License Number: TAV-2641A

# "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.): Green Street F & S

Trade Name: _____ Phone Number: 920-684-9957

Address of Establishment: 1801 S 10th Street

Agent or Owner of Establishment: Jarek Ordiway

## BUSINESS DESCRIPTION

Predicted Open Date: 8/31/26

Predicted Date the Business will be ready for Inspection: ~~8/26~~ 9/1/26

Brief Description of the Business: bar/restaurant

**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 of Agent or Owner of Establishment

Date: 7/1/26

**Office Use Only**

Date Received by Clerk's Office: 07/01/2026

Common Council Date: _____

○ Approved

○ Denied

TAV-2641A

Save | Print | Clear

Form **AB-200**

# Alcohol Beverage License Application

**For Municipal Use Only**
Municipality: CITY OF MANITOWOC
License Period: - 06/30/27

**Application Type** *(check one)*

☒ Initial (New) ☐ Renewal

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

- ☐ Class "A" Beer . . . . . $ _____
- ☐ Class "B" Beer . . . . . $ _____
- ☐ "Class A" Liquor . . . . . $ _____
- ☑ Regular "Class B" Liquor $ 100-
- ☐ "Class A" Liquor (cider only) $ _____
- ☐ Reserve "Class B" Liquor $ _____
- ☐ "Class C" Liquor (wine only) $ _____
- ☐ Above-Quota "Class B" Liquor . . . . . $ _____

| Fees | |
|---|---|
| License Fee(s) | $ |
| Background Check Fee | $ — |
| Publication Fee | $ 25- |
| **Total Fees** | $ |

## Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)
Green Street F&S LLC

2. Business Trade Name or DBA

3. FEIN [redacted]

4. Wisconsin Seller's Permit Number
456-1032572310-02

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

6. If the applicant business is an LLC, are the controlling members other LLCs or corporations? . . . . . ☐ Yes ☑ No
If yes, the members, managers, officers and directors of those business entities must be listed in Part C and provide a Form AB-100.

7. State of Organization
WI

8. Date of Organization
3/9/2026

9. Wisconsin DFI Registration Number
G077404

10. Premises Address
1801 South 10th Street

11. City
Manitowoc

12. State
WI

13. Zip Code
54220

14. County
Manitowoc

15. Governing Municipality: ☑ City ☐ Town ☐ Village
of: Manitowoc

16. Aldermanic District

17. Premises Phone
920-684-9957

18. Premises Email
greenstfs@gmail.com

19. Website

20. Premises Description
**Initial (New Applicants Only):** 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.
**Renewal Applicants Only:** I am renewing a license and by checking the box following this statement, I affirm that I have reviewed the last issued license certificate and the premises description remains the same. ☐

premises contains bar area with 3 party bars and mens bathroom, dining room with 11 tables and bathroom, kitchen with back room prep area, walk in cooler, walk in freezer

21. Mailing Address (if different from premises address)

22. City
Manitowoc

23. State
WI

24. 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? . . . . . ☐ Yes ☐ No | |
| Law/Ordinance Violated | Location | Trial Date |
| Penalty Imposed | Was sentence completed? . . . . . ☐ Yes ☐ No | |

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol 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 wholesaler? . . ☐ Yes ☑ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. . . . . ☑ Yes ☐ No
5. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? . . . . . ☐ Yes ☑ No
6. Does the applicant business owe past due municipal property taxes, assessments, or other fees? . . . . . ☐ Yes ☑ No

## Part C: Individual Information

Check each box to attest that you have provided the appropriate supplementary information to complete your application. See the instructions for Part C of this application, beginning on page 2, to complete this section.

☑ I have accurately listed and provided contact and personal information for all required persons involved in the applicant business and any business identified in Part A, Question 6 using Form AB-200AA.

☑ I have provided an accurate Form AB-100 for each person listed in Form AB-200AA.

☑ *(For corporations, limited liability companies, and nonprofit organizations only)* I have provided an accurate Form AB-101 to appoint an agent on behalf of my business.

☑ I understand that my application is not complete until this supplementary paperwork is received by the municipal clerk where I am applying for an alcohol beverage license.

