



License Number: TAV-2362A

"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

COPY

APPLICANT INFORMATION

Applicant (Name of Corporation, LLC, Partnership, etc.): Hop Locker LLC

Trade Name: HopLocker Phone Number: 920-973-1999

Address of Establishment: 822 Franklin St. Manitowoc

Agent or Owner of Establishment: Tim Petersen

BUSINESS DESCRIPTION

Predicted Open Date: May 1st 2024

Predicted Date the Business will be ready for Inspection: April 1st 2024

Brief Description of the Business: Unique Experience To Taste
Wine - Beer - Bourbon from Around The World

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

1-25-24
Date

Office Use Only

Date Received by Clerk's Office: 01/25/2024

Approved

Common Council Date: _____

Denied

TAV-2302A

| FOR CLERKS ONLY | |
|-----------------|-------------------|
| Municipality | CITY OF MANITOWOC |
| License Period | - 6/30/24 |

Form AT-106

Original Alcohol Beverage License Application

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 | \$ 25.00 |
| Background Check | \$ |
| Total Fees | \$ |

PD/at

Part A: Premises/Business Information

| | | |
|--|--|------------------------|
| 1. Legal Business Name (registered entity name or individual's name if sole proprietorship) HOP Locker LLC | | |
| 2. Trade Name or DBA HOP LOCKER | | |
| 3. Premises Address 822 Franklin St 822 Franklin St | | |
| 4. County Manitowoc | 5. Municipality Manitowoc | 6. Aldermanic District |
| 7. Mailing Address (if different from premises address) 2125 City Rd G Manitowoc WI 54220 | | |
| 8. FEIN 99-0848633 | 9. Wisconsin Seller's Permit Number In Process 456-1031558923-04 | |
| 10. Premises Phone 926-973-1999 | 11. Premises Email Tim@Maritimepm.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. 822 Historic Building in Downtown. Serving on 1st floor and parking lot Deck in NW corner. | | |

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.

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

1-25-24

Date

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 of Manitowoc County of Manitowoc
 City

The undersigned duly authorized officer/member/manager of MOP Locker
(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 MOP Locker
(Trade Name)

located at 822 Franklin St Manitowoc WZ 54220

appoints Tim Petersen
(Name of Appointed Agent)
2125 County Rd Q Manitowoc WZ 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? 53 years

Place of residence last year 2125 County Rd Q Manitowoc WZ 54220

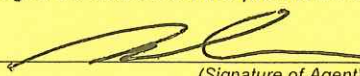
For: MOP Locker
(Name of Corporation / Organization / Limited Liability Company)
 By: 
(Signature of Officer / Member / Manager)

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, Tim Petersen, 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.

 1-25-24 Agent's age 53
(Signature of Agent) (Date)
2125 Cty Rd Q Manitowoc Date of birth 5-26-70
(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
01/25/24

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.

| | | | |
|--|---|---|--|
| Part A: Premises/Business Information | | | |
| 1. Registered Entity Name (or individual name if sole proprietor) HOP Locker LLC | | | |
| 2. Trade Name or DBA HOP LOCKER | | | |
| 3. Entity Type (check one) | | | |
| <input type="checkbox"/> Sole Proprietor | <input checked="" 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.) Petersen Tim D | | | |
| 2. Relationship to Registered Entity (Title) owner | | 3. Email Tim @ MaritimePM.com | 4. Phone 920-973-1999 |
| 5. Home Address 2125 County Rd Q | | | |
| 6. City Manitowoc | 7. State WI | 8. Zip Code 54220 | 9. Date of Birth 5-26-70 |
| 10. Drivers License/State ID Number P362-8047-0186-01 | | 11. Drivers License/State ID State of Issuance WI | |

| | |
|--|---------------------------|
| Part C: Address History | |
| List in chronological order your last two residence addresses within the last 5 years. | |
| Previous Address 1 | |
| Previous City, State, Zip | Dates (MM/YYYY - MM/YYYY) |
| 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 Schnus Mechanical | |
| Employer's Address 2901 Calumet Ave | Dates Employed (MM/YYYY - MM/YYYY) 1-1-23 Current |
| Employer's Name Maritime Plumbing | |
| Employer's Address 2214 Franklin St | Dates Employed (MM/YYYY - MM/YYYY) 9-13-03 12-30-23 |

2:32

Serving Alcohol



is proud to present this certificate to

Timothy Petersen

for successful completion of the online course

Wisconsin Alcohol Seller/Server Course

PERSONS COMPLETING THIS COURSE HAVE AGREED TO EXECUTE THE FOLLOWING POLICIES TO THE BEST OF THEIR ABILITIES

- * CARD ANY PERSON 35 YEARS OF AGE OR YOUNGER
- * OBSERVE AND REPORT ANY CUSTOMER SHOWING SIGNS OF POSSIBLE IMPAIRED BEHAVIOR TO MANAGEMENT
- * RESPOND IMMEDIATELY TO ANY POSSIBLE PROBLEM SITUATION
- * DETERMINE THE PEOPLE ENTERING THE PREMISES TO CONSUME ALCOHOL ARE OF LEGAL ALCOHOL DRINKING AGE AND RECARD THEM IF THERE IS ANY QUESTION ABOUT THEIR AGE
- * ENSURE A PERSON MATCHES THEIR VALID LEGAL IDENTIFICATION

Verify online at
servingalcohol.com

Verification Code
OPT87z5R7N

Date Issued
Jan 26th, 2024

This is a Wisconsin Department of Revenue approved Responsible Beverage Server Training Course in compliance with Sec. 125.17 (6), 134.66 (2m), and 125.04 (5) (a) 5. Wis. Stats.

VALID FOR 2 YEARS

