



License Number: TAN-2322A

"CLASS B" INTOXICATING LIQUOR LICENSE BUSINESS PLAN

COPY

- 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.): Digger Beer Garden, LLC

Trade Name: DIGGER DAVE'S Phone Number: (920) 901-7155

Address of Establishment: 714 Buffalo St., Manitowoc, WI

Agent or Owner of Establishment: _____

BUSINESS DESCRIPTION

Predicted Open Date: 11/28/2023

Predicted Date the Business will be ready for Inspection: 11/28/2023

Brief Description of the Business: THE BUILDING WILL SERVE AS A FULL SERVICE BAR ON THE FIRST FLOOR SERVING LIQUOR, WINE, AND BEER. STORAGE OF ALCOHOL WILL BE BEHIND THE BAR ON THE FIRST FLOOR AND IN THE BASEMENT.

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

11/24/2023
Date

Office Use Only

Date Received by Clerk's Office: 11/27/2023

Common Council Date: 12/18/2023

Approved

Denied

Form AT-106

PAID

Original Alcohol Beverage License Application

FOR CLERKS ONLY
Municipality TAV-2322A
License Period

COPY

License(s) Requested

- Class "A" Beer \$ _____
- Class "B" Beer \$ _____
- "Class C" Wine \$ _____
- Reserve "Class B" Liquor \$ _____
- "Class A" Liquor \$ _____
- "Class B" Liquor \$ _____
- "Class A" Liquor (Cider Only) \$ _____
- "Class B" (Wine Only) Winery \$ _____

License Fees	\$
Publication Fee	\$
Background Check	\$
Total Fees	\$

Part A: Premises/Business Information

1. Legal Business Name (registered entity name or individual's name if sole proprietorship) DIGGERS BEER GARDEN LLC		
2. Trade Name or DBA DIGGER DAVE		
3. Premises Address 714 BUFFALO STREET		
4. County MANITOWOC	5. Municipality MANITOWOC	6. Aldermanic District 3
7. Mailing Address (if different from premises address)		
8. FEIN 93-4022329	9. Wisconsin Seller's Permit Number 456-1031540366-03	
10. Premises Phone (920) 901-7155	11. Premises Email stevediedericks@gmail.com	
12. 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		
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. THE BUILDING WILL SERVE AS A FULL SERVICE BAR ON THE FIRST FLOOR SERVING LIQUOR, WINE AND BEER. STORAGE OF ALCOHOL WILL BE BEHIND THE BAR ON THE FIRST FLOOR AND IN THE BASEMENT.		

Part B: Questions

- 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
- 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.

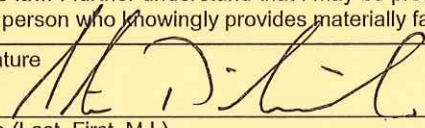
Part C: For Corporate/LLC Applicants Only		
1. State of Registration WISCONSIN		2. Date of Registration 10/20/2023
3. Is the applicant business owned by another corporation or LLC? If yes, please provide the name and FEIN of the parent company below, include parent company members in Part D, and attach 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 DIEDERICHS	Agent's First Name DAN	Phone (920) 901-7156

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
DIEDERICHS	STEVEN	OWNER	(920) 901-7155
DIEDERICHS	DAN	OWNER	(920) 901-7156
DIEDERICHS	JEFF	OWNER	(920) 901-2551

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 	Date 11/24/2023	
Name (Last, First, M.I.) DIEDERICHS		
Title OWNER	Email stevediederichs@gmail.com	Phone (920) 901-7155

Part F: For Clerk Use Only		
Date application was filed with clerk 11-27-2023	Date reported to governing body	Date provisional license issued (if applicable) 11-28-2023
Date license granted	License number PTAV2322A / TAV-2322A	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.

Digger's Beer Garden, LLC
Print Name of Corporation/Partnership/Individual


714 BUFFALO ST., Maniwoc, 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

11/27/2023
Date

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

COPY

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 Digger's BEER GARDEN, 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 Digger's BEER Garden, LLC
(Trade Name)

located at 714 BUFFAL ST., MANITOWOC, WI 54220

appoints DAN DIEDERICHS
(Name of Appointed Agent)

828 WINNETKA CT., MANITOWOC, WI 54220
(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).

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? ENTIRE LIFE

Place of residence last year MANITOWOC

For: Diggers BEER Garden, LLC
(Name of Corporation / Organization / Limited Liability Company)

By: [Signature]
(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, DAN DIEDERICHS, hereby accept this appointment as agent for the
(Print / Type Agent's Name)

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.

[Signature] 11/24/2023
(Signature of Agent) (Date)

Agent's age 37

828 WINNETKA CT., MANITOWOC, WI 54220
(Home Address of Agent)

Date of birth 2/19/1986

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



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 partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- 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.

