

TAV-1954A

PAID

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: _____ ending: 6-30-2020
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: Town of }
 Village of } MANITOWOC
 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>456-1030123320-04</u>	
FEIN Number <u>84-282187</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>75.00</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ <u>375.00</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>25.00</u>
TOTAL FEE	\$ <u>475.00</u>

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)

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>Don Murray</u>	(First) <u>Don</u>	(Middle Name) <u>G</u>	Home Address (Street, City or Post Office, & Zip Code) <u>8014 PAUL RD MANITOWOC WI 54220</u>
Vice President / Member Last Name <u>Besler</u>	(First) <u>BURT</u>	(Middle Name) <u>E</u>	Home Address (Street, City or Post Office, & Zip Code) <u>3008 MARCEL ST. TWO RIVERS WI 54241</u>
Secretary / Member Last Name <u>Gregory Finch</u>	(First) <u>Gregory</u>	(Middle Name) <u>F</u>	Home Address (Street, City or Post Office, & Zip Code) <u>2228 S. 13TH ST. MTL WI 54220</u>
Treasurer / Member Last Name <u>Besler</u>	(First) <u>BURT</u>	(Middle Name) <u>E</u>	Home Address (Street, City or Post Office, & Zip Code) <u>3008 MARCEL ST. TWO RIVERS WI 54241</u>
Agent Last Name <u>Murray</u>	(First) <u>Don</u>	(Middle Name) <u>G</u>	Home Address (Street, City or Post Office, & Zip Code) <u>8014 PAUL RD MANITOWOC WI 54220</u>
Directors / Managers Last Name <u>Murray</u>	(First) <u>Don</u>	(Middle Name) <u>G</u>	Home Address (Street, City or Post Office, & Zip Code) <u>8014 PAUL RD MANITOWOC WI 54220</u>

1. Trade Name DENEGADES Business Phone Number 920-693-9066

2. Address of Premises 1421 S. 39TH ST. Post Office & Zip Code MTL WI 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.)

main BAR FLOOR / BASEMENT OFFICE / WALKER


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? TLM INVESTMENTS LLC

6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible 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 behalf of anyone except the named applicant? Yes No
If yes, explain.
8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? If yes, explain Yes No
9. (a) Corporate/limited liability company applicants only: Insert state WI and date 9/26/19 of registration.
- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? If yes, explain 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
If yes, explain.
Don Murray - TLM Investments Inc.
Gregory Fencil - 3 Kings 2 Queens LLC
10. 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
11. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] Yes No
12. 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.

Contact Person's Name (Last, First, M.I.) <u>Don Murray</u>	Title/Member <u>President/Agent</u>	Date <u>9/26/19</u>
Signature 	Phone Number <u>920-242-6441</u>	Email Address

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>9/26/2019</u>	Date reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

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 Penesades 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 Penesades
(trade name)

located at 1421 S. 39TH ST. MTC WI 54220

appoints Dan Murray
(name of appointed agent)

8014 PAUL RD MANITOWOC WI 54227
(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).
TLM INVESTMENTS INC

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? 50+

Place of residence last year 8014 PAUL RD MANITOWOC WI 54227

For: Penesades 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, Dan Murray, 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] 9/26/19 Agent's age 58
(signature of agent) (date)

8014 PAUL RD MANITOWOC WI 54227 Date of birth 1/23/61
(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: 9/25/19

Honorable Mayor and Common Council of the City of Manitowoc:

I hereby surrender the following license:

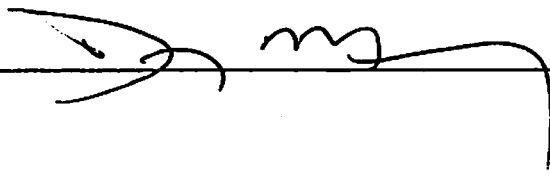
- Class A Retail Intoxicating Liquor and Fermented Malt Beverage*
- Class B Retail Intoxicating Liquor and Fermented Malt Beverage*
- Class A Fermented Malt Beverage*
- Class B Fermented Malt Beverage*
- Class C Wine License*

for the premises at 1421 S. 39th St.

in favor of Derryades LLC effective upon

Granting of new license

Very truly yours,



Signature

Don Murray

Print Signature


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 ^{DM}
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.

