



License Number: TAV-2348A

## "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.): TRIBBS LLC

Trade Name: Grizzlys Phone Number: (920) 629-1384

Address of Establishment: 2204 Washington St. Manitowoc WI 54220

Agent or Owner of Establishment: Daryl Jeske

### BUSINESS DESCRIPTION

Predicted Open Date: Sept. 30<sup>th</sup> 2023

Predicted Date the Business will be ready for Inspection: Sept 1<sup>st</sup> 2023

Brief Description of the Business: Resturant / Full Bar and Dining

\*\*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

8-16-23  
Date

#### Office Use Only

Date Received by Clerk's Office: 08/17/23

Approved

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

Denied

**COPY**

TAV-2348A

Form AT-106

Original Alcohol Beverage License Application

FOR CLERKS ONLY	
Municipality	
License Period	

License(s) Requested

- Class "A" Beer ..... \$ \_\_\_\_\_
- "Class A" Liquor ..... \$ \_\_\_\_\_
- Class "B" Beer ..... \$ 75.00
- "Class B" Liquor ..... \$ 375.00
- "Class C" Wine ..... \$ \_\_\_\_\_
- "Class A" Liquor (Cider Only) \$ \_\_\_\_\_
- Reserve "Class B" Liquor \$ \_\_\_\_\_
- "Class B" (Wine Only) Winery \$ \_\_\_\_\_

License Fees	\$ <u>450.00</u>
Publication Fee	\$ <u>25.00</u>
Background Check	\$ _____
<b>Total Fees</b>	<b>\$ <u>475.00</u></b>

Pd \$ 25.00 8/17/23

Part A: Premises/Business Information

1. Legal Business Name (registered entity name or individual's name if sole proprietorship)

TRIBBS LLC.

2. Trade Name or DBA

Grizzly's

3. Premises Address

2204 Washington Street Manitowoc WI 54241

4. County

Manitowoc

5. Municipality

City of Manitowoc

6. Aldermanic District

7. Mailing Address (if different from premises address)

3312 Lincoln Ave. Two Rivers WI 54241

8. FEIN

45-5310105

9. Wisconsin Seller's Permit Number

456-1027803 708.02

10. Premises Phone

(920)629-1384

11. Premises Email

daryl.jeske@yahoo.com

12. Entity Type (check one)

- Sole Proprietor
- Partnership
- Limited Liability Company
- Corporation
- Nonprofit Organization

13. Premises Description - Describe the building or buildings where alcohol beverages are to be sold and stored. Describe 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 in this application. Attach additional sheets if necessary.

Bar, Dining Areas, Patio Dining (Smoking lounge) (detached Building.) Basement.

Part B: Questions

- 1. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit a copy of Responsible Beverage Server Training Course Certificate.....  Yes  No
- 2. Does the applicant business or its partners, officers, directors, managing members, or agent hold a direct or indirect interest in any alcohol beverage wholesaler or producer (e.g., brewer, brewpub, winery, distillery)?.....  Yes  No  
If yes, please explain using the space below. Attach additional sheets if necessary.



**Part C: For Corporate/LLC Applicants Only**

1. State of Registration <i>Wisconsin</i>		2. Date of Registration <i>5/17/2012</i>	
3. Is the applicant business owned by another corporation or LLC? If yes, please provide the name and FEIN of the parent company below, include parent company members in Part D, and attach Form AT-103 for all of the parent company's principal members, managers, officers, or directors ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Name of Parent Company		FEIN of Parent Company	
4. Does the parent company or any of its officers, directors, managing members, or agent hold any direct or indirect interest in any other alcohol beverage wholesaler or producer (e.g., brewer, brewpub, winery, distillery)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain using the space below. Attach additional sheets if necessary.			
5. Agent's Last Name <i>JESKE</i>		Agent's First Name <i>DARYL</i>	Phone <i>(920)629-1384</i>

**Part D: Individual Information**

A Supplemental Questionnaire, Form AT-103, must be completed and attached to this application for each person involved in the applicant business and any parent company as indicated in Part C. Persons in the applicant business include: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all managing members and agent of a limited liability company.

List the full name, title, and phone number for each person below. Attach additional sheets if necessary.

Last Name	First Name	Title	Phone

**Part E: Attestation**

Who must sign this application?  
 sole proprietor     one general partner of a partnership     one corporate officer     one managing 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.