## 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. |
|---|---|---|
| ~~Ordiwaty~~ ORDIWAY | Jarek | T |

| Title | Email | Phone |
|---|---|---|
| owner | [redacted] | [redacted] |

| Signature | Date |
|---|---|
| Jarek T Ordiway | 7/1/26 |

## Part E: For Clerk Use Only

| Date Application Was Filed With Clerk | License Number | Date License Granted | Date License Issued |
|---|---|---|---|
| 07/01/2026 | TAV-2641A | | |

| Signature of Clerk/Deputy Clerk | Date Provisional License Issued (if applicable) |
|---|---|
| | |

Form
**AB-200AA**

# Alcohol Beverage License Application

*Appendix A - List of Persons Involved in the Applicant Business*

**Application Type** *(check one)*
☒ Initial (New) ☐ Renewal
License Period – 06/30/27

## Instructions

This form is required supplemental material to Form AB-200, Alcohol Beverage License Application, for new and renewal applications.

The persons holding the following titles in the applicant business and any businesses referenced in Part A, Question 6, must provide contact and personal information to determine fitness to hold an alcohol beverage license under state law:

- Sole proprietor
- All partners of a partnership
- All officers, directors, and agent of a corporation or nonprofit organization
- All members or managers, and agent of a limited liability company

Contact and personal information for persons named above must be listed in the table below and submitted with this application. Attach additional sheets if necessary.

Each person holding a title named above must submit the most accurate Form AB-100 with this application.

Corporations, nonprofit organizations, and limited liability companies must submit the most accurate Form AB-101 with this application.

## *Status Definitions

**New:** All entries on a new application or any person added to a renewal application for the first time.

**Remove:** This person no longer has a relationship to the applicant business.

**Update:** There are changes to this person's personal or contact information, or their relationship to the applicant business.

**No Change:** There are no changes to this person's personal or contact information, or their relationship to the applicant business.

1. Legal Business Name (individual name if sole proprietorship)
Green Street F&S LLC

2. Business Trade Name or DBA

3. FEIN 41-4742266

## Listing of Persons Involved in Applicant Business

| First Name and Middle Initial | Last Name | Title/Relationship to Applicant Business | Phone Number | Email | Status* |
|---|---|---|---|---|---|
| Erica R | Ordiway | owner | 920-901-4713 | eordiway10@gmail.com | New |
| Jarek T | Ordiway | owner | 920-242-7103 | jtordiway1510@outlook.com | New |
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## 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.

GREEN STREET F&S LLC
Print Name of Corporation/Partnership/Individual

1801 S. 10TH STREET Manitowoc, WI
Address of Licensed Premises

Jack T Ossing
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.

Jack T Ossing
Signature

7/1/26
Date

Save | Print | Clear

Form **AB-101**

# Alcohol Beverage Appointment of Agent

Date 7/1/27

**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)
Green Street F&S 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 | 2. First Name | 3. M.I. |
|---|---|---|
| Ordiway | Jarek | T |

| 4. Email | 5. Phone |
|---|---|
| greenstfs@gmail.com | [redacted] |

6. Home Address
4101 Viebahn Street

| 7. City | 8. State | 9. Zip Code | 10. Date of Birth |
|---|---|---|---|
| Manitowoc | WI | 54220 | [redacted] |

| 11. Driver's License/State ID Number | 12. Driver's License/State ID State of Issuance |
|---|---|
| [redacted] | WI |

**Part C: Agent Questions**

1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion. ☑ Yes ☐ No

2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire* (licensee) or Form AB-300, *Alcohol Beverage Personal Questionnaire* (permittee)? ☑ Yes ☐ No

3. Have you been a Wisconsin resident for at least 90 continuous days? See instructions for exceptions. ☑ Yes ☐ No

*Continued* →

**2 YEAR OPERATOR'S LICENSE- City of Manitowoc**

***COPY*** **License No. 250050**

WHEREAS, The City Council has upon application duly made, granted & authorized the issuance of this license to:

**JAREK T ORDIWAY**

**DOB: 5/4/1985**

**AND WHEREAS**, said applicant has paid to the Treasurer the amount due, and has complied with all requirements necessary for obtaining said license. Now Therefore, an Operator License, pursuant to WI Stat. 125 and Manitowoc Municipal Code is hereby issued **for the period from 7/1/2025 to 6/30/2027**

**DATE ISSUED: 7/1/2026 CITY CLERK:**

Save | Print | Clear

Form **AB-100**

# Alcohol Beverage Individual Questionnaire

Date

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 is not complete until all required Individual Questionnaires are submitted.

