-			Wis	sconsin Department of Revenue

beverages.	agamsi me business 🗇	Exclude traffic of	offenses unless	related to alcol	nol 🗌 Yes 🔽 No 🛭
If yes, describe the nature and status of	of pending charges using	ng the space be	elow. Attach add	litional sheets a	as needed.
Is the applicant business or any of its individuals or entities a restricted investiges, provide the name of the restrict.	stor with any interest i	n an alcohol be	everage produc	ners, or other re er or distributo	elated r?  Yes No
ii yee, provide are name or are recurse	iod invocior and docor		01 (110 11101 00).		
4. Is the applicant business owned by and	other business entity?				Yes No
If yes, provide the name(s) and FEIN(s	s) of the business entity		. Attach additions s Entity FEIN	nal sheets as n	eeded.
4a. Name of Business Entity		4b. Busines	s Entity FEIN		
5. Have the partners, agent, or sole prop	rietor satisfied the resp	onsible bevera	ge server traini	ng requirement	for /
this license period? Submit proof of co	mpletion	<b></b>			Yes No
6. Is the applicant business indebted to a					
7. Does the applicant business owe past	due municipai propert	y taxes, assess	ments, or other	Tees?	∐ Yes ☑ No
Part C: Individual Information	h noman or antitu halding	the fellowing no	oitions in the engl	ioant business o	husinosees listed in Port P
List the name, title, and phone number for eac Question 4: sole proprietor, all officers, director managers, and agent of a limited liability comp	rs, and agent of a corpora	ation or nonprofit	organization, all p	partners of a part	nership, and all members,
Include Form AB-100 for each person listed be	The state of the s		<del></del>	uding Form AB-1	
Last Name	D	un tany a			Phone
			D A D T L I I	5 P	
NERELLA K- W	VARSHA	hussand	PARTNE		
NERELLA K W.	SHRUTHI	MUSD 37 Ped	PARTN		
- +			_	ER	
BANDI	SHRUTHI		PARTN	ER	
BANDI	SHRUTHI		PARTN	ER	
BANDI GODHALA harmad	SHRUTHI CHAITANY		PARTN	ER	
BANDI GODHALA haymad  Part D: Attestation  One of the following must sign and attest • sole proprietor • one general	SHRUTHI CHAITANY to this application: al partner of a partners	A REDDY	PARTN AGENT	ER T	member of an LLC
BANDI GODHALA huyywd  Part D: Attestation  One of the following must sign and attest • sole proprietor • one general  READ CAREFULLY BEFORE SIGNING: Unit am acting solely on behalf of the applicant by	SHRUTHI CHAITANY  to this application: al partner of a partners der penalty of law, I have business and not on beha	Ship • on a sawered each alf of any other in	PARTN AGENT	ER  Cer • one estions complete seeking the lice	ly and truthfully. I agree that nse. Further, I agree that the
BANDI GODHALA haymod  Part D: Attestation  One of the following must sign and attest • sole proprietor • one general  READ CAREFULLY BEFORE SIGNING: Unit of the applicant be rights and responsibilities conferred by the lice	SHRUTHI CHAITANY  to this application: al partner of a partners der penalty of law, I have business and not on behavense(s), if granted, will re-	ship • on e answered each alf of any other in to the assigned to	PARTN AGENT  e corporate office of the above que dividual or entity o another individu	CER • one estions complete seeking the liceual or entity. I ag	ly and truthfully. I agree that nse. Further, I agree that the gree to operate this business
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BANDI GODHALA haymwd  Part D: Attestation  One of the following must sign and attest • sole proprietor • one general READ CAREFULLY BEFORE SIGNING: Unit am acting solely on behalf of the applicant brights and responsibilities conferred by the lic according to the law, including but not limited to any portion of a licensed premises during is revocation of this license. I understand that a understand that I may be prosecuted for submingly provides materially false information on Last Name  NERELLA  Title  PARTNER  Signature	SHRUTHI CHAITANY  to this application: al partner of a partners der penalty of law, I have business and not on behavense(s), if granted, will re it to, purchasing alcohol to inspection will be deemed any license issued contra intiting false statements a this application may be	ship • on a answered each alf of any other in the assigned to be assigned to be a refusal to allow any to Wis. Stat. In a affidavits in corequired to forfeit is Name	PARTN AGENT  e corporate office of the above que dividual or entity o another individuate authorized v ow inspection. Su Chapter 125 sha onnection with this t not more than \$ A  A 2309	cer • one estions complete seeking the lice ual or entity. I agwholesalers. I un ch refusal is a mil be void under s application, an 1,000 if convicte	ly and truthfully. I agree that the nse. Further, I agree that the gree to operate this business derstand that lack of access isdemeanor and grounds for penalty of state law. I further d that any person who knowd.  M.I.  Phone
Part D: Attestation  One of the following must sign and attest	SHRUTHI CHAITANY  to this application: al partner of a partners der penalty of law, I have business and not on behavense(s), if granted, will re it to, purchasing alcohol to inspection will be deemed any license issued contra intiting false statements a this application may be  Email    Vay	ship • one answered each alf of any other into the assigned to be everages from a darefusal to allow any to Wis. Stat. In affidavits in carequired to forfeitirst Name  VARSH  Shancyell	PARTN AGENT  e corporate office of the above que dividual or entity o another individual state authorized to own inspection. Su Chapter 125 sha onnection with this t not more than \$  A  Date O4	cer • one estions complete seeking the liceual or entity. I agwholesalers. I unch refusal is a mil be void under s application, an 1,000 if convicte	ly and truthfully. I agree that the nse. Further, I agree that the gree to operate this business derstand that lack of access isdemeanor and grounds for penalty of state law. I further d that any person who knowd.  M.I.  Phone
Part D: Attestation  One of the following must sign and attest	SHRUTHI CHAITANY  to this application: al partner of a partners der penalty of law, I have business and not on behavense(s), if granted, will re it to, purchasing alcohol to inspection will be deemed any license issued contra intting false statements a this application may be  Email	ship • one answered each alf of any other into the assigned to be everages from a darefusal to allow any to Wis. Stat. In affidavits in carequired to forfeitirst Name  VARSH  Shancyell	e corporate office of the above que dividual or entity o another individual authorized with the company of the	cer one estions complete seeking the lice ual or entity. I acknowled the lice ual or entity. I acknowled the seeking the lice ual or entity. I acknowled the seeking the lice ual or entity. I acknowled the seeking the lice ual or entity. I acknowled the seeking the lice used to the lice used t	ly and truthfully. I agree that the nse. Further, I agree that the gree to operate this business derstand that lack of access isdemeanor and grounds for penalty of state law. I further d that any person who knowd.  M.I.  Phone 214 - 697 - 9645

