

19-0835

Original Alcohol Beverage Retail License Application

Submit to municipal clerk.

For the license period beginning _____ 20____; ending _____ 20____;

TO THE GOVERNING BODY of the: Town of } Manitowoc
 Village of }
 City of }

County of Manitowoc Aldermanic Dist. No. 3 (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): Dead by Dawn Productions

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.

Title	Name (Last, First, M.I.)	Home Address	Post Office & Zip Code
President/Member	<u>president Dabek Dawn M</u>	<u>719 A Frankln St</u>	<u>54220</u>
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent			
Directors/Managers			

- 3. Trade Name Dead by Dawn Productions Business Phone Number 920 683-3268
- 4. Address of Premises 719 A Frankln St / 901-903 S. 8th Post Office & Zip Code Manitowoc 54220

- 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? Yes No
- 6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? Yes No
- 7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? Yes No
- 8. (a) Corporate/limited liability company applicants only: Insert state WI and date 7/9/19 of registration.
(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? 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

(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.) Commercial Building, living quarters + basement floors
- 10. Legal description (omit if street address is given above): _____
- 11. (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? _____
- 12. 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
- 13. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]. Yes No
- 14. 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.

Dawn Dabek
(Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Dabeck		Dawn		Marie	
Home Address (street/route)		Post Office	City	State	Zip Code
719 A Franklin St		Manitowoc	Manitowoc	WI	54220
Home Phone Number		Age	Date of Birth	Place of Birth	
(920) 683-3268		53	8/12/65	Milwaukee	

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.
- Dawn Dabeck of Dead by Dawn Productions 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? 53 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. Windigo Society SOLE3 temp for Windigo Fest
(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 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
Dawn Dabeck (self)	719 A Franklin St.	1989	Present
Merle Norman	NA	1987	1989

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.

Dawn Dabeck
(Signature of Named Individual)

"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.): Dawn Dabeck

Trade Name: Dead by Dawn Phone Number: 920 683-3268

Dead & Breakfast

Address of Establishment: 901/903 S. 8th 719 A Franklin St

Agent or Owner of Establishment: Dawn Dabeck

BUSINESS DESCRIPTION

Predicted Open Date: immediately

Predicted Date the Business will be ready for Inspection: immediately

Brief Description of the Business: Bed & Breakfast 3 rooms

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

Any additional information you wish to include: would like to serve guests drinks during stay with us as well as small parties.

SIGNATURE OF AGENT OR REPRESENTATIVE

Dawn Dabeck
Signature of Agent or Owner of Establishment

7/8/19
Date

Office Use Only

Date Received by Clerk's Office: 7/9/2019

Common Council Date: _____

Approved

Denied