

19-0159

# CITY OF MANITOWOC

WISCONSIN, USA  
www.manitowoc.org



TO: Finance Committee  
Aldersperson James Brey, Chair

FROM: City Clerk Deborah Neuser

DATE: January 14, 2019

RE: Application for "Class B" Tavern License  
True Endeavors, LLC, Brennan Seehafer, Agent  
606 Quay Street

The above applicant applied for a tavern license on July 2, 2018 without a premise in place. Projected construction to begin in November of 2018 and opening in June of 2019. To date no permits have been taken out for this project.

If we do nothing and continue to hold the application without Council action, Mr. Seehafer would need to make another application on or after July 1, 2019. Since we are at our quota and applications are taken on a first come first serve basis, there is a possibility that a license will not be available.

A second option would be for Finance/Council to approve the application subject to approvals, inspections, payment of license fees and meeting State Statute requirements as well as building being completed before issuance of the license. In addition, Finance/Council may designate a completed by date so as not to tie up this license.

I will follow through with whatever action you wish to take on this matter.

*Deborah Neuser, CMC, City Clerk*  
CITY HALL • 900 Quay Street • Manitowoc, WI 54220-4543  
Phone (920) 686-6950 • Fax (920) 686-6959 • dneuser@manitowoc.org



TAV-1867



ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning ending JUNE 30 20 19

TO THE GOVERNING BODY of the: Town of Village of City of MANITOWOC

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): True Endeavors, 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 name, title, and place of residence of each person.

President/Member Title Name Home Address Post Office & Zip Code President Brennan W Seehafer 822 S. 8th St. 1113 54221

3. Trade Name The Wharf Business Phone Number
4. Address of Premises 1200 Quay Street Post Office & Zip Code 1113 54221

- 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?
6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant?
7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business?
8. (a) Corporate/limited liability company applicants only: Insert state Wisconsin and date 5/22/18 of registration.
(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company?
(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?

(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. Entire building including outdoor patio on north side of premise, fenced in

10. Legal description (omit if street address is given above): tent on property
11. (a) Was this premises licensed for the sale of liquor or beer during the past license year?
(b) If yes, under what name was license issued?

- 12. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5) before beginning business?
13. Does the applicant understand they must hold a Wisconsin Seller's Permit?
14. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?

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 signers. Signers agree 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 and each member of a partnership applicant must sign; corporate officer(s), members/managers 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.

SUBSCRIBED AND SWORN TO BEFORE ME this 2 day of July, 20 18
Signature of Clerk/Notary Public
My commission expires 8-17-18

Signature of Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual
Signature of Officer of Corporation/Member/Manager of Limited Liability Company/Partner
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

Table with 4 columns: Date received and filed with municipal clerk, Date reported to council/board, Date provisional license issued, Signature of Clerk / Deputy Clerk. Includes dates 7-2-18 and 8-17-18.

# INSTRUCTIONS FOR RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION (AT-115)

**THIS RENEWAL FORM CANNOT BE USED IF:**

1. There is a change in business entity (i.e., individual has changed to partnership or corporation/limited liability company; partnership changed to individual or corporation/limited liability company; corporation changed to individual, partnership or limited liability company) and if limited liability company has been dissolved.
2. Partners are added or dropped.
3. Application is made in a different municipality.

**PARTNERSHIPS:**

Indicate full name and home address of each partner. Each partner must sign application. **Reminder:** If partners have been added or dropped since your last application, you must use Form AT-106 (Original Beverage License Application).

**CORPORATIONS:**

The Officer(s) must sign application. Be sure to answer Question No. 7 by indicating any change of officers, directors, and/or changes in home address. If there are any changes in officers and/or directors each must complete Form AT-103 (Auxiliary Questionnaire). If there has been a change in agent since your last approved agent, he/she must complete Forms AT-104 (Schedule for Appointment of Agent) **AND** AT-103 (Auxiliary Questionnaire) in addition to this (AT-115) form.

**LIMITED LIABILITY COMPANY:**

Members/managers must sign application. Follow procedure under Corporations for any change of members or agent.

**NOTE:** Application must be signed where indicated on all copies in the presence of a notary public. Use ink or typewriter when filling in applications. Be sure to answer all questions fully and accurately. 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.

**DISCRIMINATION CLAUSE – (City of Milwaukee only)**

The applicant shall not willfully refuse to provide those services offered under this license or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry, the applicant shall not seek information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion solely on the basis of such information. The applicant also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

Complete, sign and return this form to the clerk.