#### Form **AB-100**

## **Alcohol Beverage** Individual Questionnaire



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
  members and agent of a limited liability company
- · all partners of a partnership

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information		
Legal Business Name (individual name if sole proprie	or)	
SS V LLC	o.i,	
2. Business Trade Name or DBA		
EASTSIDE SPIRI	75	
3. Entity Type (check one)		
☐ Sole Proprietor ☐ Partnership ☑	Limited Liability Company Corpora	ation Nonprofit Organization
Part B: Individual Information		
1. Last Name	2. First Name	3. M.I.
BANDI	SHRUTHI	
	Fmail	6 Phone
PARTNER		
7. Home Address		
6052 87th ave		
8. City Keyosha	9. State 10. Zip Code	11. Date of Birth
	WI 33142	
12. Privosa Licenses/State ID Number		e/State ID State or issuance
	WISC	Misno
Part C: Address History		
Do you currently reside in Wisconsin?		Yes ☐ No
Maria to 4 alegae have learn have a series	ata Banda Marana da a tanta da a tanta	lication? Years Months
If yes to 1 above, how long have you continuou	sly lived in vvisconsin prior to the date of app	lication?   10   2
2. List in chronological order all of your addresses	within the last 5 years. Attach additional she	
Previous Address 1	City	State Zip Code
6052 87th Ave	Kenosha	WI 53142
Previous Address 2	City	State Zip Code
Previous Address 2 8026 S 85th Street	City FRANKLIN	WI 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 necessa	ry.
State County State County		State County
WI Kenosha WI MI	LWAUKEE	
State County State County	State County	State County