Part A: Premises/Business Information				
1. Registered Entity Name (or individual name if sole proprietor) DIGGERS BEER GARDEN LLC				
2. Trade Name or DBA DIGGER DAVE'S				
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. Name (Last, First, M.I.) DIEDERICHS, DAN				
2. Relationship to Registered Entity (Title) OWNER		3. Email		4. Phone (920) 901-7156
5. Home Address 828 WINNETKA CT.				
6. City MANITOWOC		7. State WI	8. Zip Code 54220	9. Date of Birth 2/19/1986
10. Drivers License/State ID Number D362-1708-6059-04			11. Drivers License/State ID State of Issuance	

Part C: Address History	
List in chronological order your last two residence addresses within the last 5 years.	
Previous Address 1 904 N. 12 st.	
Previous City, State, Zip MANITOWOC, WI 54220	Dates (MM/YYYY - MM/YYYY) 01/2014 - 11/2019
Previous Address 2	
Previous City, State, Zip	Dates (MM/YYYY - MM/YYYY)

Part D: Employment History	
List in chronological order your last two employers within the last 5 years.	
Employer's Name Pizza Garden	
Employer's Address 1602 N. 30th st.	Dates Employed (MM/YYYY - MM/YYYY) 2013 - 2023
Employer's Name Madson Excavating	
Employer's Address	Dates Employed (MM/YYYY - MM/YYYY) 2012 - 2014

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 <i>DWI 2005</i>	Trial Date
Penalty Imposed <i>License Revocation</i>	Was sentence completed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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

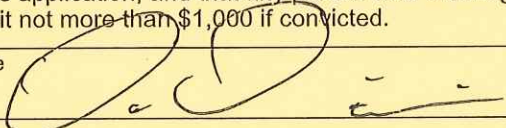
2. How long have you continuously lived in Wisconsin prior to the date of application?

Years	Months
40 <i>37</i>	<i>10</i>

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 <i>11/24/2023</i>
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Alcohol Beverage License Application Supplemental Questionnaire

Date



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- 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.

Part A: Premises/Business Information				
1. Registered Entity Name (or individual name if sole proprietor) DIGGERS BEER GARDEN LLC				
2. Trade Name or DBA DIGGER DAVE'S				
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. Name (Last, First, M.I.) DIEDERICHS, STEVEN, M.				
2. Relationship to Registered Entity (Title) OWNER		3. Email		4. Phone (920) 901-7155
5. Home Address W5919 SWEET CLOVER DRIVE				
6. City APPLETON	7. State WI	8. Zip Code 54915	9. Date of Birth 2/24/1985	
10. Drivers License/State ID Number D362-7938-5064-08		11. Drivers License/State ID State of Issuance		

Part C: Address History	
List in chronological order your last two residence addresses within the last 5 years.	
Previous Address 1 842 N. 12th ST.	
Previous City, State, Zip MANITOWOC, WI 54220	Dates (MM/YYYY - MM/YYYY) 2017 - 2023
Previous Address 2	
Previous City, State, Zip	Dates (MM/YYYY - MM/YYYY)

Part D: Employment History	
List in chronological order your last two employers within the last 5 years.	
Employer's Name Pizza Garden	
Employer's Address 301 N. 8th St., Manitowoc, WI 54220	Dates Employed (MM/YYYY - MM/YYYY) 2013 - 2013
Employer's Name SMD CONTRACT, LLC	
Employer's Address 1602 N. 30th ST., MANITOWOC, WI 54220	Dates Employed (MM/YYYY - MM/YYYY) 2007 - 2013

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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.	
Law/Ordinance Violated <i>OWI 2013</i>	Trial Date
Penalty Imposed <i>30 Days</i>	Was sentence completed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
2. How long have you continuously lived in Wisconsin prior to the date of application?	Years <i>38</i>	Months <i>10</i>
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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 <i>[Handwritten Signature]</i>	Date <i>11/24/2023</i>

Alcohol Beverage License Application Supplemental Questionnaire

Date

COPY

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

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Part A: Premises/Business Information	
1. Registered Entity Name (or individual name if sole proprietor) DIGGERS BEER GARDEN LLC	
2. Trade Name or DBA DIGGER DAVE'S	
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. Name (Last, First, M.I.) DIEDERICHS, JEFF			
2. Relationship to Registered Entity (Title) OWNER	3. Email	4. Phone (920) 901-2551	
5. Home Address 3435 BARKWOOD LANE			
6. City MANITOWOC	7. State WI	8. Zip Code 54220	9. Date of Birth 12/1/1954
10. Drivers License/State ID Number D3602-4305-4441-07		11. Drivers License/State ID State of Issuance	

Part C: Address History	
List in chronological order your last two residence addresses within the last 5 years.	
Previous Address 1 3435 BARKWOOD LANE	
Previous City, State, Zip MANITOWOC, WI 54220	Dates (MM/YYYY - MM/YYYY) 1993 - Current
Previous Address 2	
Previous City, State, Zip	Dates (MM/YYYY - MM/YYYY)

Part D: Employment History	
List in chronological order your last two employers within the last 5 years.	
Employer's Name CRAFTS ELECTRIC INC.	
Employer's Address 1602 N. 30th St., MANITOWOC, WI 54220	Dates Employed (MM/YYYY - MM/YYYY) 1975 - 2011
Employer's Name	
Employer's Address	Dates Employed (MM/YYYY - MM/YYYY)

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
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

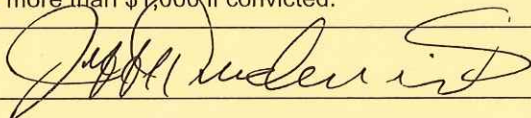
2. How long have you continuously lived in Wisconsin prior to the date of application?

Years	Months
68	11

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
	11/24/2023

COPY

Date: 11/24/2023

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 714 BUFFALO ST.

in favor of ~~ANTELLER~~ DIGGER'S BEER GARDEN LLC effective 11-28-23

Very truly yours,

Ann T. Luisier Daniel Luisier
Signature

Ann T. Luisier DANIEL J. LUISIER
Print Signature

