

20-2011626

# Original Alcohol Beverage Retail License Application

Submit to municipal clerk.

For the license period beginning \_\_\_\_\_ 20 \_\_\_\_\_  
ending 6-30 20 20

TO THE GOVERNING BODY of the:  Town of  
 Village of } Manitowoc  
 City of

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

1. The named  Individual  Partnership  Limited Liability Company  
 Corporation / Nonprofit Organization

hereby makes application for the alcohol beverage license(s) checked above.

2. Name (individual/partners give last name, first, middle; corporations/limited liability companies give registered name): ONE MORE TIME LLC

Applicant's WI Seller's Permit No./FEIN Number: <u>456-0002256656-02</u>	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
<b>TOTAL FEE</b>	\$

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 name, title, and place of residence of each person.

Title	Name (Last, First, M.I.)	Home Address	Post Office & Zip Code
President/Member	<u>Owner</u>	<u>Bowelli, Joe P</u>	<u>315 Huron Ave Sheboygan WI 53081</u>
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent	<u>Joe Bowelli</u>		
Directors/Managers			

3. Trade Name ON the Rocks Business Phone Number (920)254-0564  
4. Address of Premises 101 Maritime Dr Post Office & Zip Code 54220

5. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period?  Yes  No
6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant?  Yes  No
7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business?  Yes  No
8. (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?  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?  Yes  No
- (NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.)

9. 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.) Served at the Party Space events outside, combined
10. Legal description (omit if street address is given above): Thru the Hotel, Stood in Bar & Kitchen area.
11. (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? \_\_\_\_\_
12. 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
13. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776].  Yes  No
14. 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.

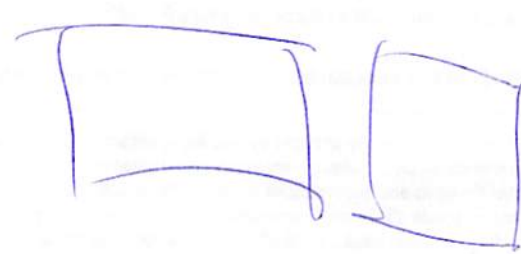
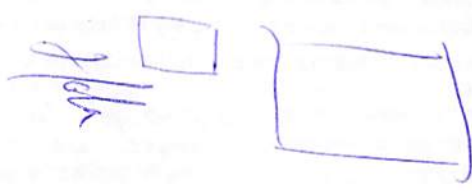
(Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)

### TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>7/26/2019</u>	Date reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

RECEIVED  
JUL 28 2019  
CLERK'S OFFICE

M



**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

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.

One More Time LLC  
Print Name of Corporation/Partnership/Individual

101 Maritime Dr Maniwoc, WI  
Address of Licensed Premises

[Signature]  
Signature of Corporate Agent, Partner or Individual

Date: 07/26/19

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 101 Maritime DR  
in favor of One More Time LLC effective upon  
granting/issuing License

Very truly yours, Manitowoc Lodging Associates, LLP

X Ashley Church  
Signature Ashley Church, Agent

Ashley Church  
Print Signature

**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 of Manitowoc County of Manitowoc  
Village of \_\_\_\_\_  
 City

The undersigned duly authorized officer(s)/members/managers of One More Time LLC  
(registered name of corporation/organization of limited liability company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as \_\_\_\_\_  
(trade name)  
located at 101 Maritime Dr Manitowoc WI 54220

appoints Joe Bowelli  
(name of appointed agent)  
315 Huron Ave Sheboygan WI 53081  
(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).  
One More Time LLC

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? 46 years

Place of residence last year 315 Huron Ave Sheboygan WI

For: One More Time LLC  
(name of corporation/organization/limited liability company)

By: [Signature]  
(signature of Officer/Member/Manager)

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

**ACCEPTANCE BY AGENT**

I, Joe Bowelli, 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.

[Signature] 7/5/19 Agent's age 46  
(signature of agent) (date)  
315 Huron Ave Date of birth 5/3/73  
(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)

# Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name) <b>Bonelli</b>		(first name) <b>Joseph</b>	(middle name) <b>PAUL</b>		
Home Address (street/route) <b>315 Huron Ave</b>		Post Office	City <b>Sheboygan</b>	State <b>WI</b>	Zip Code <b>53081</b>
Home Phone Number <b>920 254 0564</b>		Age <b>46</b>	Date of Birth <b>5-3-73</b>	Place of Birth <b>Sheboygan WI.</b>	

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.
- Joe Bonelli of One More Time LLC  
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)  
which is making application for an alcohol beverage license.

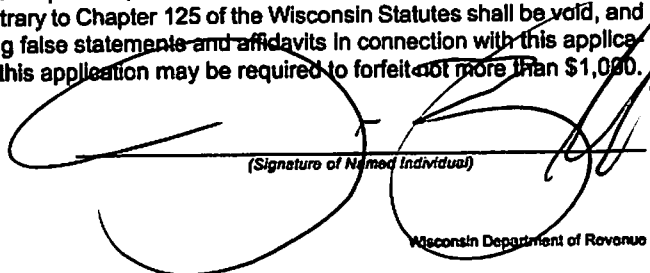
The above named individual provides the following information to the licensing authority:

1. How long have you continuously resided in Wisconsin prior to this date? 46 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. My LLC "ONE MORE TIME" holds beer/liquor licenses in Sheboygan WI.  
(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)

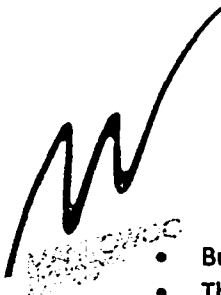
6. Named individual must list in chronological order last two employers.

Employer's Name <b>General Beer</b>	Employer's Address <b>2855 Oregon St Ashkosh WI</b>	Employed From <b>Nov 2005</b>	To <b>Decem. 2007</b>
Employer's Name <b>Kohler Company</b>	Employer's Address <b>444 Highland Drive Kohler WI.</b>	Employed From <b>Nov 2003</b>	To <b>Nov 2005</b>

**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.

  
 \_\_\_\_\_  
(Signature of Named Individual)

# "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.): One More Time LLC

Trade Name: on the Rocks Phone Number: 920-682-7000

Address of Establishment: 101 Maritime Dr (920-254-0564 cell)

Agent or Owner of Establishment: Joe Bonelli

### BUSINESS DESCRIPTION

Predicted Open Date: 9/1/19

Predicted Date the Business will be ready for Inspection: 8/15/19

Brief Description of the Business: Bar then open Restaurant 1/1/20  
9/1/19 (Bar)

Next summer outdoor space to open  
working up to opening Bar/Restaurant 7 days a week

**\*\*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

[Signature]  
Signature of Agent or Owner of Establishment

7/29/19  
Date

### Office Use Only

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

Approved

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

Denied