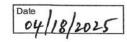
Continued →

Part D: Criminal History			
<ol> <li>Have you ever been convicted of any offenses (exclud for violation of any federal, Wisconsin, or another state</li> </ol>	ing traffic offenses unle s's laws or of any coun	ess related to alcohol beverages) ty or municipal ordinances?	Yes No
If yes to question 1, please list details of each conviction	on below. Attach additi	onal sheets as needed.	
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	Yes No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	Yes No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	Yes No
Are charges for any offenses currently pending agains beverages) for violation of any federal, Wisconsin, or a ordinances?	another state's laws or	any county or municipal	Yes No
Part E: Attestation			The state of the s
READ CAREFULLY BEFORE SIGNING: Under pentruthfully. I certify that I am not prohibited from particip beverage industry as a restricted investor. I understaut under penalty of state law. I further understand that I movith this application, and that any person who knowing to forfeit not more than \$1,000 if convicted.	pating in this business nd that any license is: ay be prosecuted for s	due to any involvement in anot sued contrary to Wis. Stat. Chap ubmitting false statements and a	oter 125 shall be void
Signature Shruthi Bandi		Date 04 19	12025

#### Form

**AB-100** 

## Alcohol Beverage Individual Questionnaire



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 Informa							
1. Legal Business Name (individua	al name if sole p	roprietor)					
SSV	LLC						
2. Business Trade Name or DBA							
EASTSIDE	SPIR	ITS					
3. Entity Type (check one)		/					
☐ Sole Proprietor ☐	Partnership	Limited Lia	ability (	Company	☐ Corporation	☐ No	nprofit Organization
-		X				*	
Part B: Individual Informa	ation						
1. Last Name			2. First	Name			3. M.I.
NERELLA			V	ARSI	HA		
4. Relationship to Business (Title)		5. Email				6. F	Phone
PARTNER							
7. Home Address					٧		
2431 W Con	IGRESS	PARKWA	у,	UNIT	- 1		
8. City	54		9.	State	10. Zip Code	11	Date of Birth
CHICAGO			: 2	IL	60612		
12. Drivers License/State ID Num	ber				13. Drivers License/State	e ID State of	fIssuance
					ILLINOI	S	
	- 3						
Part C: Address History							4.1
Do you currently reside in \	Misconsin?	PRODUCTION OF THE PROPERTY OF				A BUT P PART THE PROPERTY OF THE PARTY OF TH	Yes No
1. Do you currently reside in t	Wisconsine						
If yes to 1 above, how long	have you con	tinuously lived in '	Wiscor	nsin prior	to the date of application	n?	Years Months
2 2	1 153	22.6					
2. List in chronological order a	all of your add	resses within the	last 5 y	ears. Att	ach additional sheets if	necessary	
Previous Address 1			City			State	Zip Code
2431 W CONGRE	S PKW	YUNTI		CHIC	AGO	IL	60612
Previous Address 2	- Tick	//	City			State	Zip Code
852 N RICHM	TOND ST	- UNIT 2		CHIC	A610	24	60622
Description Address 2			City			State	Zip Code
2901 S KIN	n DR	APT# 118		CHI	CA 60	IL	60616
Previous Address 4			City			State	Zip Code
Previous Address 5			City			State	Zip Code
List all states and counties	you have live	d in as an adult A	Attach a	additiona	I sheets if necessary.		
				State	County	State	County
State County	State	COOK		WI	MILLIAUKEE		HARRIS
IL COOK State County	State	County		State	County	State	County
State County PA CUMBERIAN	5 CONTRACTOR   10 CONTRACTOR	County		State	Journey	Claro	
IN CUMBERCATA							

