

License Number: TAV-2527B

"CLASS B" INTOXICATING LIQUOR LICENSE PTAV-2527B 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.): Knox Ventures, LLC

Trade Name: Silver Valley Banquet Hall Phone Number: 920.686.2004

Address of Establishment: 1222 South Alverno Road

Agent or Owner of Establishment: Debra S Knox

BUSINESS DESCRIPTION

Predicted Open Date: 4.2.2026

Predicted Date the Business will be ready for Inspection: _____

Brief Description of the Business: Bar / Restaurant / Banquet Venue

****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

Debra S Knox
Signature of Agent or Owner of Establishment

03.30.2026
Date

Office Use Only

Date Received by Clerk's Office: 03/31/2026

Approved

Common Council Date: _____

Denied

Form
AB-200

**Alcohol Beverage License
Application**

| For Municipal Use Only | |
|------------------------|-------------------|
| Municipality | CITY OF MANITOWOC |
| License Period | - 06/30/26 |

Application Type (check one)

Initial (New) Renewal

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

| <input type="checkbox"/> Class "A" Beer \$ _____ | <input checked="" type="checkbox"/> Class "B" Beer \$ <u>100</u> | <table border="1"> <thead> <tr> <th colspan="2">Fees</th> </tr> </thead> <tbody> <tr> <td>License Fee(s)</td> <td>\$ <u>600-</u></td> </tr> <tr> <td>Background Check Fee</td> <td>\$ _____</td> </tr> <tr> <td>Publication Fee</td> <td>\$ <u>25-</u></td> </tr> <tr> <td>Total Fees</td> <td>\$ <u>625</u></td> </tr> </tbody> </table> | Fees | | License Fee(s) | \$ <u>600-</u> | Background Check Fee | \$ _____ | Publication Fee | \$ <u>25-</u> | Total Fees | \$ <u>625</u> |
|---|--|--|------|--|----------------|----------------|----------------------|----------|-----------------|---------------|-------------------|---------------|
| Fees | | | | | | | | | | | | |
| License Fee(s) | \$ <u>600-</u> | | | | | | | | | | | |
| Background Check Fee | \$ _____ | | | | | | | | | | | |
| Publication Fee | \$ <u>25-</u> | | | | | | | | | | | |
| Total Fees | \$ <u>625</u> | | | | | | | | | | | |
| <input type="checkbox"/> "Class A" Liquor \$ _____ | <input checked="" type="checkbox"/> Regular "Class B" Liquor \$ <u>500</u> | | | | | | | | | | | |
| <input type="checkbox"/> "Class A" Liquor (cider only) \$ _____ | <input type="checkbox"/> Reserve "Class B" Liquor \$ _____ | | | | | | | | | | | |
| <input type="checkbox"/> "Class C" Liquor (wine only) \$ _____ | <input type="checkbox"/> Above-Quota "Class B" Liquor \$ _____ | | | | | | | | | | | |

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)
Knox Ventures LLC

2. Business Trade Name or DBA
Silver Valley Banquet Hall

3. FEIN 80-0090033 4. Wisconsin Seller's Permit Number 456-102521081203

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 Wisconsin 8. Date of Organization 11.7.2005 9. Wisconsin DFI Registration Number K032312

10. Premises Address
1222 South Alverno Road

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 920.686.2004 18. Premises Email dknox@silvervalleybanquethall.com 19. Website Silvervalleybanquethall.com

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.
All first level banquet hall, bar room, side room, liquor closet, main entrance north entrance, west and fenced in area

21. Mailing Address (if different from premises address)

22. City _____ 23. State _____ 24. Zip Code _____

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 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 Knox | | First Name Debra | | M.I. S |
| Title Agent | | Email dknox@silvervalleybanguethall.com | | Phone  |
| Signature Debra S Knox | | | Date 3.31.26 | |

Part E: For Clerk Use Only

| | | | |
|--|--|---|---------------------|
| Date Application Was Filed With Clerk 03/31/26 | License Number PTAV-2527B / TAV-2527 | 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 N/A

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.

