



License Number: TAV-2470

"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.): Hop Locker LLC

Trade Name: Hop Locker Phone Number: 920-973-1999

Address of Establishment: 822 Franklin St

Agent or Owner of Establishment: Tim Petersen

BUSINESS DESCRIPTION

Predicted Open Date: 8-1-24

Predicted Date the Business will be ready for Inspection: 7-16-24

Brief Description of the Business: Unique Venue To Sample Craft Beer
Bourbon + Wine. Also Available To purchase.

****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

6-26-24
Date

Office Use Only

Date Received by Clerk's Office: 06/26/24

Approved

Common Council Date: 07/15/24

Denied

TAV-2470

PTAV-2470

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 \$ 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	\$ <u>600</u>
Background Check Fee	\$ _____
Publication Fee ^{pd 15}	\$ <u>15</u> _{pd 6/24}
Total Fees	\$ <u>615</u>

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)		
<u>HOP Locker LLC</u>		
2. Business Trade Name or DBA		
<u>HOP Locker</u>		
3. FEIN	4. Wisconsin Seller's Permit Number	
<u>99-0848633</u>	<u>456-1031558923-04</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	7. Date of Organization	8. Wisconsin DFI Registration Number
<u>WI</u>	<u>1-25-24</u>	<u>HD75104</u>
9. Premises Address		
<u>822 Franklin St</u>		
10. City	11. State	12. Zip Code
<u>Manitowoc</u>	<u>WI</u>	<u>54220</u>
13. County	14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village	15. Aldermanic District
<u>Manitowoc</u>	of: <u>MANITOWOC</u>	
16. Premises Phone	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.		
<u>822 is a Historic Building in downtown Manitowoc. we will be serving Beer, wine, + liquor in the Building, Deck + parking lot</u>		
20. Mailing Address (if different from premises address)		
<u>2125 Clark Rd Q</u>		
21. City	22. State	23. Zip Code
<u>Manitowoc WI</u>	<u>WI</u>	<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 . . . 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.

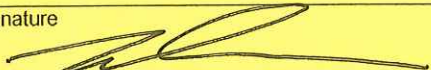
Last Name	First Name	Title	Phone
Petersen	Timothy		920-973-1999

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 Petersen	First Name Timothy	M.I. D
Title	Email Tim @ Maribonpa.com	Phone 920-973-1999
Signature 	Date 6-10-24	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 6/10/24	License Number TAV-2470	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable) PTAV-2470	

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.

Hop Locker

Print Name of Corporation/Partnership/Individual

822 Franklin 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

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.



Signature

6-10-24

Date

Alcohol Beverage Individual Questionnaire

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) <i>Hop Locker</i>	
2. Business Trade Name or DBA <i>Hop Locker</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>Petersen</i>		2. First Name <i>Tim</i>		3. M.I. <i>D</i>
4. Relationship to Business (Title) <i>owner</i>		5. Email <i>Tim@Meritline.pu.com</i>		6. Phone <i>920-973-1999</i>
7. Home Address <i>2125 County Rd Q</i>				
8. City <i>Manitowoc</i>		9. State <i>WZ</i>	10. Zip Code <i>54220</i>	11. Date of Birth <i>5-26-70</i>
12. Drivers License/State ID Number <i>P 362-8047-0186-01</i>			13. Drivers License/State ID State of Issuance <i>WZ</i>	

Part C: Address History							
1. Do you currently reside in Wisconsin? <input 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?			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Years</td> <td style="width: 50%;">Months</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Years	Months		
Years	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				
<i>WZ</i>	<i>Manitowoc</i>	<i>WZ</i>	<i>Manitowoc</i>				
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 	Date 6-10-24
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Alcohol Beverage Appointment of Agent

Agent Type (check one)	
<input checked="" type="checkbox"/> Original (no fee)	<input type="checkbox"/> Successor (\$10 fee for municipal licensees only)

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor) <u>HOP Locker</u>	
2. Business Trade Name or DBA <u>HOP Locker</u>	
3. Entity Type (check one) <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	
4. Alcohol Beverage Business Authorization (check one) <input checked="" type="checkbox"/> Municipal Retail License <input type="checkbox"/> 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 <u>Petersen</u>	2. First Name <u>TIM</u>	3. M.I. <u>D</u>	
4. Email <u>Tim @ Maribone pm. Com</u>		5. Phone <u>720-973-1999</u>	
6. Home Address <u>2125 County Rd Q</u>			
7. City <u>Manitowish WI</u>	8. State <u>WI</u>	9. Zip Code <u>54220</u>	10. Age <u>54</u>
11. Drivers License/State ID Number <u>D 362-8047-0186-01</u>		12. Drivers License/State ID State of Issuance <u>WI</u>	

Part C: Agent Questions	
1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you completed Form AB-100, <i>Alcohol Beverage Individual Questionnaire</i> ? Submit a completed Form AB-100 with this form.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you been a Wisconsin resident for at least 90 continuous days? See instructions for exceptions.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 <i>Petersen</i>		First Name <i>Tim</i>	M.I. <i>D</i>
Title <i>owner</i>	Email <i>Tim@MaritimePM.com</i>		Phone <i>920-973-1999</i>
Signature 			Date <i>6-10-24</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>Petersen</i>		First Name <i>Tim</i>	M.I. <i>D</i>
Signature 			Date <i>6-10-24</i>