Continued →

Part D: Criminal History			
Have you ever been convicted of any offenses (exclud for violation of any federal, Wisconsin, or another state	ling traffic offenses unle e's laws or of any count	ess related to alcohol beverages) y or municipal ordinances?	. Yes No
If yes to question 1, please list details of each conviction	on below. Attach additio	nal sheets as needed.	
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	. Yes No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	. Yes No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	. Yes No
Are charges for any offenses currently pending agains beverages) for violation of any federal, Wisconsin, or a ordinances?	another state's laws or	any county or municipal	. 🗌 Yes 🗐 No
Dest E. Attactation			
Part E: Attestation  READ CAREFULLY BEFORE SIGNING: Under penatruthfully. I certify that I am not prohibited from particip beverage industry as a restricted investor. I understand under penalty of state law. I further understand that I may with this application, and that any person who knowing to forfeit not more than \$1,000 if convicted.  Signature	pating in this business and that any license iss av be prosecuted for su	due to any involvement in anoth ued contrary to Wis. Stat. Chapt Ibmitting false statements and aff	ions completely and er tier of the alcohol er 125 shall be void idavits in connection
Varsta Nevella		1 04/18/2	025

#### Form **AB-100**

## **Alcohol Beverage** Individual Questionnaire

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	18

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
  members and agent of a limited liability company
- · all partners of a partnership