Signature <i>[Handwritten Signature]</i>		Date <i>8-16-23</i>	
Name (Last, First, M.I.) <i>Jeske Daryl A.</i>			
Title <i>President</i>	Email <i>daryljeske@yahoo.com</i>	Phone <i>(920)629-1384</i>	

**Part F: For Clerk Use Only**

Date application was filed with clerk <i>08/17/23</i>	Date reported to governing body	Date provisional license issued (if applicable)
Date license granted	License number	Date license issued
Signature of Clerk/Deputy Clerk		

**COPY**

**SUPPLEMENT TO LICENSING APPLICATION**

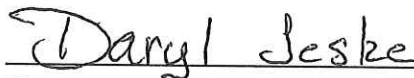
- 1. Do you understand that a license may not be issued to any applicant with indebtedness for fermented malt beverages or intoxicating liquor pursuant to the timelines in Wisconsin law?  Yes  No
- 2. Do you understand that State Statutes do not provide for refunds of unused license fees?  Yes  No
- 3. Were you open for the minimum number of days throughout the licensing year? ("Class B" only)\*  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.



\_\_\_\_\_  
Print Name of Corporation/Partnership/Individual

2204 Washington St. Manitowoc, WI  
Address of Licensed Premises

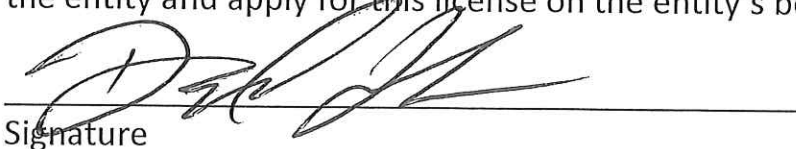


\_\_\_\_\_  
Signature of Corporate Agent, Partner or Individual

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

**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

8-17-23  
Date

**COPY**

# Schedule for Appointment of Agent by Corporation / Nonprofit Organization or Limited Liability Company

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by an officer of the corporation/organization or one member/manager of a limited liability company and the recommendation made by the proper local official.

To the governing body of:  Town  Village  City of Manitowoc County of Manitowoc

The undersigned duly authorized officer/member/manager of TRIBBS LLC  
(Registered Name of Corporation / Organization or Limited Liability Company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as Casa Di Amici (Formerly) Grizzlys (To be Known)  
(Trade Name)

located at 2204 Washington Street Manitowoc WI 54220

appoints Daryl Allen Jeske  
(Name of Appointed Agent)

1020 County Rd VV Two Rivers WI 54241  
(Home Address of Appointed Agent)

to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?

Yes  No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).  
TRIBBS LLC / Grizzlys Rub & Grill City of Two Rivers

Is applicant agent subject to completion of the responsible beverage server training course?  Yes  No

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 4/4 yrs

Place of residence last year 1020 County Rd. VV Two Rivers WI 54241

For: TRIBBS LLC.  
(Name of Corporation / Organization / Limited Liability Company)

By: *Daryl Jeske*  
(Signature of Officer / Member / Manager)

Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

### ACCEPTANCE BY AGENT

I, Daryl Jeske  
(Print / Type Agent's Name), hereby accept this appointment as agent for the

corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

*Daryl Jeske* 8-16-23 Agent's age 44  
(Signature of Agent) (Date)  
1020 County Rd. Two Rivers WI 54241 Date of birth 6/11/1979  
(Home Address of Agent)

### APPROVAL OF AGENT BY MUNICIPAL AUTHORITY (Clerk cannot sign on behalf of Municipal Official)

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on \_\_\_\_\_ by \_\_\_\_\_ Title \_\_\_\_\_  
(Date) (Signature of Proper Local Official) (Town Chair, Village President, Police Chief)



## Alcohol Beverage License Application Supplemental Questionnaire

Date  
08/17/23

This form must be submitted to the municipal clerk, and be accompanied by one or more of the following forms: AT-104, AT-106, AT-108, AT-115, or AT-200. One Form AT-103 must be completed by each person involved in the applicant business or parent company including:

- sole proprietor
- all officers, directors, and agent of a corporation or nonprofit organization
- all partners of a partnership
- managing members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Supplemental Questionnaires are submitted.

