

Wed., May 13, 2020

TAV-1965A

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: June 16, '20 ending: 06-30-2020
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: Town of } Manitowoc
 Village of }
 City of }

County of Manitowoc Aldermanic Dist. No. 3
(if required by ordinance)

Check one: Individual Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number <u>456-103029495-02</u>	
FEIN Number <u>85-1057565</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100.00</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ <u>500.00</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
TOTAL FEE	\$ <u>600.00</u>

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)
Braun, Lane Joseph / Kathie's Act II, 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, and by each member/manager and agent of a limited liability company. List the full name and place of residence of each person.

President / Member Last Name <u>Braun</u>	(First) <u>Lane</u>	(Middle Name) <u>Joseph</u>	Home Address (Street, City or Post Office, & Zip Code) <u>701 Franklin St Manitowoc, WI 54220</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Agent Last Name <u>Braun</u>	(First) <u>Lane</u>	(Middle Name) <u>Joseph</u>	Home Address (Street, City or Post Office, & Zip Code) <u>701 Franklin St, Manitowoc, WI 54220</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name Kathie's Act II, LLC Business Phone Number 920-717-2144 (cell)

2. Address of Premises 701 Franklin St Post Office & Zip Code Manitowoc 54220

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

Two story brick building with full basement, front porch, courtyard with wooden deck. The bar is located on the main floor.

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

5. (a) Was this premises licensed for the sale of liquor or beer during the past license year? Yes No

(b) If yes, under what name was license issued? Kathie's Stage Door Pub, LLC

6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? If yes, explain Yes No
No, date of completion: 05/24/2020
See attachment in this packet.
7. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? Yes No
 If yes, explain.
8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? If yes, explain Yes No
9. (a) Corporate/limited liability company applicants only: Insert state _____ and date _____ of registration.
- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? If yes, explain Yes No
- (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? If yes, explain. Yes No
10. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277] Yes No
11. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] Yes No
12. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000. Signer agrees 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, or one member of a partnership applicant must sign; one corporate officer, one member/manager of Limited Liability Companies must sign.) Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

Contact Person's Name (Last, First, M.I.) <u>Lane Braun</u>	Title/Member <u>Manager/President</u>	Date <u>05/27/2020</u>
Signature <u>Lane Braun</u>	Phone Number <u>920-717-2144</u>	Email Address <u>lanebraun@hotmail.com</u>

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>5/27/2020</u>	Date reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

SUPPLEMENT TO LICENSING APPLICATION

- 1. Do you understand that a license may not be issued to any applicant with indebtedness for fermented malt beverages or intoxicating liquor pursuant to the timelines in Wisconsin law? Yes No
- 2. Do you understand that State Statutes do not provide for refunds of unused license fees? Yes No
- 3. Were you open for the minimum number of days throughout the licensing year? ("Class B" only)* Yes No

Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of his/her knowledge.

Kathie's Act II LLC
Print Name of Corporation/Partnership/Individual

701 Franklin St Maniwoc, WI
Address of Licensed Premises

Jane Dudaum
Signature of Corporate Agent, Partner or Individual

* Reference Manitowoc Municipal Code section 11.010(12) for additional information

✓ \$25.00

Date: MAY 8, 2020

Honorable Mayor and Common Council of the City of Manitowoc:

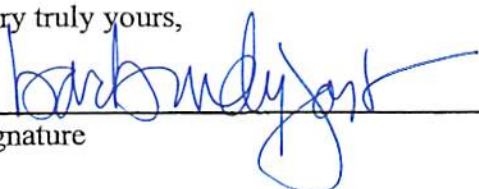
I hereby surrender the following license:

- "Class A" Retail Intoxicating Liquor and Fermented Malt Beverage*
- "Class B" Retail Intoxicating Liquor and Fermented Malt Beverage*
- Class "A" Fermented Malt Beverage*
- Class "B" Fermented Malt Beverage*
- Class "C" Wine License*

for the premises at 701 FRANKLIN, MANITOWOC, WI 54220

in favor of LANE BRAUN effective IMMEDIATELY.