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Informat	40 m					
1. Legal Business Name (individua		roprietor)				
SSV	LLC					
2. Business Trade Name or DBA	n - 10	112.01				
	DE SP	IKIJS.				
3. Entity Type (check one)						
Sole Proprietor	Partnership	Limited L	_iability Compa	ny Corporati	on 🔲 I	Nonprofit Organization
Part B: Individual Informa	ation					ABA (A. A. A. A. A.
1. Last Name			2. First Name			3. M.I.
GODHALA			CHAIT	ANYA		
4. Relationship to Business (Title)		5. Email		1	Te	S. Phone
AGENT						
7. Home Address						
4400 S 27th	St					
8. City			9. State	10. Zip Code	11	1. Date of Birth
MILWAUKEE			MI	51221		
12. Drivers License/State ID Number	er			13. Drivers License/s	State ID State	of Issuance
				WI		51 100man100
				l lu 1		
						Yes No
Do you currently live in Wisconstance     If yes, provide the month and	d year when yo	ou permanently	moved to Wisc	consin	*****	05 2018
1. Do you currently live in Wisconstance  If yes, provide the month and 2. List in chronological order all Previous Address 1	d year when yo	ou permanently	moved to Wisc	consin	s if necessar	(MM/YYYY) 05 2018 y.
1. Do you currently live in Wisconstance  If yes, provide the month and 2. List in chronological order all Previous Address 1	d year when yo	ou permanently	moved to Wisconsist 5 years. At	consin	s if necessar	(MM/YYYY) 0.5 2018 y. Zip Code
1. Do you currently live in Wisconstance  If yes, provide the month and 2. List in chronological order all Previous Address 1	d year when yo	ou permanently	moved to Wisconstant 5 years. At City	consin	s if necessar State	(MM/YYYY) 05 2018 y. Zip Code \$322-1
1. Do you currently live in Wisconstance  If yes, provide the month and  2. List in chronological order all  Previous Address 1  4400 \$ 27th  Previous Address 2  8026 \$ 6 5 6 5 6	d year when your address	ou permanently	moved to Wisconsist 5 years. At City City City	ansintach additional sheets	State State State	(MM/YYYY) 05 2018 y. Zip Code 33 22-1 Zip Code
1. Do you currently live in Wisconstance  If yes, provide the month and  2. List in chronological order all  Previous Address 1  4400 \$ 27th  Previous Address 2  8026 \$ 6 5 6 5 6	d year when your address	ou permanently	moved to Wisconsist 5 years. At City City City City	avk FF	s if necessar State WI State State WI	(MM/YYYY) 05 2018 y. Zip Code 53 22-1 Zip Code 53 13 2-
1. Do you currently live in Wisconstance  If yes, provide the month and  2. List in chronological order all  Previous Address 1  4400 \$ 27th  Previous Address 2  8026 \$ 67th	d year when your address	ou permanently	moved to Wisconsist 5 years. At City City City City	avk FF	State WI State WI State WI State WI State WI State	(MM/YYYY)  05   20  8  y.  Zip Code  \$322-   Zip Code  \$2132-   Zip Code
If yes, provide the month and If yes	d year when your address	ou permanently	moved to Wisconsister Spears. At City FRANCity CH	ansintach additional sheets	State WI State WI State WI State WI State UI State	(MM/YYYY) 05 2018  y.    Zip Code   S3 22     Zip Code   S2 1 3 2     Zip Code   606   2
If yes, provide the month and If yes, provide Address 1  YHOO S 27  Previous Address 2  8026 S 85**  Previous Address 3  2431 W LON hr	d year when your address	ou permanently	moved to Wisconsist 5 years. At City City City City	avk FF	State WI State WI State WI State WI State WI State	(MM/YYYY)  05   20  8  y.  Zip Code  \$322-   Zip Code  \$2132-   Zip Code
If yes, provide the month and If yes, provide Address 1  If yes, provide the month and If yes, provide Address 1  If yes, provide the month and If yes, provide Address 2  If yes, provide the month and If yes, provide Address 2  If yes, provide the month and If yes, provide Address 3  If yes, provide the month and If yes, provide Address 3  If yes, provide the month and If yes, provide the mont	d year when your address	ou permanently	moved to Wisconsist Superior And City  City  City  City  City  City  City	avk FF	State WI State WI State WI State UI State State State	(MM/YYYY) 05 2018  y.  Zip Code 5322-1  Zip Code 52132-  Zip Code 60612-  Zip Code
If yes, provide the month and If yes, provide the month and It yes, provide Address 1  If yes, provide the month and It yes, provide Address 1  If yes, provide the month and It yes, provide Address 2  If yes, provide the month and It yes, provide Address 2  If yes, provide the month and It yes, provide Address 3  If yes, provide the month and It yes, provide Address 3  If yes, provide the month and It yes, provide the mont	d year when your address	ou permanently	moved to Wisconsister Spears. At City FRANCity CH	avk FF	State WI State WI State WI State WI State UI State	(MM/YYYY) 05 2018  y.    Zip Code   S3 22     Zip Code   S2 1 3 2     Zip Code   606   2
If yes, provide the month and If yes, provide Address 1  4400	of your address  Street  St  St  St  St  St  St  St  St  St	sses within the	moved to Wisconsist Spears. At City FRANCity City City	aconsin	State WI State WI State WI State State State State State	(MM/YYYY) 05 2018  y.  Zip Code 5322-1  Zip Code 52132-  Zip Code 60612-  Zip Code
If yes, provide the month and If yes, provide Address 1  HHO S 27  Previous Address 2  BO26 S 85  Previous Address 3  2431 W W W W W W W W W W W W W W W W W W W	ou have lived in	sses within the	moved to Wisconsist Spears. At City FRANCity City City	tach additional sheets  AVKEF  NKLIN  LICAGO  I sheets if necessary.	State WI State WI State WI State State State State State	(MM/YYYY) 05 2018  y.    Zip Code   \$322     Zip Code   \$2132     Zip Code   \$2132     Zip Code   Zip Code   Zip Code
2. List in chronological order all Previous Address 1  440	of your address  Street  Stree	ou permanently sses within the	moved to Wisconsister State	tach additional sheets  AVKEF  NKLIN  LICAGO  I sheets if necessary.  County LOOK	State WI State WI State WI State State State State State	(MM/YYYY) 05 2018  y.  Zip Code 5322-1  Zip Code 52132-  Zip Code 60612-  Zip Code
1. Do you currently live in Wisconstance  If yes, provide the month and  2. List in chronological order all  Previous Address 1  4400 S 27  Previous Address 2  8026 S 85  Previous Address 3  2431 W W M M  Previous Address 4  Previous Address 5  3. List all states and counties you	of your address  Street  Stree	sses within the	moved to Wisconsister State	tach additional sheets  AVKEF  NKLIN  LICAGO  I sheets if necessary.	State WI State WI State WI State State State State State	(MM/YYYY) 05 2018  y.    Zip Code   \$322     Zip Code   \$2132     Zip Code   \$2132     Zip Code   Zip Code   Zip Code