<b>Part A: Premises/Business Information</b>				
1. Registered Entity Name (or individual name if sole proprietor) <span style="font-size: 1.2em;">TRIBBS LLC</span>				
2. Trade Name or DBA <span style="font-size: 1.2em;">Grizzli's</span>				
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

<b>Part B: Individual Information</b>				
1. Name (Last, First, M.I.) <span style="font-size: 1.2em;">Jeske Daryl A.</span>				
2. Relationship to Registered Entity (Title)		3. Email		4. Phone (920)
		<span style="font-size: 1.2em;">daryljeske@yahoo.com</span>		<span style="font-size: 1.2em;">629-1384</span>
5. Home Address <span style="font-size: 1.2em;">1020 County Rd VV</span>				
6. City		7. State	8. Zip Code	9. Date of Birth
<span style="font-size: 1.2em;">Two Rivers</span>		<span style="font-size: 1.2em;">WI</span>	<span style="font-size: 1.2em;">54241</span>	<span style="font-size: 1.2em;">06/11/1979</span>
10. Drivers License/State ID Number			11. Drivers License/State ID State of Issuance	
<span style="font-size: 1.2em;">J-200-1617-9211-05 Wisconsin</span>			<span style="font-size: 1.2em;">J-200-1617-9211-05</span>	

<b>Part C: Address History</b>	
List in chronological order your last two residence addresses within the last 5 years.	
Previous Address 1	
<span style="font-size: 1.2em;">1020 County Rd VV</span>	
Previous City, State, Zip	Dates (MM/YYYY - MM/YYYY)
<span style="font-size: 1.2em;">Two Rivers WI 54241</span>	<span style="font-size: 1.2em;">July 2009 to present</span>
Previous Address 2	
Previous City, State, Zip	Dates (MM/YYYY - MM/YYYY)

<b>Part D: Employment History</b>	
List in chronological order your last two employers within the last 5 years.	
Employer's Name	
<span style="font-size: 1.2em;">Grizzli's Pub &amp; Grill</span>	
Employer's Address	Dates Employed (MM/YYYY - MM/YYYY)
<span style="font-size: 1.2em;">3312 Lincoln Ave Two Rivers WI 54241</span>	<span style="font-size: 1.2em;">Open May 2018 to present</span>
Employer's Name	
<span style="font-size: 1.2em;">Self employed</span>	
Employer's Address	Dates Employed (MM/YYYY - MM/YYYY)
<span style="font-size: 1.2em;">1020 County Rd VV / 3312 Lincoln Ave Two Rivers WI 54241</span>	<span style="font-size: 1.2em;"> </span>

**Part E: Criminal History**

1. Have you ever been convicted of any offenses (other than traffic offenses unrelated 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	Trial Date
------------------------	------------

Penalty Imposed	Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
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Law/Ordinance Violated	Trial Date
------------------------	------------

Penalty Imposed	Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
-----------------	--

2. Are charges for any offenses currently pending against you (other than traffic offenses unrelated 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 F: Questions**

1. Have you lived in any state other than Wisconsin as an adult? If yes, please list them in the space below. If no, continue to question 2. . . . .  Yes  No

2. How long have you continuously lived in Wisconsin prior to the date of application?	Years <b>44</b>	Months <b>2</b>
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3. Do you hold a direct or indirect interest in any alcohol beverage wholesaler or producer (e.g. brewer, brewpub, winery, distillery)? If yes, please explain using the space below. Attach additional sheets as needed.  Yes  No

**Part G: Attestation**

**READ CAREFULLY BEFORE SIGNING:** 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 <b>8-16-23</b>
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**TWO RIVERS**  
WISCONSIN

# CITY OF TWO RIVERS

## Retailers' License

WHEREAS, the local governing body of the CITY OF TWO RIVERS, County of Manitowoc, Wisconsin, has upon application duly made, pursuant to Sections 125.26 and 125.51 of the Statutes of the State of Wisconsin, and Local Ordinances, granted and authorized the issuance of the below listed license to:

**TRIBBS LLC**  
**DARYL JESKE, AGENT**

AND WHEREAS, Pursuant to Sections 125.26 and 125.51 of the Wisconsin Statutes and local ordinances, the said applicant has paid to the treasurer all fees and has complied with all requirements necessary for obtaining the following license:

**LIQUOR LICENSE:**

License # TAV-2318 "CLASS B"/CLASS "B" for the sale of Fermented Malt Beverages and Intoxicating Liquors **Cost \$375**

**LICENSE IS HEREBY ISSUED** to said applicant to sell, deal and traffic at retail, Fermented Malt Beverages and Intoxicating Liquors at the following described premises: **BAR, BASEMENT, GARAGE at 3312 LINCOLN AVE**

**FOR THE PERIOD from: 7/1/2023 to 6/30/2024**

Given under my hand and the corporate seal of the City of Two Rivers this 22<sup>nd</sup> day of JUNE, 2023.

*Maria D. [Signature]*  
CLERK (SEAL)

This License must be **FRAMED** and **POSTED** in a conspicuous place in the room or place where Fermented Malt Beverages and Intoxicating Liquors are sold or served.