

TAV-2471

Form  
AB-200

# Alcohol Beverage License Application

For Municipal Use Only	
Municipality	CITY OF MANITOWOC
License Period	-06/30/2025

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

- ☐ Class "A" Beer ..... \$ \_\_\_\_\_
 ☒ Class "B" Beer ..... \$ 100  
☐ "Class A" Liquor ..... \$ \_\_\_\_\_
 ☒ "Class B" Liquor ..... \$ 500  
☐ "Class A" Liquor (cider only) \$ \_\_\_\_\_
 ☐ Reserve "Class B" Liquor \$ \_\_\_\_\_  
☐ "Class C" Liquor (wine only) \$ \_\_\_\_\_

Fees	
License Fees	\$
Background Check Fee	\$
Publication Fee	\$ <u>25.00</u> per 1/32
<b>Total Fees</b>	\$

## Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) <u>Brittinn LLC</u>		
2. Business Trade Name or DBA		
3. FEIN <u>82-433-9187</u>	4. Wisconsin Seller's Permit Number <u>4561031844364-02</u>	
5. 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		
6. State of Organization <u>Wisconsin</u>	7. Date of Organization <u>2-14-2018</u>	8. Wisconsin DFI Registration Number <u>B089553</u>
9. Premises Address <u>905 Washington street</u>		
10. City <u>Manitowoc</u>	11. State <u>WI</u>	12. Zip Code <u>54220</u>
13. County <u>Manitowoc</u>	14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <u>Manitowoc</u>	
15. Aldermanic District		
16. Premises Phone <u>920-901-0849</u>	17. Premises Email <u>Brittinnperkins@yahoo</u>	18. Website
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. <u>All products containing Alcohol for sale will be kept and stored behind the counter</u>		
20. Mailing Address (if different from premises address) <u>721 N 7th Street</u>		
21. City <u>Manitowoc</u>	22. State <u>WI</u>	23. Zip Code <u>54220</u>

## 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? . . . . <input 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 or 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
Perkins	Brittiam	Owner	920 901 0849

### 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.
Perkins	Brittiam	M
Title	Email	Phone
Owner	Brittiamperkins@yahoo.com	920 901 0849
Signature	Date	
	11-21-2024	

### Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
11-22-2024	TAV-2471		
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Alcohol Beverage  
Appointment of AgentDate  
11-22-24

## 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)

Brittann LLC

2. Business Trade Name or DBA

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

Perkins

2. First Name

Brittann

3. M.I.

M

4. Email

Brittannperkins@yahoo.com

5. Phone

920 901 0849

6. Home Address

721 N 7th Street

7. City

Monroe

8. State

WI

9. Zip Code

54220

10. Age

37

11. Drivers License/State ID Number

P625-0738-6952-09

12. Drivers License/State ID State of Issuance

Wisconsin

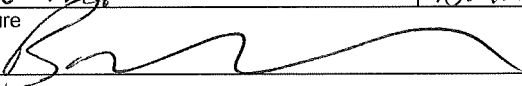
## Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? ..... ☐ Yes ☐ No  
Submit proof of completion.2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire? ..... ☒ Yes ☐ No  
Submit a completed Form AB-100 with this form.3. Have you been a Wisconsin resident for at least 90 continuous days? ..... ☒ Yes ☐ No  
See instructions for exceptions.

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 <i>Perkins</i>		First Name <i>Brittann</i>		M.I. <i>M</i>
Title <i>owner</i>	Email <i>Brittannperkins@phone.com</i>		Phone <i>920 901-0849</i>	
Signature 			Date <i>11-21-2024</i>	

**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 <i>Perkins</i>		First Name <i>Brittann</i>		M.I. <i>M</i>
Signature 			Date <i>11-21-2024</i>	



License Number: TAV-2471

## "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.): Brittiam LLC

Trade Name: \_\_\_\_\_ Phone Number: 920.906.0849

Address of Establishment: 905 Washington Street

Agent or Owner of Establishment: Brittiam Perkins

### **BUSINESS DESCRIPTION**

Predicted Open Date: 01-31-2025

Predicted Date the Business will be ready for Inspection: 12-16-2024

Brief Description of the Business: We will serve beer wine and mixed cocktails in a cozy atmosphere with light foods including appetizers small dinners and finger foods

**\*\*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

11-21-2024  
Date

### **Office Use Only**

Date Received by Clerk's Office: 11-22-2024

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

☒ Approved

☐ Denied

RECEIVED

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . . ☐ Yes ☒ No  
beverages.

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.

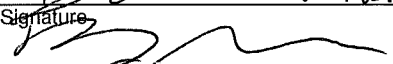
Last Name	First Name	Title	Phone
Perkins	Brithann	owner	920 901 0849

**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 Perkins	First Name Brithann	M.I. M
Title owner	Email brithannperkins@yahoo.com	Phone 920 901 0849
Signature 		Date 1/17/25

**Part E: For Clerk Use Only**

Date Application Was Filed With Clerk 1/22/2024	License Number TN 2471	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (If applicable)	

Alcohol Beverage  
Individual QuestionnaireDate  
11-22-24

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 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)

Brittann LLC

2. Business Trade Name or DBA

3. Entity Type (check one)

☐ Sole Proprietor☐ Partnership☒ Limited Liability Company☐ Corporation☐ Nonprofit Organization

## Part B: Individual Information

1. Last Name

Perkins

2. First Name

Brittann

3. M.I.

M

4. Relationship to Business (Title)

owner

5. Email

Brittannperkins@yahoo.com

6. Phone

920-901-0849

7. Home Address

721 N 7th Street

8. City

Manitowoc

9. State

WI

10. Zip Code

54220

11. Date of Birth

12-17-86

12. Drivers License/State ID Number

PL25 0738-CA57-09

13. Drivers License/State ID State of Issuance

WISCONSIN

## Part C: Address History

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

If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application? ....

Years

37

Months

11

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address 1

721 N 7th Street

City

Manitowoc

State

WI

Zip Code

54220

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 <i>Kos of THC</i>	Location <i>manitowoc</i>	Conviction Date
Penalty Imposed		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 <i>11-21-2024</i>
--------------------------------------------------------------------------------------------------	---------------------------

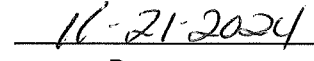


## SIGNATURE AUTHORITY (required)

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.

A handwritten signature in black ink, appearing to be "B. Smith", written over a horizontal line.

Signature

A handwritten date "11-21-2024" in black ink, written over a horizontal line.

Date

## 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. "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.

Brittann LLC  
Print Name of Corporation/Partnership/Individual

905 Washington Street 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

11-21-2024  
Date