Knox Ventures LLC
Print Name of Corporation/Partnership/Individual

1222 S Alverno Road, Manitowoc, WI
Address of Licensed Premises

Debra Skry
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.

Debra Skry
Signature

3.31.26
Date

Alcohol Beverage Appointment of Agent

Date

| | |
|---|--|
| 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) Knox Ventures, LLC | |
| 2. Business Trade Name or DBA Silver Valley Banquet Hall | |
| 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 Knox | 2. First Name Debra | 3. M.I. S | |
| 4. Email dknox@silvervalleybanquethall.com | | 5. Phone [REDACTED] | |
| 6. Home Address 2271 Valley Circle | | | |
| 7. City Manitowoc | 8. State WI | 9. Zip Code 54220 | 10. Date of Birth [REDACTED] |
| 11. Driver's License/State ID Number [REDACTED] | | 12. Driver's License/State ID State of Issuance WI | |

| | |
|---|---|
| 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> (licensee) or Form AB-300, <i>Alcohol Beverage Personal Questionnaire</i> (permittee)? | <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 →

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) Knox Ventures, LLC | |
| 2. Business Trade Name or DBA Silver Valley Banquet Hall | |
| 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 Knox | | 2. First Name Debra | | 3. M.I. S |
| 4. Relationship to Business (Title) Agent | | 5. Email dknox@silvervalleybanquethall.com | | 6. Phone [REDACTED] |
| 7. Home Address 2271 Valley Circle | | | | |
| 8. City Manitowoc | | 9. State WI | 10. Zip Code 54220 | 11. Date of Birth [REDACTED] |
| 12. Driver's License/State ID Number [REDACTED] | | | 13. Driver's License/State ID State of Issuance WI | |

| | | | | | | | |
|--|--------|-------|--------|-------|--------|----------|---|
| Part C: Address History | | | | | | | |
| 1. Do you currently live in Wisconsin? | | | | | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, provide the month and year when you permanently moved to Wisconsin | | | | | | | (MM/YYYY) |
| 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 | 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.

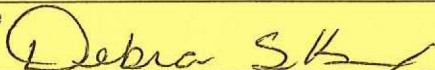
| | | |
|------------------------|--|-----------------|
| Law/Ordinance Violated | Location | Conviction Date |
| Penalty Imposed | Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Law/Ordinance Violated | Location | Conviction Date |
| Penalty Imposed | Was sentence 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 3-30-26 |
|---|-----------------|

Alcohol Beverage Individual Questionnaire

Date

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 is not complete until all required Individual Questionnaires are submitted.

| | |
|--|--|
| Part A: Business Information | |
| 1. Legal Business Name (individual name if sole proprietor) Knox Ventures, LLC | |
| 2. Business Trade Name or DBA Silver Valley Banquet Hall | |
| 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 Knox | | 2. First Name Gerald | | 3. M.I. M | |
| 4. Relationship to Business (Title) President | | 5. Email jknox@silvervalleybanquethall.com | | 6. Phone [REDACTED] | |
| 7. Home Address 2271 Valley Circle | | | | | |
| 8. City Manitowoc | | 9. State WI | 10. Zip Code 54220 | | 11. Date of Birth [REDACTED] |
| 12. Driver's License/State ID Number [REDACTED] | | | 13. Driver's License/State ID State of Issuance WI | | |

| | | | | | | | |
|--|--|--------|--|-------|--|--------|---|
| Part C: Address History | | | | | | | |
| 1. Do you currently live in Wisconsin? | | | | | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, provide the month and year when you permanently moved to Wisconsin | | | | | | | (MM/YYYY) |
| 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 | |

Continued →

Date: 3/29/2026

Honorable Mayor and Common Council of the City of Manitowoc:

I, RANDALL ARDT of RANDALL & AUSTIN ENTERPRISES LLC 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 1222 S ALVERNO ROAD, MANITOWOC, WI 54220

in favor of KNOX VENTURES LLC effective UPON APPROVAL & ISSUANCE OF
THEIR NEW ALCOHOL BEVERAGE LICENSE.

Very truly yours,



Signature

Randall F Arndt

Print Signature