## Part A: Business Information

1. Legal Business Name (individual name if sole proprietor): Green Street F&S 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 | 2. First Name | 3. M.I. |
|---|---|---|
| Ordiway | Jarek | T |

| 4. Relationship to Business (Title) | 5. Email | 6. Phone |
|---|---|---|
| owner | [redacted] | [redacted] |

7. Home Address: 4101 Viebahn Street

| 8. City | 9. State | 10. Zip Code | 11. Date of Birth |
|---|---|---|---|
| Manitowoc | WI | 54220 | [redacted] |

| 12. Driver's License/State ID Number | 13. Driver's License/State ID State of Issuance |
|---|---|
| [redacted] | WI |

## Part C: Address History

1. Do you currently live in Wisconsin? ☑ Yes ☐ No

If yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY): 07/1991

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 |
|---|---|---|---|---|---|---|---|
| WI | Manitowoc | | | | | | |
| | | | | | | | |

*Continued* →

Save | Print | Clear

Form **AB-100**

# Alcohol Beverage Individual Questionnaire

Date

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 is not complete until all required Individual Questionnaires are submitted.

## Part A: Business Information

1. Legal Business Name (individual name if sole proprietor): Green Street F&S 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 | 2. First Name | 3. M.I. |
|---|---|---|
| Ordiway | Erica | |

| 4. Relationship to Business (Title) | 5. Email | 6. Phone |
|---|---|---|
| owner | [redacted] | 9[redacted]3 |

7. Home Address: 4101 Viebahn Street

| 8. City | 9. State | 10. Zip Code | 11. Date of Birth |
|---|---|---|---|
| Manitowoc | WI | 54220 | [redacted] |

| 12. Driver's License/State ID Number | 13. Driver's License/State ID State of Issuance |
|---|---|
| [redacted] | WI |

## Part C: Address History

1. Do you currently live in Wisconsin? ☑ Yes ☐ No

If yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY): 09/1986

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 |
|---|---|---|---|---|---|---|---|
| WI | Manitowoc | | | | | | |
| State | County | State | County | State | County | State | County |
| | | | | | | | |

*Continued* →

WISCONSIN DEPARTMENT OF REVENUE
PO BOX 8902
MADISON, WI 53708-8902

**Contact Information:**

2135 RIMROCK RD PO BOX 8902
MADISON, WI 53708-8902
ph: 608-266-2776 fax: 608-224-5761
email: DORBusinessTax@wisconsin.gov
website: revenue.wi.gov

000239

Letter ID L1478748080

GREEN STREET F&S LLC
4101 VIEBAHN ST
MANITOWOC WI 54220-9395

# Wisconsin Department of Revenue Seller's Permit

**Legal/real name:** GREEN STREET F&S LLC

**Business name:**

1801 S 10TH ST
MANITOWOC WI 54220-6254

- This certificate confirms you are registered with the Wisconsin Department of Revenue and authorized in the business of selling tangible personal property and taxable services.
- You may not transfer this permit.
- This permit must be displayed at the place of business and is not valid at any other location.
- If your business is not operated from a fixed location, you must carry or display this permit at all events.

| Tax Type | Account Type | Account Number |
|---|---|---|
| Sales & Use Tax | Seller's Permit | 456-1032572310-02 |

Date: 7-1-2026

Honorable Mayor and Common Council of the City of Manitowoc:

I hereby surrender the following license:

___ ***"Class A" Retail Intoxicating Liquor and Fermented Malt Beverage***

X ***"Class B" Retail Intoxicating Liquor and Fermented Malt Beverage***

___ ***Class "A" Fermented Malt Beverage***

___ ***Class "B" Fermented Malt Beverage***

___ ***Class "C" Wine License***

for the premises at 1801 S. 10th St, Manitowoc WI

in favor of Green Street F&S LLC effective

upon approval & issuance of new license.

Very truly yours,

Signature

PAUL J. TANCK

Print Signature