Part D: Criminal History			
Have you ever been convicted of any offenses (exclud for violation of any federal, Wisconsin, or another state)	ing traffic offenses unle 's laws or of any count	ess related to alcohol beverages) y or municipal ordinances?	. Yes No
If yes to question 1, please list details of each conviction	on below. Attach addition	onal sheets as needed.	
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	. Yes No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed	article and the second	Was sentence completed?	. Yes No
Law/Ordinance Violated	Location	A	Conviction Date
Penalty Imposed		Was sentence completed?	. Yes No
Are charges for any offenses currently pending agains beverages) for violation of any federal, Wisconsin, or a ordinances?  If yes to question 2, describe nature and status of persheets as needed.	another state's laws or	any county or municipal	Yes No
Part E: Attestation			
READ CAREFULLY BEFORE SIGNING: Under penal truthfully. I certify that I am not prohibited from particip beverage industry as a restricted investor. I understand under penalty of state law. I further understand that I may with this application, and that any person who knowing to forfeit not more than \$1,000 if convicted.	ating in this business d that any license iss ly be prosecuted for su	due to any involvement in anoth ued contrary to Wis. Stat. Chapt ibmitting false statements and aff	er tier of the alcoholer 125 shall be void idavits in connection
Signature		Date 04/18/20	H

Form AB-101

## Alcohol Beverage Appointment of Agent

/	
18/	2025
	18/

Agent Type (check one)			THE STATE OF		
✓ Original (no fee) Successor (\$10 fee for n	nunicinal license	aes anly)			
Original (no lee)	numcipal neerise	ocs offiy)			
Part A: Business Information					
1. Legal Business Name (individual name if sole proprietor)					
2. Business Trade Name or DBA  EAST S IPE SPIRITS				<u>w</u>	
3. Entity Type (check one) Limited Liability Compar	ny 🗆	Corporation	☐ Non	orofit Organiz	ation
4. Alcohol Beverage Business Authorization (check one)  Municipal Retail License   State Permit	5. If successor	agent, provide State	e Permit or Mui	nicipal Retail L	icense Number
6. Describe the reason for appointing a successor agent, if successor	or is checked above	ve.			
N/A					
			38		
v. 15					
					, s in
Part B: Agent Information	2. First Name			337	3. M.I.
Part B: Agent Information  1. Last Name  GODHALA		91TANYA	REDDY	,	3. M.I.
1. Last Name		91TANYA	REDDY	5. Phone	3. M.I.
1. Last Name GODHALA 4. Email		AITANYA	REDDY		3. M.I.
1. Last Name GODHALA		NITANYA	REDDY		3. M.I.
1. Last Name GODHALA 4. Email 6. Home Address 4400 S 27 Street	CHr	9. Zio Code	REDDY		3. M.I.
1. Last Name GODHALA 4. Email 6. Home Address 4400 S 27 <sup>th</sup> Street 7. City MILWAUKEE	CH	9. Zip Code <b>5322</b>		5. Phone	•
1. Last Name GODHALA 4. Email 6. Home Address 4400 S 27 Street	CHr	9. Zip Code  5322   12. Drivers Lice	ense/State ID S	5. Phone  10_Age	•
1. Last Name GODHALA 4. Email 6. Home Address 4400 S 27 <sup>th</sup> Street 7. City MILWAUKEE	CHr	9. Zip Code  5322   12. Drivers Lice		5. Phone  10_Age	•
1. Last Name GODHALA 4. Email 6. Home Address 4400 S 27 <sup>th</sup> Street 7. City MILWAUKEE	CHr	9. Zip Code  5322   12. Drivers Lice	ense/State ID S	5. Phone  10_Age	•
1. Last Name GODHALA 4. Email 6. Home Address 4400 S 27 <sup>th</sup> Street 7. City MILWAUKEE	8. State	9. Zip Code  5322   12. Drivers Lice	ense/State ID S	5. Phone  10_Age	•
1. Last Name GODHALA 4. Email 6. Home Address 4400 S 27 <sup>th</sup> Street 7. City MILWAUKEE 11. Drivers License/State ID Number	8. State WI	9. Zip Code  5322   12. Drivers Lice	ense/State ID S	5. Phone  10_Age  State of Issuand	•
1. Last Name GODHALA 4. Email 6. Home Address 4400 S 27 Street 7. City MILWAUKEE 11. Drivers License/State ID Number  Part C: Agent Questions 1. Have you satisfied the responsible beverage server train	8. State WIL	9. Zip Code  \$322   12. Drivers Lice  W1.	ense/State ID S	5. Phone  10. Age State of Issuance	ce
1. Last Name GODHALA 4. Email 6. Home Address HHOO S 27 <sup>th</sup> Street 7. City MILWAUKEE 11. Drivers License/State ID Number  Part C: Agent Questions 1. Have you satisfied the responsible beverage server traisubmit proof of completion. 2. Have you completed Form AB-100, Alcohol Beverage In	8. State WIL	9. Zip Code  \$322 ]  12. Drivers Lice  W1.	ense/State ID S	5. Phone  10. Age State of Issuance	Yes No

