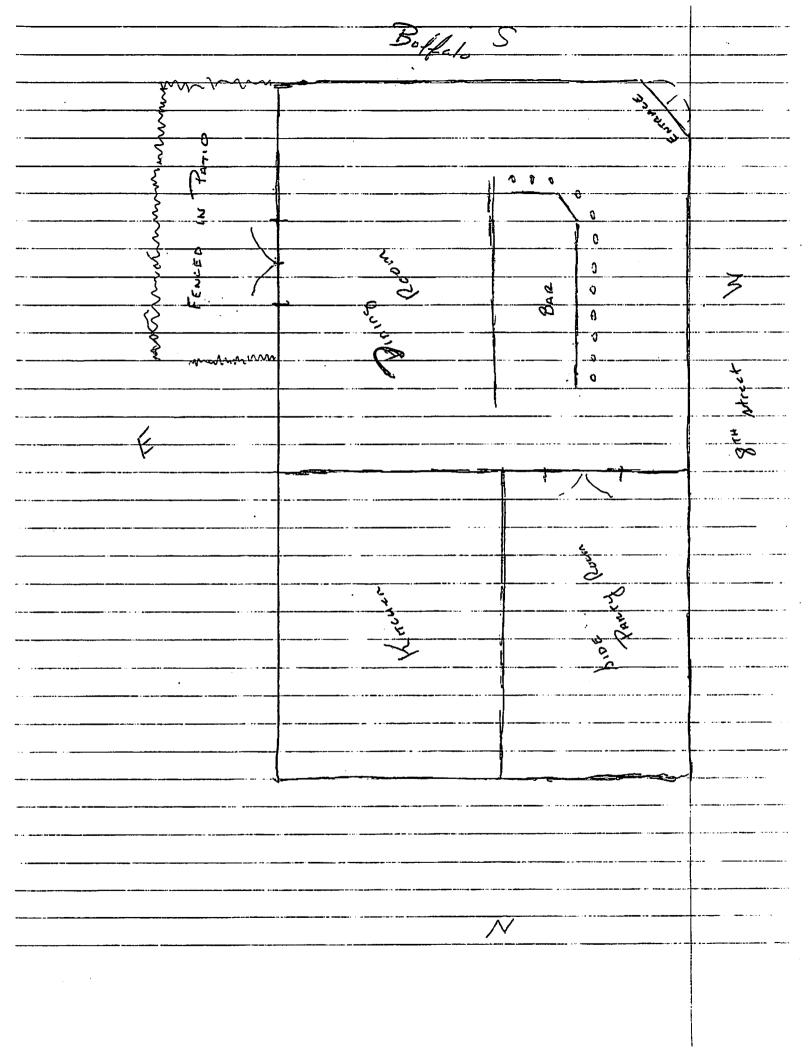
	<u>-</u>			TAV-1911	<u>) - 1</u>
Original Alcohol Be	verage Retai	l License A	pplication	Applicant's Wisconsin Seller's Perr	nit Number
(Submit to municipal clerk.)				456210283390610 2 FEIN Number	
	AB 104 1000	0.5	/20 /2000	46-4260700	
For the license period beginning		ending; 06	/30/2020	TYPE OF LICENSE	
	(ताता वर्त ५५५५)		(mm dd yyyy)	REQUESTED	FEE
	Town of			Class A beer	\$
To the Governing Body of the:		nitowoc		Class B beer	<u> </u>
to the covering body of the	City of		**************************************	Class C wine	\$
	e ony or			Class A liquor	\$
County of Manitowoc		Aldermani	c Dist. No. ³	Class A liquor (cider only)	S N/A
			by ordinance)	Class B liquor	\$
				Reserve Class B liquor	\$
Charles and Individual	To timited timbility	C		Class B (wine only) winery	
Check one: Individual	-	Zimbo Zidomiy Odinpon)			\$
Partnership	Corporation/No	nprotit Organizat	ion	TOTAL FEE	\$
				TOTAL FEE	Φ
Name (Individual / partners give last n	ame first middle: corner	aliane / limited liability	companius diva radistati	ed nama)	
	•		Companies give registers	ou rame,	
J & S Pizza Garden,	THE				· · · · · · · · · · · · · · · · · · ·
An "Auxiliary Questionnaire	" Form AT-103 mi	et he complete	t at badaette bae b	his application by each indi	vidual applicant
by each member of a partne					
each member/manager and					
President / Member Last Name	(First)	(Middle Name)		City or Post Office, & Zip Code)	
	1				
Diederichs	Jeff	James		d Lane, Manitowoc, Wi	1 54220
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
Diederichs	Steve	Madson	842 N. 12th S	Street, Manitowoc, Wi	I 54220
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street,	Cily or Post Office, & Zip Code)	***************************************
Diederichs	Dan	James	904 N. 12th S	Street, Manitowoc, Wi	I 54220
Treasurer / Member Last Name	(First)	(Middle Name)	_ I	City or Post Office, & Zip Code)	
				•	
Agent Last Name	(First)	(Middle Name)	Home Address (Street	City or Post Office, & Zip Code)	
Diederichs	Dan	James		Street, Manitowoc, Wi	T 5/320
Directors / Managers Last Name	(First)	(Middle Name)	1 .	City or Post Office, & Zip Code)	1 34220
Directors's managers cast verify	(mary	(Mildale Hame)	morna Address (Street,	City of Post Office, a zip code)	
	<u> </u>				
1. Trade Name Pizza Gar	rden		Business Pho	ne Number 920-682-6151	
2. Address of Premises 30	l N. 8th Stree	t		Zip Code Manitowoc, 54	
					
3. Premises description: De	scribe building or bu	uldings where al	cohol beverages are	e to be sold and stored. The	
applicant must include all	rooms including living	ing quarters, if us	sed, for the sales, so	ervice, consumption, and/or	
	ges and records. (A	Icohol beverage:	s may be sold and s	stored only on the premises	
described.)					
The building will	serve as a fu	all service	restaurant on	1st floor with beer	
wine and liqour s	tored behind t	he bar area	and in the b	asement, and outdoor	
patio on eat end	of building,	fenced in wi	th access thre	ough bar. REG	EIVFD
				REG	CIACI
				JUN	05 2019
· · · · · · · · · · · · · · · · · · ·					
					-pre office
4. Legal description (omit if s	treet address is oive	en above).		CITY CL	ERKS OFFICE
accompany (cont ii 3	301 0001000 10 9146	abovej.			
5. (a) Was this premises lice	nsed for the sale of	liquor or beer du	ring the past license	year?	Yes No
			_		
(b) If yes, under what nam	ne was license issue	d?			
AT-106 (R. 3-19)					Department of Revenue

Fees transfered from BBR-1910 & CWN-1906 to make the total owing \$425.00

Wisconsin Department of Revenue

6.	Is individual, partners or agent of corporation/limited liability 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 behalif yes, explain.	f of anyone except the named appl	icant?	☐ Yes	☑ No
8.	Does any other alcohol beverage retail licensee or wholes business? If yes, explain	sale permittee have any interest in		☐ Yes	☑ No
9.	(a) Corporate/limited liability company applicants only of registration.				
	(b) Is applicant corporation/limited liability company a su company? If yes, explain			☐ Yes	☑ No
	(c) Does the corporation, or any officer, director, stockhol member/manager or agent hold any interest in any oll If yes, explain.	her alcohol beverage license or pe	npany, or any ermit in Wisconsin?	☐ Yes	☑ No
10.	Does the applicant understand they must register as a Ret government, Alcohol and Tobacco Tax and Trade Bureau (business? [phone 1-877-882-3277]	TTB) by filing (TTB form 5630.5d)	ne federal before beginning	☑ Yes	
	Does the applicant understand they must hold a Wisconsir Does the applicant understand that they must purchase all breweries and brewpubs?	cohol beverages only from Wiscons			
the t than assig	D CAREFULLY BEFORE SIGNING: Under penalty provided by law, to pest of the knowledge of the signer. Any person who knowingly provide \$1,000. Signer agrees to operate this business according to law and gned to another. (Individual applicants, or one member of a partnership panies must sign.) Any lack of access to any portion of a licensed presidence and grounds for revocation of this license.	the applicant states that each of the abov les materially false information on this ap that the rights and responsibilities confe p applicant must sign; one corporate offic	plication may be require rred by the license(s), if er, one member/manage	ed to forfeit granted, ver of Limite	not more vill not be d Liability
Cont	act Person's Name (Last, First M.I.)	Tide/Member	Date		
_	ederich, Steven M.	Member	06/05/20		
Signi	ture At Dilli	Phone Number (920) 682-6151	Email Address pizzagarder	nmanito	woc@:
ח	E COMPLETED BY CLERK				
		provisional license issued Signature of C	lerk / Doputy Clark		
Date	license granted Dato license issued Licen	nse number issued			
T. 10	6 (R. 3-19)			····	
	- p				



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?	
	of intoxicating inquot pursuant to the time interest in the control in	Yes	□ No
2.	Do you understand that State Statutes do not provide for refunds of unused license fees?	¥ Yes	□ No
	r penalty provided by law, the applicant states that each of th truthfully answered to the best of his/her knowledge.	e above ques	tions has
	Tand S Pizza Print Name of Corporation/P	Ganden , artnership/Inc	<u>LLC</u> dividual
	Address of Licensed Premise	Manitowoc,	, WI
	Signature of Corporate Agen	t, Partner or I	ndividual

SCHEDULE FOR APPOINTMENT OF AGENT BY CORPORATION/NONPROFIT ORGANIZATION OR LIMITED LIABILITY COMPANY

Submit to municipal clerk.

AT-104 (RL 4-09)

liquor must appoint an agent. Th of the corporation/organization	e following questions must be a	answered by the agent. The appo	nted malt beverages and/or intoxicating bintment must be signed by the officer(s) e recommendation made by the proper
local official.	Town	· -	. 1
To the governing body of:	Village of Man 1	towac Count	you Manitowec
	City	T (0)	O(1)
The undersigned duly authorize	ed officer(s)/members/manager	rs of	Pizza Genden, LLC tion/organization or limited liability company)
a corporation/organization or lim	nited liability company making a	pplication for an alcohol beverag	e license for a premises known as
located at 301 N.	FIZZ.	2 Ganden	
2.1.4	OTH I I A	(trade name)	
located at	B ATTECT / IV	anitowoc, WA	3 4220
annoints Daw	DIEDERICHS		
appoints	(name	of appointed agent)	= = = = = = = = = = = = = = = = = = = =
appoints Dan 904	N. 12 TH STreet	Manitowoc	WI 54226
	(nome add	ass or appointed against	
to alcohol beverages conducted	d therein. Is applicant agent pre	with full authority and control of esently acting in that capacity or eer and/or liquor license for any	the premises and of all business relative requesting approval for any corporation/ other location in Wisconsin?
-			
Yes No If so, in	dicate the corporate name(s)/iii	mited liability company(ies) and i	numcipality(les).
Is applicant agent subject to cor How long immediately prior to n Place of residence last year	mpletion of the responsible beve making this application has the a Man I fower	erage server training course? applicant agent resided continuo	Yes No usly in Wisconsin? <u>Fatire Life</u>
East.	A	Pizza GANDE	n
For: _		of corporation/organization/limited liab	oility company)
Ву:	106	Jak Jak	
· -	1 leads	(signature of Officer/Member/Mena	ger)
And:	- Jay	(signature of Officer/Member/Mana	nger)
		1-3	
\sim	ACCEP.	TANCE BY AGENT	
1 DAN L)IEDER ICHS	, hereby	accept this appointment as agent for the
corporation/organization/limited	(print/type egent's name) Itability company and assum remises for the corporation/org	ne full responsibility for the cor anization/limited liability compa	nduct of all business relative to alcohol
			
() a ()	m	<u>4/5/3019</u>	Agent's age
	ure of agent) TH Man 1402 (home address of agent)	NOC , WI 54220	Date of birth 2/19/1984
		NT BY MUNICIPAL AUTHORIT on behalf of Municipal Official	
I hereby certify that I have che the character, record and repu	cked municipal and state crimination are satisfactory and I ha	nal records. To the best of my ki ve no objection to the agent app	nowledge, with the available information, pointed.
Approved on	_ by	proper local official)	Title
(date)	(SIGNATURO CT	proper focel otilicial)	Hown cridir, amaga brasinami boira critari

Wisconsin Department of Revenue

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

ndividual's Full Name (please print) (last name)	(first nam	ө)	(mlddle na	rme)
DIEDERICHS	DAM	د	JA	mes
Iome Address (street/route)	Post Office	City	State	Zip Code
904 N. 12TH st.	MANITOWOL	MANITOW	C WI	54220
ome Phone Number	Age	Date of Birth	Trace or b	
(920) 901-7156	33'	2/19/198	6 MA	NITOWOC
Applying for an alcohol beverage ticens Applying for an alcohol beverage ticens Amember of a partnership which is ma (Chilicer / Director / Member / Manager / Age which is making application for an alcoh he above named individual provides the for How long have you continuously resided Have you ever been convicted of any off violation of any federal laws, any Wiscon or municipality? If yes, give law or ordinance violated, tri status of charges pending. (If more room Q W Are charges for any offenses presently	e as an individual. aking application for an alcomol of of not beverage license. Allowing information to the limit in Wisconsin prior to this of fenses (other than traffic unnsin laws, any laws of any continue on revers at court, trial date and penals is needed, continue on revers T 2005 pending against you (other	censing authority: late? 33 cented to alcohol beverated to alcohol beverates or ordinance the imposed, and/or date side of this form.)	rages) for es of any county	[∆TYes □ N∈
for violation of any federal laws, any Wismunicipality? If yes, describe status of charges pending by you hold, are you making application or member/manager/agent beverage license or permit?	ng. n for or are you an officer, d t of a limited liability compa	irector or agent of a co	rporation/nonprofit	
If yes, identify.	(Alexa Large	ion and Type of License/Permit)		
5. Do you hold and/or are you an officer, o	•			or
member/manager/agent of a limited lial brewery/winery permit or wholesale liqual If yes, identify.	hility company holding or ac	plying for a wholesale	beer permit,	☐ Yes 🖾 Þ
Named individual must list in chronolog	ical order last two employe	rs.		
Employer's Name	molover's Address	15	imployed From	7019
Pizza GARden Employers Name MAdson Excavating	1602 N. 30 Employer's Address	st.	2013 Employed From 2012	2019
READ CAREFULLY BEFORE SIGNING: been truthfully answered to the best of the application; that the applicant has read and correct. The undersigned further understar under penalty of state law, the applicant materials.	e knowledge of the signer. It is made a complete answer to not that any license issued (nay be prosecuted for subm	ne signer agrees that o each question, and the contrary to Chapter 12!	nat the answers in a of the Wisconsin S and affidavits in co	ach instance are true a Statutes shall be void, a nection with-this appli

tion. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)	(first name)	(middle na	ame)
\sim	STE	V.C.	M	Adson
DIEDERICHS Home Address (street/route)	Post Office.	City	State	Zip Code
•	Manitowoc	Manitowo	c WI	54220
842 N. 12TH St.	MADE	Date of Birth /	Place of E	Sirth
(920) 901-7155	34	2/24/1985	Ma	nitowoc
The above named individual provides the follo		son who is (check one):		
Applying for an alcohol beverage license				
A member of a partnership which is mail	king application for an alco	hol beverage license.		
O	of	ame of Corporation, Limited Liable	The Company or Monney	it Omanization)
(Officer / Director / Member / Manager / Agant	y	ame of Corporation, Linkso Com	my company or months	a Organization)
which is making application for an alcoho	ol beverage license.		-	
The above named individual provides the foll	owing information to the lic	ensing authority:		
1. How long have you continuously resided	in Wisconsin prior to this di	ate? <u>34</u>	yw.	
2. Have you ever been convicted of any offe	enses (other than traffic unr	elated to alcohol bevera	ges) for	
violation of any federal laws, any Wiscons	sin laws, any laws of any of	ther states or ordinance	s of any county	🗚 Yes 🗀 No
or municipality?			description and	[A] 165 [140
If yes, give law or ordinance violated, trial status of charges pending. (If more room is	i court, inai uate attu petiai In poodod, confinie on merst	side of this form.)	, accompany and	
	WI 2013			
3. Are charges for any offenses presently po	ending against you (other t	han traffic unrelated to	alcohol beverage:	s)
for violation of any federal laws, any Wiscomunicipality?	consin laws, any laws of oth	ner states or ordinances	of any county of	Yes 🔊 No
4. Do you hold are you making application.	for or are you an officer, dir	rector or agent of a corp	oration/nonprofit	
organization or member/manager/agent beverage license or permit?	of a limited liability compan	y nolaing or applying lo	ally build alcoli	ol ∐Yes ⊠YNo
10 11 .116 .				
	(Name, Location	on and Type of License/Permit)		
5. Do you hold and/or are you an officer, di	rector, stockholder, agent o	r employe of any perso	n or corporation	DF
member/manager/agent of a limited liabi	lity company notoing or app	normit in the State of W	/isconsin?	□ Yes 🗷 No
brewery/winery permit or wholesale liquo	or, manufacturer of reculier	permit in the otatic of v		
If yes, identify.	osale Licensee or Permittee)		(Address By City or	nd County)
6. Named individual must list in chronologic		S .		
	nployer's Address	Em	ployed From	To A
SMD Contract, LLC	11002 N. 30TH	st	2010	2017
Employer's Name	nployer's Address	Em	ployed From	To 0 4 7 7
Dennin Tizza GANDEN 4	4709 Menasha	1400.	2007	2013
READ CAREFULLY BEFORE SIGNING:	Under penalty provided by	law, the undersigned st	ates that each of	the above questions ha
application; that the applicant has read and correct. The undersigned further understand				
under penalty of state law, the applicant matter tion. Any person who knowingly provides m	naterially false information of	on this application may l	og nequired to fort	eit not more than \$1,00
mornitary person management of	•	J.) • // • /
			10 1	1 1111
		<i>y</i>	(Signature of Name	a mananansi)

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

				
Individual's Full Name (please print) (last name)	(first name)	(middle na	me)
DIEDERICHS	Jeff	£	JAI	ncs
Home Address (street/route)	Post Office	City	State	Zip Code
3435 BARKWOOD Lane	Manitowoc	Magitowa	c WI	54220
Home Phone Number	Age	Date of Birth	Place of B	rth
(920) 901-2551	64	12/1/1959	Na	initowoc
The above named individual provides the following	lowing information as a pers	son who is <i>(check an</i>	e):	
Applying for an alcohol beverage license	e as an individual.			
A member of a partnership which is ma	king application for an alcol	hol beverage license).	
Ä .	of			
(Officer / Director / Member / Manager / Agen	rt) (Ni	ame of Corporation, Limited	Liability Company or Nonprofit	Organization)
which is making application for an alcoh	ol beverage license.			
The above named individual provides the following			./ .	
1. How long have you continuously resided	in Wisconsin prior to this da		4 yrs.	
2. Have you ever been convicted of any offer	enses (other than traffic unn	elated to alcohol be	verages) for	
violation of any federal laws, any Wiscon		her states or ordina	nces of any county	☐ Yes 【XÎ No
or municipality?			loto desociation and	Lites Mino
If yes, give law or ordinance violated, tria			iale, description and	
status of charges pending. (If more room	is needed, continue on reverse	Side of this lorin.j		
3. Are charges for any offenses presently p	ending against you (other th	nan traffic unrelated	to alcohol beverages)
for violation of any federal laws, any Wis	consin laws, any laws of oth	er states or ordinar	ices of any county or	
municipality?				🗌 Yes 📈 No
If you describe status of charges pendin	ng			<u> </u>
4. Do you hold, are you making application	for or are you an officer, dir	ector or agent of a	corporation/nonprofit	
organization or member/manager/agent	of a limited liability company	y holding of applying	3 for any other alcoho	1
beverage license or permit?		• • • • • • • • • • • • • • • • • • • •		Yes 🛛 No
10 11 - AIE .				
	(Name, Locatio	n and Type of License/Perm		_
5. Do you hold and/or are you an officer, di	rector, stockholder, agent or	r employe of any pe	rson or corporation o	r
member/manager/agent of a limited liab	ility company holding or app	olying for a wholesal	e beer permit, of Missonsin?	☐ Yes XÎNo
brewery/winery permit or wholesale liqu	or, manufacturer or recurrer	permit in the state t	N AAISCOLISHIT	🗀 ies 🖂 iio
If yes, identify.			(Address By City and	(County)
•	esale Licensee or Permittee)	,	(Address by Chy and	County
6. Named individual must list in chronologi	nployer's Address	<u>. </u>	Employed From	To
	1/12 h/ 207	Hat.	1975	2011
CRAFT'S Electric lac.	nployer's Address	KU.	Employed From	To
Employer's Name	inguity of a communication		-	
Linguistation				
Cilpies			L <u> </u>	l
DEAD CAREELL LY REFORE SIGNING.	Under penalty provided by I	aw, the undersigne	d states that each of t	the above questions has
READ CAREFULLY BEFORE SIGNING:	knowledge of the signer in	e signer agrees uita	i iie/8iie is iiie peisoi	i ilalika ili ale krežovič
DEAD CAREELL LY REFORE SIGNING.	knowledge of the signer. In made a complete answer to de that any license issued or	e signer agrees usa each question, and ontrary to Chapter 12	that the answers in ea 25 of the Wisconsin Si	ach instance are true and tatutes shall be void, and

tion. Any person who knowingly provides materially false information on this application may be required to farfelt not more than \$1,000.

Deborah Neuser

From:

Steve Diederichs <pizzagardenmanitowoc@yahoo.com>

Sent:

Thursday, June 13, 2019 4:25 PM

To: Subject:

Deborah Neuser Business Plan

Pizza Garden Business Plan:

We plan to open a full service restaurant and bar where we will serve Pizza as well as other appetizers, salads, sandwiches, pasta and other entree's. We plan to be open 7 days a week year round excluding a few holidays. We will look to serve dinner everyday and lunch a majority of the week. We will look to open the restaurant in late July or early August 2019 depending on how the construction schedule plays out. If the opportunity presents itself to open the bar area of the restaurant before the entire facility is complete (kitchen) to serve beverages including beer, wine and cocktails we would look to do so. This would allow us to get the public in the door, generate revenue and bring staff (bartenders) up to speed for our full opening.

Let me know if I need to include anything else.

Thank you,

Steve & Dan Diederichs

Pizza Garden 1602 N. 30th Street Manitowoc, WI 54220 (920) 682-6151