If answer to Questions No. 6a and/or 6b on reverse side are "YES," outline details below:

### CONVICTIONS

1. NAME _____	STATUTE NO./LOCAL ORDINANCE _____
CHARGE _____	WHERE CONVICTED _____
DATE _____ PENALTY _____	<input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> FELONY
2. NAME _____	STATUTE NO./LOCAL ORDINANCE _____
CHARGE _____	WHERE CONVICTED _____
DATE _____ PENALTY _____	<input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> FELONY
3. NAME _____	STATUTE NO./LOCAL ORDINANCE _____
CHARGE _____	WHERE CONVICTED _____
DATE _____ PENALTY _____	<input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> FELONY

### PENDING CHARGE

1. NAME _____	STATUTE NO./LOCAL ORDINANCE _____
PENDING CHARGE _____	DATE _____

**AFFIDAVIT**

(This Affidavit is made a part of attached Alcohol Beverage License Application)

- 1. Do you have knowledge of any indebtedness for fermented malt beverages to any licensee or permittee which has been outstanding for more than 15 days?  Yes  No
- 2. Do you have knowledge of any indebtedness for intoxicating liquor to any licensee or permittee which has been outstanding for more than 30 days?  Yes  No
- 3. Do you understand that a license may not be issued to any applicant having such indebtedness?  Yes  No
- 4. Do you understand that license fees must be paid 15 days prior to issuance of license? (Therefore, if you plan to be open for business on 7/1, you must pay fees by 6/15).  Yes  No
- 5. 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.

True Endeavors, LLC

Print Name of Corporation/Partnership/Individual

6006 Quay Street Manitowoc, WI

Address of Licensed Premises

[Signature]

Signature of Corporate Agent, Partner or Individual

Subscribed and sworn to before me  
this 2 day of July, 2018

[Signature]

Notary Public, State of Wisconsin

My commission expires 8-17-18

Letter of Intent

The Wharf • True Endeavors, LLC

Property Address:  
606 Quay Street  
Manitowoc, WI 54220

Mailing Address:  
PO Box 1113  
Manitowoc, WI 5221

The Wharf to be located at 606 Quay Street in Manitowoc, WI will feature a waterfront event space, bar and grill. Construction is expected to begin in November of 2018. This establishment is expected to open in June of 2019. True Endeavors, LLC is excited to feature this new and exciting event space in the heart of downtown Manitowoc. This establishment open year-round will be a great space for locals to enjoy as well as tourists.

Thank You,

A handwritten signature in black ink, appearing to read "Brennan Seehafer", with a long horizontal flourish extending to the right.

Brennan Seehafer  
brennan@brennanseehafer.com  
(920)-242-3450

**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  City of Manitowoc County of Manitowoc

The undersigned duly authorized officer(s)/members/managers of True Endeavors, 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 The Wharf

located at 6006 Quay Street Manitowoc, WI 54220  
(trade name)

appoints Brennan W. Seehafer  
(name of appointed agent)  
822 S. 8th Street 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 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? 24 years

Place of residence last year 822 S. 8th Street Manitowoc WI 54220

For: True Endeavors, LLC  
(name of corporation/organization/limited liability company)

By: Brennan W. Seehafer  
(signature of Officer/Member/Manager)

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

**ACCEPTANCE BY AGENT**

I, Brennan W Seehafer, 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.

Brennan W Seehafer 6-15-18 Agent's age 24  
(signature of agent) (date)  
822 S. 8th Street Manitowoc WI 54220 Date of birth 7/22/1993  
(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)		(first name)		(middle name)	
Seehafer		Brennan		William	
Home Address (street/route)		Post Office	City	State	Zip Code
822 S. 8TH St.		1113	Manitowoc	WI	54221
Home Phone Number			Age	Date of Birth	Place of Birth
920-242-3450			24	7/22/93	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.

Brennan W. Seehafer of True Endeavors, 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? 24 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 License or Permits) (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
Seehafer Broadcasting	3730 Mangin Street	May 2017	Present
Talent International Promotions	PO Box 151 McKees Rocks, WI 53136	April 2018	Present

The undersigned, being first duly sworn on oath, deposes and says 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.

Subscribed and sworn to before me

this 2 day of July, 2018  
Duane Neven  
(Clerk/Notary Public)

Brennan W. Seehafer  
(Signature of Named Individual)

My commission expires 8-17-18



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