READ CAREFULLY BEFORE SIGNING: I, th corporation, nonprofit organization, or limited beverage activities on such premises. I certify on behalf of the entity. If I am appointing a su I understand that I may be prosecuted for sul any person who knowingly provides materially if convicted.	liability comp that I am au ccessor agen omitting false	pany with full authority and con uthorized by the above-named of it, I rescind all previous agent ap statements and affidavits in cor	trol of the premises a entity to authorize this opointments for this p nnection with this app	and of all alcohol individual to act remises. Further, lication, and that more than \$1,000
Last Name		First Name		M.I.
Nevella		Vareha		
Title PARTNER	Email		Phone	
Marshanetella 2309(20) gm	Varsha	nerella 2309 (al) gno	12/4/	5979649
Signature Varilya negelle			Date 04 18 20	25
•			'	
Part E: Agent Attestation				
READ CAREFULLY BEFORE SIGNING: I, the nonprofit organization, or limited liability come on the premises for the above-named busing and affidavits in connection with this application application may be required to forfeit not more	oany and ass ess. I further on, and that a	ume full responsibility for the co understand that I may be pros any person who knowingly provi	induct of all alcohol be ecuted for submitting	everage activities false statements nformation on this
Last Name GODHA LA		First Name  CHAITANYA	REDUY	M.I.
Signature		000000000000000000000000000000000000000	Date	
O Signature O			04/18/202	<u>.</u> (

Part D: Business Attestation

## CITY OF FOND DU LAC

with this office within the preceding forty-eight how It is respectfully requested that your recommendati on the granting and issuance of a license be provide 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:	To: From:	Chief of Police  Appointment of Agent Application  I hereby recommend that the application  Granted a license	Cpt. L.D. #121
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 how It is respectfully requested that your recommendati 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:	To: From:	Chief of Police  Appointment of Agent Application  I hereby recommend that the application	
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 how lit is respectfully requested that your recommendation 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	To: From:	Chief of Police Appointment of Agent Application	cation be:
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 how It is respectfully requested that your recommendation 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	To: From:	Chief of Police	
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 how It is respectfully requested that your recommendati on the granting and issuance of a license be provided to this office.  CITY OF FOND DU LAC  Memorandum  Date:  To: City Clerk	To:	•	
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 how. It is respectfully requested that your recommendation the granting and issuance of a license be provided to this office.  CITY OF FOND DU LAC  Memorandum  Date:		City Clerk	
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 how.  It is respectfully requested that your recommendati on the granting and issuance of a license be provided to this office.  CITY OF FOND DU LAC  Memorandum	Date:	·	
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 how It is respectfully requested that your recommendation the granting and issuance of a license be provided to this office.  CITY OF FOND DU LAC			
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 how It is respectfully requested that your recommendation the granting and issuance of a license be provided to this office.			
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From: City Clerk		The application copied on the reverse side was filed with this office within the preceding forty-eight hours.	
	Subject:	Appointment of Agent Application	
To: Chief of Police Attn: Records Division	From:	City Clerk	
	To:	Chief of Police Attn: Records D	ivision
Date:			

## 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.
  - o 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:

- o Surveillance cameras inside and outside the store.
- o 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.

#### **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

<u>Title:</u> Update On Park Bridge, Playground And Resurfacing Projects

<u>Subject:</u> Presented By: Public Works Director

Initiator:

Recommendation:

<u>Title:</u> Update On Spring And Summer Events

<u>Subject:</u> Presented By: City Manager

Initiator:

Recommendation: