

License Number: TAV-2130A

# "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.): Novak's Elbow Room

Trade Name: Jeremiah Novak Phone Number: 920 645-5661

Address of Establishment: 702 Buffalo St.

Agent or Owner of Establishment: Jeremiah Novak

### BUSINESS DESCRIPTION

Predicted Open Date: 1/2 2022

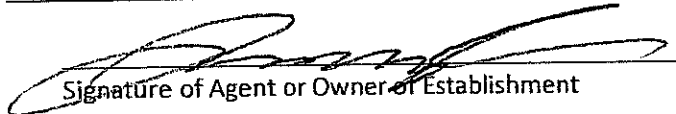
Predicted Date the Business will be ready for Inspection: 1/2/2022

Brief Description of the Business: Full service Bar / Restaurant.

**\*\*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 of Agent or Owner of Establishment

12-10-2021  
Date

#### Office Use Only

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

Approved

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

Denied

**PAID**

TAN-2130A  
PTAN-2130A

**Original Alcohol Beverage Retail License Application**

(Submit to municipal clerk.)

For the license period beginning: Jan 2 2022 ending: Jan 1 2023  
(mm dd yyyy) (mm dd yyyy)

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 <u>456-1030875422-04</u>	
FEIN Number <u>87-3892572</u>	
TYPE OF LICENSE REQUESTED	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>	\$

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)  
~~Jeremiah Novak~~ Novak Elbow Room

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 <u>Novak</u>	(First) <u>Jeremiah</u>	(Middle Name) <u>Blayne</u>	Home Address (Street, City or Post Office, & Zip Code) <u>711 N 10th St. Manitowoc, WI 54220</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 <u>Novak</u>	(First) <u>Jeremiah</u>	(Middle Name) <u>Blayne</u>	Home Address (Street, City or Post Office, & Zip Code) <u>711 N 10th St. Manitowoc WI 54220</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name The Elbow Room Business Phone Number 920 682 5852  
2. Address of Premises 702 Buffalo St. 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.)  
Full service Bar / Restaurant  
1st Floor & Basement of bar/restaurant

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? \_\_\_\_\_

**CONTINUED ON BACK**

**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
  
3. Were you open for the minimum number of days throughout the licensing year? ("Class B" only)\*  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.

Novak's Elbow Room  
~~Jeremiah Novak~~  
Print Name of Corporation/Partnership/Individual

702 Bellvue St      Manitowoc, WI  
Address of Licensed Premises

  
Signature of Corporate Agent, Partner or Individual

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

# 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 Nowak Elbow Room  
(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  
Nowak Elbow Room  
(trade name)

located at 902 Buffalo St.

appoints Jeremiah Nowak  
(name of appointed agent)

711 N 10th St  
(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? 30+

Place of residence last year 711 N. 10th St Manitowoc WI 57220

For: Nowak's Elbow Room  
(name of corporation/organization/limited liability company)

By: Jeremiah Nowak  
(signature of Officer/Member/Manager)

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

### ACCEPTANCE BY AGENT

I, Jeremiah Nowak, 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] 12/10/2021 Agent's age 35  
(signature of agent) (date)

711 N 10th St Manitowoc, WI 57220 Date of birth 10/14/86  
(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)

Date: 12-10-2021

Honorable Mayor and Common Council of the City of Manitowoc:

I hereby surrender the following license:

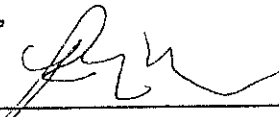
- “Class A” Retail Intoxicating Liquor and Fermented Malt Beverage*
- “Class B” Retail Intoxicating Liquor and Fermented Malt Beverage*
- Class “A” Fermented Malt Beverage*
- Class “B” Fermented Malt Beverage*
- Class “C” Wine License*

for the premises at H&C Elbow Room

in favor of Nasak's Elbow Room effective upon

issuance of new license

Very truly yours,



Signature

PATRICK C RYAN

Print Signature

# Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name) <b>Nowak</b>		(first name) <b>Jeremiah</b>	(middle name) <b>Blayne</b>	
Home Address (street/route) <b>711 N 10th St.</b>	Post Office <b>Manitowoc</b>	City <b>Manitowoc</b>	State <b>WI</b>	Zip Code <b>54220</b>
Home Phone Number <b>920-645-5661</b>	Age <b>35</b>	Date of Birth <b>10/19/1986</b>	Place of Birth <b>Manitowoc</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.

Jeremiah Nowak of Nowak's Elbow Room  
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

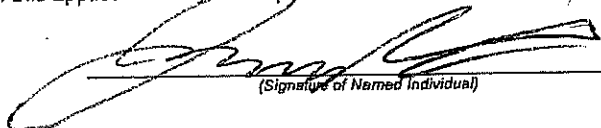
The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 30 yrs.
- 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.)
- 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.
- 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)
- 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>Nowak's True Ale</b>	Employer's Address <del>711 N 10th St</del> <b>300 Washington</b>	Employed From <b>Dec 2010</b>	To <b>Present</b>
Employer's Name	Employer's Address	Employed From	To

**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)