



License Number: TAV-2648A

"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.): BGB VENUE LLC
Trade Name: Stock Broecker's Silver Valley Phone Number: (920) 686-2004
Address of Establishment: 1222 Alverno Rd Manitowoc, WI 54220
Agent or Owner of Establishment: Bradley Broecker

BUSINESS DESCRIPTION

Predicted Open Date: July 1, 2026

Predicted Date the Business will be ready for Inspection: Immediate

Brief Description of the Business: Bar and Banquet Hall Facility with bar service, dining room and banquet areas accomodating up to 300 person banquets. Bar area and dining room to be open 5 days per week serving full menu dining and banquets to be scheduled as requested for up to 200-300 people as needed for weddings, community social and business events. Serving hours from 11:00am -10:00pm

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

Any additional information you wish to include: Bar hours from 11:00 am to 12:00 pm Wednesday thru Sunday. Closed Monday and Tuesday

SIGNATURE OF AGENT OR REPRESENTATIVE

Bradley Broecker
Signature of Agent or Owner of Establishment

5/29/2026
Date

Office Use Only

Date Received by Clerk's Office: 05-29-26

Common Council Date: 06-15-2026

Approved

Denied

TAV-2648A

For Municipal Use Only	
Municipality	Manitowoc
License Period	July 1, 2026 - June 30, 2027

Form AB-200

Alcohol Beverage License Application

Application Type (check one)
 Initial (New) Renewal

License(s) Requested: (up to two boxes may be checked) <input type="checkbox"/> Class "A" Beer \$ _____ <input type="checkbox"/> "Class A" Liquor \$ _____ <input type="checkbox"/> "Class A" Liquor (cider only) \$ _____ <input type="checkbox"/> "Class C" Liquor (wine only) \$ _____	<input checked="" type="checkbox"/> Class "B" Beer \$ <u>100</u> <input checked="" type="checkbox"/> Regular "Class B" Liquor \$ <u>500</u> <input type="checkbox"/> Reserve "Class B" Liquor \$ _____ <input type="checkbox"/> Above-Quota "Class B" Liquor \$ _____	Fees	
		License Fee(s)	\$ <u>600</u>
		Background Check Fee	\$ _____
		Publication Fee	\$ <u>25</u>
		Total Fees	\$ <u>625</u>

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)
 Stock Broecker's Silver Valley BGB VENUE LLC

2. Business Trade Name or DBA
 BGB VENUE LLC dba Silver Valley Banquet Hall

3. FEIN _____ 4. Wisconsin Seller's Permit Number _____

5. Entity Type (check one)
 Sole Proprietor Partnership Limited Liability Company Corporation Nonprofit Organization

6. If the applicant business is an LLC, are the controlling members other LLCs or corporations? Yes No
 If yes, the members, managers, officers and directors of those business entities must be listed in Part C and provide a Form AB-100.

7. State of Organization: WI 8. Date of Organization: 06/30/2026 9. Wisconsin DFI Registration Number: B128249

10. Premises Address: 1222 Alverno Rd

11. City: Manitowoc 12. State: WI 13. Zip Code: 54220

14. County: Manitowoc 15. Governing Municipality: City Town Village of: Manitowoc 16. Aldermanic District: District 9

17. Premises Phone: (920) 686-2004 18. Premises Email: weluvthepack@gmail.com 19. Website: www.silvervalleybanqueth

20. Premises Description
Initial (New Applicants Only): Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.
Renewal Applicants Only: I am renewing a license and by checking the box following this statement, I affirm that I have reviewed the last issued license certificate and the premises description remains the same.
ALL FIRST LEVEL BANQUET HALL, BAR ROOM, SIDE ROOM, LIQUOR CLOSET, MAIN ENTRANCE, NORTH ENTRANCE, WEST AND FENCED IN AREA

21. Mailing Address (if different from premises address) _____

22. City _____ 23. State _____ 24. Zip Code _____

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. Yes No
 If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated OWI	Location Green Bay, WI	Trial Date 05/04/2023
Penalty Imposed OWI 1st Offense Misdemeanor	Was sentence completed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages. Yes No
 If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or wholesaler? Yes No
 If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No
 5. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? Yes No
 6. Does the applicant business owe past due municipal property taxes, assessments, or other fees? Yes No

Part C: Individual Information

Check each box to attest that you have provided the appropriate supplementary information to complete your application. See the instructions for Part C of this application, beginning on page 2, to complete this section.

I have accurately listed and provided contact and personal information for all required persons involved in the applicant business and any business identified in Part A, Question 6 using Form AB-200AA.

I have provided an accurate Form AB-100 for each person listed in Form AB-200AA.

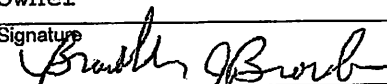
(For corporations, limited liability companies, and nonprofit organizations only) I have provided an accurate Form AB-101 to appoint an agent on behalf of my business.

I understand that my application is not complete until this supplementary paperwork is received by the municipal clerk where I am applying for an alcohol beverage license.

Part D: Attestation

One of the following must sign and attest to this application:
 • sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name Bradley		First Name Broecker		M.I. J
Title Owner	Email weluvthepack@gmail.com		Phone (920) 374-1282	
Signature 			Date 5/29/2021	

Part E: For Clerk/Use Only

Date Application Was Filed With Clerk 5-29-21	License Number TAV-2648A	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk			Date Provisional License Issued (if applicable)

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? X Yes No

- 2. Do you understand that State Statutes do not provide for refunds of unused license fees? X Yes No

- 3. "Class B" only: Were you open for the minimum number of days* throughout the licensing year? X 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.

BGB Venue LLC

Print Name of Corporation/Partnership/Individual

1222 Alverno Rd

Manitowoc, WI

Address of Licensed Premises

Buddy J. Brochu

Signature of Corporate Agent, Partner or Individual

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

SIGNATURE AUTHORITY (required)

The undersigned hereby represents and warrants that it has the authority to apply for this license. If the party applying for this license is not an individual, the person(s) signing on behalf of the entity represents and warrants that they have been duly authorized to bind the entity and apply for this license on the entity's behalf.

Buddy J. Brochu

Signature

5/29/2026
Date

Form
AB-101

Alcohol Beverage Appointment of Agent

Date
05/29/2026

Agent Type (check one)	
<input checked="" type="checkbox"/> Original (no fee)	<input type="checkbox"/> Successor (\$10 fee for municipal licensees only)

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor) BGB VENUE LLC	
2. Business Trade Name or DBA Silver Valley Banquet Hall	
3. Entity Type (check one) <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	
4. Alcohol Beverage Business Authorization (check one) <input checked="" type="checkbox"/> Municipal Retail License <input type="checkbox"/> State Permit	5. If successor agent, provide State Permit or Municipal Retail License Number
6. Describe the reason for appointing a successor agent, if successor is checked above. The agent of record will be the Managing Member holding the primary license and responsible beverage service on premise.	

Part B: Agent Information			
1. Last Name Broecker	2. First Name Brayden	3. M.I. J	
4. Email bjbroecker@gmail.com		5. Phone (920) 242-3494	
6. Home Address 801 N 4th Street			
7. City Manitowoc	8. State WI	9. Zip Code 54220	10. Date of Birth
11. Driver's License/State ID Number		12. Driver's License/State ID State of Issuance WI	

Part C: Agent Questions	
1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you completed Form AB-100, <i>Alcohol Beverage Individual Questionnaire</i> (licensee) or Form AB-300, <i>Alcohol Beverage Personal Questionnaire</i> (permittee)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you been a Wisconsin resident for at least 90 continuous days? See instructions for exceptions.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Continued →

Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name Broecker		First Name Bradley		M.I. J
Title Owner		Email weluvthepack@gmail.com	Phone (920) 374-1282	
Signature <small>Authentisign</small> <i>Bradley Broecker</i>		Date 05/29/26		Date 05/29/26

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name Broecker		First Name Brayden		M.I. J
Signature <small>Authentisign</small> <i>Brayden Broecker</i>		Date 05/29/26		Date 05/29/26

Form
AB-100

Alcohol Beverage Individual Questionnaire

Date
05/29/2026

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all officers, directors, and agent of a corporation or nonprofit organization
- all partners of a partnership
- members and agent of a limited liability company

Your alcohol beverage application is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information				
1. Legal Business Name (individual name if sole proprietor) BGB VENUE LLC				
2. Business Trade Name or DBA Silver Balley Banquet Hall				
3. Entity Type (check one)				
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation	<input type="checkbox"/> Nonprofit Organization

Part B: Individual Information				
1. Last Name Broecker		2. First Name Brayden		3. M.I. J
4. Relationship to Business (Title) Managing Agent		5. Email bjbroecker@gmail.com		6. Phone (920) 242-3494
7. Home Address 801 N 4th Street				
8. City Manitowoc		9. State WI	10. Zip Code 54220	11. Date of Birth
12. Driver's License/State ID Number			13. Driver's License/State ID State of Issuance WI	

