

TAV-2453

Form

AB-200

PAID

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 \$ 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	\$ 600-
Background Check Fee	\$ -
Publication Fee	\$ 1500
Total Fees	\$ 615-

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)
Leslie O's LLC

2. Business Trade Name or DBA
Deja Vu

3. FEIN
85-1536140

4. Wisconsin Seller's Permit Number
456-1030352917-02 ✓

5. Entity Type (check one)
 Sole Proprietor Partnership Limited Liability Company Corporation Nonprofit Organization

6. State of Organization
WI

7. Date of Organization
10/2020

8. Wisconsin DFI Registration Number
L 067707

9. Premises Address
214 N 8th 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

16. Premises Phone
920 769-5006

17. Premises Email

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.
One floor building, alcohol stored in kitchen, coolers, behind the bar, and basement.
Alcohol consumed in bar & seating area.

20. Mailing Address (if different from premises address)
1240 Arlington Ave

21. City
Manitowoc

22. State
WI

23. Zip Code
54220

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 . . . 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
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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
Orth	Carrie	Agent	920 242-1106

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 Orth	First Name Carrie	M/A
Title Member	Email Carrie.orth@att.net	Phone 920 242-1106
Signature Carrie A. Orth		Date 05/28/24

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 05/28/24	License Number TAV-2453	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

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.

Leslie O'S LLC

Print Name of Corporation/Partnership/Individual

214 N 8th St.

Manitowoc, WI

Address of Licensed Premises

Carrie A. Oros

Signature of Corporate Agent, Partner or Individual

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

AUTHORITY.

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.

Carrie A. Oros

Signature

5/28/2024

Date

Alcohol Beverage Individual Questionnaire

RECEIVED

Date

MAY 28 2024

All individuals involved in the alcohol beverage business must complete this form, including:

**CITY CLERK'S
OFFICE**

- 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) <i>Leslie O's LLC</i>				
2. Business Trade Name or DBA <i>Deja Vu</i>				
3. 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

Part B: Individual Information				
1. Last Name <i>Orth</i>		2. First Name <i>Carrie</i>		3. M.I. <i>A.</i>
4. Relationship to Business (Title)		5. Email <i>Carrie.orth@att.net</i>		6. Phone <i>920 242-1106</i>
7. Home Address <i>1240 Arlington Ave</i>				
8. City <i>Manitowoc</i>		9. State <i>WI</i>	10. Zip Code <i>54220</i>	11. Date of Birth <i>02/04/1978</i>
12. Drivers License/State ID Number <i>0630-1017-8544-06</i>			13. Drivers License/State ID State of Issuance <i>WI</i>	

Part C: Address History					
1. Do you currently reside in Wisconsin? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?				Years <i>46</i>	Months
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

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? <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	
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 *Carrie A. Dush* Date *8/28/2004*

RECEIVED

Form AB-101

Alcohol Beverage Appointment of Agent

MAY 28 2024

Date 4-10-2024

CITY CLERK'S OFFICE

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) Leslie O's LLC
2. Business Trade Name or DBA Deja Vu
3. Entity Type (check one) [X] Limited Liability Company [] Corporation [] Nonprofit Organization
4. Alcohol Beverage Business Authorization (check one) [X] 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 Orth 2. First Name Carrie 3. M.I. A
4. Email Carrie.Orth@att.net 5. Phone 920 242-1106
6. Home Address 1240 Arlington Ave
7. City Manitowoc 8. State WI 9. Zip Code 54220 10. Age 46
11. Drivers License/State ID Number 0630-1017-8344-00 12. Drivers License/State ID State of Issuance WI

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? [X] Yes [] No
2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire? [X] Yes [] No
3. Have you been a Wisconsin resident for at least 90 continuous days? [X] 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 Orth		First Name Carrie		M.I. A.
Title		Email Carrie.orth@att.net	Phone 920 242-1106	
Signature Carrie A. Orth			Date 5/28/2024	

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 Orth		First Name Carrie		M.I. A.
Signature Carrie A. Orth			Date 5/28/2024	