Very truly yours,



Signature

BARBARA BUNDY-JOST

Print Signature KATHIE'S STAGE DOOR PUB LLC.

License Number: TAV-1965A

"CLASS B" INTOXICATING LIQUOR LICENSE BUSINESS PLAN

- Business Plan must be submitted to the Clerk's Office with any Original Application
- The Finance Committee will review the application and make a recommendation
- Council will act on the application

APPLICANT INFORMATION

Applicant (Name of Corporation, LLC, Partnership, etc.): Kathie's Act II, LLC

Trade Name: _____ Phone Number: 920-717-2144

Address of Establishment: 701 Franklin St, Manitowoc, WI 54220

Agent or Owner of Establishment: Lane Braun

BUSINESS DESCRIPTION

Predicted Open Date: Friday, July 3, 2020

Predicted Date the Business will be ready for Inspection: Wednesday, July 1, 2020

Brief Description of the Business: Kathie's Act II is an Irish-themed pub in the historic district of Manitowoc. Given its close proximity to the Capital Civic Center and its previous owner, we will continue to cater to those who appreciate the arts in a comfortable atmosphere.

Attach an additional sheet or use the back of this form if more space is needed

Any additional information you wish to include: _____

SIGNATURE OF AGENT OR REPRESENTATIVE

Lane Braun
Signature of Agent or Owner of Establishment

May 13, 2020
Date

Office Use Only

Date Received by Clerk's Office: _____

Common Council Date: _____

Approved

Denied

Wed., May 13, 2020

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Braun		Lane		Joseph	
Home Address (street/route)		Post Office	City	State	Zip Code
701 Franklin St			Manitowoc	WI	54220
Home Phone Number			Age	Date of Birth	Place of Birth
920-717-2144			51	09-22-1968	Manitowoc

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

Applying for an alcohol beverage license as an individual.

A member of a partnership which is making application for an alcohol beverage license.

Manager/President of Kathie's Act II, LLC
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority: birth - 27 y.o.; left country to teach. presently boat in WI for 2 months.

1. How long have you continuously resided in Wisconsin prior to this date? 27 years

2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)

3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
If yes, describe status of charges pending.

4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
If yes, identify. _____
(Name, Location and Type of License/Permit)

5. Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
If yes, identify. _____
(Name of Wholesale Licensee or Permittee) (Address By City and County)

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

BCOIA

organization

Employer's Name	Bucks County	Employer's Address	11 Calle 15-79	Employed From	08-19-2019	To	present
Employer's Name	Organization for Intercultural Advancement	Employer's Address	Ciudad de Guatemala	Employed From	09-01-2018	To	06-01-2019
Employer's Name	School District	Employer's Address	Waukesha	Employed From	222 Maple Ave, Waukesha	To	

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Lane Braun
(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.

To the governing body of: Town Village of Manitowoc County of Manitowoc
 City

The undersigned duly authorized officer(s)/members/managers of Kathie's Act II, LLC
(registered name of corporation/organization or limited liability company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as Kathie's Act II, LLC
(trade name)

located at 701 Franklin Street, Manitowoc, WI 54220

appoints Lane Braun
(name of appointed agent)

701 Franklin Street, Apartment A, Manitowoc, WI 54220
(home address of appointed agent)

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

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

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

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 2 months

Place of residence last year Torre Nordic, Auxiliar Bulevar Rafael Lindqvist, Apt. 6B, Ciudad de Guatemala

For: Kathie's Act II, LLC (1260 Lake Como Dr
(name of corporation/organization/limited liability company)

By: Lane Braun Reedsville, WI
(signature of Officer/Member/Manager)

And: _____
(signature of Officer/Member/Manager)

ACCEPTANCE BY AGENT

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

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

Lane Braun May 13, 2020 Agent's age 51
(signature of agent) (date)

701 Franklin Street, Apt. A Manitowoc, WI 54220 Date of birth 09-22-1968
(home address of agent)

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

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

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