Devegades LLC
Print Name of Corporation/Partnership/Individual

1421 S. 39TH Maniwoc, WI
Address of Licensed Premises


Signature of Corporate Agent, Partner or Individual

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name) Fencil		(first name) Gregory		(middle name) J	
Home Address (street/route) 2728 S. 13th St		Post Office		City Manitowoc	State WI Zip Code 54220
Home Phone Number 920 901-4424		Age 48	Date of Birth 3/21/71		Place of Birth 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.
- member of Renegades LLC
(Officer / Director / Member / Manager / Agent) (Name of Corporation / Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

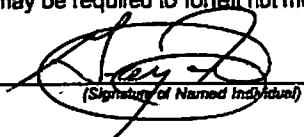
The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 48 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. Class B Three Kings Two Queens LLC, 1502 Madison St Manitowoc WI 54220
(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 Van Horn Auto	Employer's Address 4611 Expo Dr Manitowoc	Employed From 9/2/1994	To 2/8/2019
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)

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name) Bessler		(first name) Bret		(middle name) E	
Home Address (street/route) 3008 Monroe St		Post Office	City Two Rivers	State Wis	Zip Code 54241
Home Phone Number 920 973-8266		Age 48	Date of Birth 2-13-71	Place of Birth Manitowish	

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.
 member of Renegades 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:

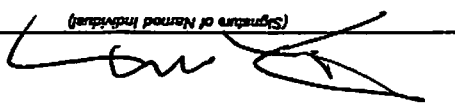
- How long have you continuously resided in Wisconsin prior to this date? 48y
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? 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	Employer's Address	Employed From	To
Bretsky's LLC	3008 Monroe TR.	2000	Now
Pitz Construction	out of business	1995	2000

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.

Bret Bessler
(Signature of Named Individual)

(Signature of Named Individual)


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.

Employer's Name TLW INVESTMENTS	Employer's Address 1421 S. 39TH ST.	Employed From 1993	To 2019
Employer's Name	Employer's Address	Employed From	To

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

 (Name of Wholesale Licensee or Permittee)

 (Address By City and County)

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

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

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

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

1. How long have you continuously resided in Wisconsin prior to this date?
50+

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

which is making application for an alcohol beverage license.

Government (Officer / Director / Member / Manager / Agent) of **Reynolds LLC** (Name of Corporation, Limited Liability Company or Nonprofit Organization)
 A member of a partnership which is making application for an alcohol beverage license.
 Applying for an alcohol beverage license as an individual.

The above named individual provides the following information as a person who is (check one):

Individual's Full Name (please print)		David Murray	
(last name)		(first name)	
Home Address (street/route)		920-242-6441	
Home Phone Number		920-242-6441	
Post Office	City	Date of Birth	Age
Manitowish	Manitowish	1/23/61	58
State	Zip Code	Place of Birth	
WI	54227	Manitowish LLC	
(middle name)		E	

Submit to municipal clerk.

Auxiliary Questionnaire Alcohol Beverage License Application

License Number: TAV-1954A

"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.): Renegades LLC

Trade Name: Renegades Phone Number: 920-683-9066

Address of Establishment: 1421 S. 39th St.

Agent or Owner of Establishment: Don Murray

BUSINESS DESCRIPTION

Predicted Open Date: Approx OCT 18th

Predicted Date the Business will be ready for Inspection: inspected for 2019, call if needed

Brief Description of the Business: Regular Country Bar, with occasional live music

****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

9/26/19
Date

Office Use Only

Date Received by Clerk's Office: _____

Approved

Common Council Date: _____

Denied