License Number: TAV-2471A

"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.): Mikadow LLC

Trade Name: Mikadow Theatre Phone Number: 920-374-4989

Address of Establishment: 1118 WASHINGTON ST. MANITOWOC, WI

Agent or Owner of Establishment: KURT DUZESKI

BUSINESS DESCRIPTION

Predicted Open Date: EXISTING

Predicted Date the Business will be ready for Inspection: _____

Brief Description of the Business: Dinner theatre that serves pizzas - Shows include new release movies, classic films, live stage shows.

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

4/10/2025
Date

Office Use Only

Date Received by Clerk's Office: 04/14/2025

Common Council Date: _____

○ Approved

○ Denied

TAV-2471A

Form **AB-200**

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	CITY OF MANITOWOC
License Period	07/01/24-06/30/25

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer . . . . . $ _____
- ☒ Class "B" Beer . . . . . $ _____
- ☐ "Class A" Liquor . . . . . $ _____
- ☒ "Class B" Liquor . . . . . $ _____
- ☐ "Class A" Liquor (cider only) $ _____
- ☐ Reserve "Class B" Liquor $ _____
- ☐ "Class C" Liquor (wine only) $ _____

Fees	
License Fees	$
Background Check Fee	$ —
Publication Fee	$ 25 - pd 4/14
Total Fees	$

COPY

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship): MIKADOW LLC
2. Business Trade Name or DBA: MIKADOW THEATRE
3. FEIN: 92-0471379
4. Wisconsin Seller's Permit Number: 456-1031159802-04
5. Entity Type *(check one)*: ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization
6. State of Organization: WISCONSIN
7. Date of Organization: 9/25/2022
8. Wisconsin DFI Registration Number: M123328
9. Premises Address: 1118 WASHINGTON ST
10. City: MANITOWOC
11. State: WI
12. Zip Code: 54220
13. County: MANITOWOC
14. Governing Municipality: ☒ City ☐ Town ☐ Village of: MANITOWOC
15. Aldermanic District: 4
16. Premises Phone: 920-374-4989
17. Premises Email: showtime@mikadow.com
18. Website: www.MIKADOW.COM
19. Premises Description - 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.

MOVIE/LIVE DINNER THEATRE

20. Mailing Address (if different from premises address): N/A
21. City: N/A
22. State: N/A
23. Zip Code: N/A

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	Location	Trial Date
Penalty Imposed		**Was sentence completed?** . . . . . ☐ Yes ☐ No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		**Was sentence completed?** . . . . . ☐ Yes ☐ 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 distributor? ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity	4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
Dzeski	Kurt	Owner	9206460066

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	First Name	M.I.
Dzeski	Kurt	T

Title	Email	Phone
Owner	Showtime@mikadow.com	9206460066

Signature	Date
	4/10/2025

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
04/14/2025	TAV-2471A		

Signature of Clerk/Deputy Clerk	Date Provisional License Issued (if applicable)

SUPPLEMENT TO LICENSING APPLICATION

COPY

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

   ☒ 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.

KURT DUZESKI, MIRADOW THEATRE
Print Name of Corporation/Partnership/Individual

1118 WASHINGTON 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

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.

Signature

4/10/2025
Date

Form
AB-101

Alcohol Beverage Appointment of Agent

Date 4/10/2025

COPY

Agent Type *(check one)*

☒ Original (no fee) ☐ Successor ($10 fee for municipal licensees only)

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)
Mikadow LLC

2. Business Trade Name or DBA
Mikadow theatre

3. Entity Type *(check one)*
☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

4. Alcohol Beverage Business Authorization *(check one)*
☒ Municipal Retail License ☐ 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.

Part B: Agent Information

1. Last Name	2. First Name	3. M.I.
Duzeski	Kurt	T

4. Email	5. Phone
showtime@mikadow.com	920-646-0066

6. Home Address
1802 Michigan Ave

7. City	8. State	9. Zip Code	10. Date of Birth
Manitowoc	WI	54220	12/24/1978

11. Drivers License/State ID Number	12. Drivers License/State ID State of Issuance
D220-5187-8464-02	WI

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion. ☒ Yes ☐ No

2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire* (licensee) or Form AB-300, *Alcohol Beverage Personal Questionnaire* (permittee)? ☒ Yes ☐ No

3. Have you been a Wisconsin resident for at least 90 continuous days? See instructions for exceptions. ☒ Yes ☐ 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	First Name	M.I.
Drzeski	KURT	T

Title	Email	Phone
owner	shawtime@mikadaw.com	9206460066

Signature	Date
	4/10/2025

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	First Name	M.I.
Drzeski	KURT	T

Signature	Date
	4/10/2025

Form
AB-100

Alcohol Beverage Individual Questionnaire

Date 4/10/2025

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 or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)
MIKADOW LLC

2. Business Trade Name or DBA
MIKADOW THEATRE

3. Entity Type *(check one)*
☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

Part B: Individual Information

1. Last Name	2. First Name	3. M.I.
DUZESKI	KURT	T

4. Relationship to Business (Title)	5. Email	6. Phone
Owner	showtime@Mikadow.com	920-646-0066

7. Home Address
1802 Michigan Ave

8. City	9. State	10. Zip Code	11. Date of Birth
MANITOWOC	WI	54220	12-24-1978

12. Drivers License/State ID Number	13. Drivers License/State ID State of Issuance
D220-5187-8464-02	WI

Part C: Address History

1. Do you currently live in Wisconsin? ☒ Yes ☐ No

If yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY) 06/2000

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
Previous Address 2	City	State	Zip Code
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	County	State	County	State	County	State	County
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?..... ☐ Yes ☐ No

Law/Ordinance Violated	Location	Conviction Date

Penalty Imposed	Was sentence completed?..... ☐ Yes ☐ No

Law/Ordinance Violated	Location	Conviction Date

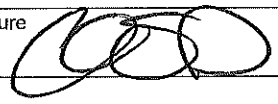
Penalty Imposed	Was sentence completed?..... ☐ Yes ☐ No

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
	4/10/2025