

**PAID**

TAV-1922A

### Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 03-19-20 ending: 06-30-20  
(month day year) (month day year)

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

County of Manitowoc Aldermanic Dist. No. \_\_\_\_\_  
(If required by ordinance)

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

Applicant's Wisconsin Seller's Permit Number	
FEIN Number <u>39-1911675</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>33.33</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>166.67</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>25.00</u>
<b>TOTAL FEE</b>	\$ <u>224.99</u>

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)  
Gary Malchow, Manager of Bad Axe Hotel, 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	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Malchow</u>	<u>Gary</u>	<u>-</u>	<u>520 East Carroll St. Appleton, WI 54915</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	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Malchow</u>	<u>Gary</u>	<u>-</u>	<u>520 East Carroll Street, Appleton, WI 54915</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name Holiday Inn Manitowoc Business Phone Number 920-682-6000

2. Address of Premises 4601 Calumet Ave., Manitowoc, WI Post Office & Zip Code 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.)

Hotel, Restaurant, Lounge, Banquet Room and Related Facilities at 4601 Calumet Ave.

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? ZEFAM CO., Inc., Howard M. Zetley, Agent

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

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

~~Zetym Co., Inc.  
Howard Zetym - existing owner - seller~~

9. (a) Corporate/limited liability company applicants only: Insert state Michigan and date 08/29/97 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.) Malchow, Gary	Title/Jobster Manager	Date 02-28-20
Signature <i>Gary Malchow</i>	Phone Number 920-733-7056 920-423-3023 C	Email Address g.malchow@holidayinn.com

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

License Number: \_\_\_\_\_



# "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.): Bad Axe Hotel, LLC

Trade Name: Holiday Inn Manitowoc Phone Number: \_\_\_\_\_

Address of Establishment: 4601 Calumet Avenue, Manitowoc, Wisconsin

Agent or Owner of Establishment: Gary Malchow

### BUSINESS DESCRIPTION

Predicted Open Date: 03-19-20

Predicted Date the Business will be ready for inspection: 03-19-20

Brief Description of the Business: Hotel

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

Any additional information you wish to include: \_\_\_\_\_

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### SIGNATURE OF AGENT OR REPRESENTATIVE

*Gary Malchow*  
Signature of Agent or Owner of Establishment

02-28-20  
Date

### Office Use Only

Date Received by Clerk's Office: \_\_\_\_\_

Common Council Date: \_\_\_\_\_

Approved

Denied

## Auxiliary Questionnaire Alcohol Beverage License Application

*Submit to municipal clerk.*

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Malchow		Gary			
Home Address (street/route)		Post Office	City	State	Zip Code
520 East Carroll Street			Appleton	WI	54915
Home Phone Number		Age	Date of Birth	Place of Birth	
920-733-7056		64	0525-55	Appleton, WI	

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** of Bad Axe Hotel, 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:

1. How long have you continuously resided in Wisconsin prior to this date? 64 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.

Employer's Name	Employer's Address	Employed From	To
<u>Bad Axe Hotel, LLC</u>	<u>229 E. Michigan Ave Ste 340 Kalamazoo, MI 49007</u>	<u>2007</u>	<u>Present</u>
<u>KAL Motel, Inc.</u>	<u>3600 E. Cork St. Kalamazoo, MI 49001</u>	<u>1995</u>	<u>2006</u>

**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.

*Gary Malchow*  
(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 Bad Axe Hotel, 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 Holiday Inn Manitowoc  
(trade name)

located at 4601 Calumet Avenue, Manitowoc, Wisconsin

appoints Gary Malchow  
(name of appointed agent)

520 East Carroll Street, Appleton, WI 54915  
(home address of appointed agent)

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

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

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

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

Place of residence last year 520 E. Carroll St. Appleton, WI 54915

For: Bad Axe Hotel, LLC  
(name of corporation/organization/limited liability company)

By: Gary Malchow  
(signature of Officer/Member/Manager)

And: \_\_\_\_\_  
(signature of Officer/Member/Manager)

#### ACCEPTANCE BY AGENT

I, Gary Malchow, 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.

Gary Malchow 02-28-20 Agent's age 64  
(signature of agent) (date)

520 East Carroll Street, Appleton, WI 54915 Date of birth 05-15-55  
(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)