Part C: Address History					
1. Do you currently live in Wisconsin?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide the month and year when you permanently moved to Wisconsin				(MM/YYYY) 11/1966	
2. List in chronological order all of your addresses within the last 5 years . Attach additional sheets if necessary.					
Previous Address 1 2557 Greenbriar Rd		City Green Bay	State WI	Zip Code 54311	
Previous Address 2 1530 Crystals Lake Circle Unit #1480		City Green Bay	State WI	Zip Code 54311	
Previous Address 3		City	State	Zip Code	
Previous Address 4		City	State	Zip Code	
Previous Address 5		City	State	Zip Code	
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.					
State WI	County Manitowoc	State WI	County Brown	State 	County
State	County	State	County	State	County

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? Yes No
 If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? Yes No
 If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature <i>Brayden Broecker</i>	Date 05/29/26
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Alcohol Beverage Individual Questionnaire

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- members and agent of a limited liability company

Your alcohol beverage application is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor) Stock Broecker's Silver Valley BGB VENUE LLC	
2. Business Trade Name or DBA BGB VENUE LLC dba Silver Balley Banquet Hall	
3. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	

Part B: Individual Information					
1. Last Name Broecker		2. First Name Bradley		3. M.I. J	
4. Relationship to Business (Title) Owner		5. Email weluvthepack@gmail.com		6. Phone (920) 374-1282	
7. Home Address 633 Stradale Way Unit 22					
8. City Denmark		9. State WI	10. Zip Code 54208		11. Date of Birth
12. Driver's License/State ID Number			13. Driver's License/State ID State of Issuance WI		

Part C: Address History					
1. Do you currently live in Wisconsin?					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide the month and year when you permanently moved to Wisconsin					(MM/YYYY) 11/1966
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.					
Previous Address 1 1257 Brayden Ln Apt #50		City De Pere		State WI	Zip Code 54115
Previous Address 2 2557 Greenbriar Rd		City Green Bay		State WI	Zip Code 54311
Previous Address 3 1530 Crystal Lake Circle Unit #1480		City Green Bay		State WI	Zip Code 54311
Previous Address 4 4543 Harvest Circle		City Manitowoc		State WI	Zip Code 54220
Previous Address 5		City		State	Zip Code
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.					
State WI	County Manitowoc	State WI	County Brown	State	County
State	County	State	County	State	County

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? Yes No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

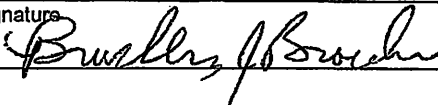
Law/Ordinance Violated OWI	Location Green Bay, WI	Conviction Date 12/15/2022
Penalty Imposed Fine, 8 months occupational, Group Dynamics		Was sentence completed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? Yes No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature 	Date 5/29/2026
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Alcohol Beverage Individual Questionnaire

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all officers, directors, and agent of a corporation or nonprofit organization
- all partners of a partnership
- members and agent of a limited liability company

Your alcohol beverage application is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor) Stock Broecker's Silver Valley BGB VENUE LLC	
2. Business Trade Name or DBA BGB VENUE LLC dba Silver Valley Banquet Hall	
3. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	

Part B: Individual Information				
1. Last Name Broecker		2. First Name Gail		3. M.I. M
4. Relationship to Business (Title) Owner		5. Email gmb1068@gmail.com		6. Phone (920) 645-3576
7. Home Address 633 Stradale Way Unit 22				
8. City Denmark		9. State WI	10. Zip Code 54208	11. Date of Birth
12. Driver's License/State ID Number			13. Driver's License/State ID State of Issuance WI	

Part C: Address History							
1. Do you currently live in Wisconsin?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, provide the month and year when you permanently moved to Wisconsin			(MM/YYYY) 11/1966				
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.							
Previous Address 1		City	State	Zip Code			
1257 Brayden Ln Apt #50		De Pere	WI	54115			
Previous Address 2		City	State	Zip Code			
2557 Greenbriar Rd		Green Bay	WI	54311			
Previous Address 3		City	State	Zip Code			
1530 Crystal Lake Circle Unit #1480		Green Bay	WI	54311			
Previous Address 4		City	State	Zip Code			
4543 Harvest Circle		Manitowoc	WI	54220			
Previous Address 5		City	State	Zip Code			
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.							
State	County	State	County	State	County	State	County
WI	Manitowoc	WI	Brown				
State	County	State	County	State	County	State	County

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? Yes No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? Yes No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature <i>Dale M. Proch</i>	Date 5/29/2026
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Date: 5/29/2026

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

 X *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 1222 Alverno Rd Manitowoc, WI 54220

in favor of BGB VENUE LLC dba Silver Valley Banquet Hall effective

6/30/2026

Very truly yours,

Authentisign
Debra S. Knox
Signature

05/29/26

Debra Knox

Print Signature