



City of Neenah
Liquor Licensing Review Subcommittee
(of the Public Services & Safety Committee)

Agenda

Tuesday, June 11, 2019, Noon
Council Chambers

NOTICE IS HEREBY GIVEN, pursuant to the requirements of Wis. Stats. Sec. 19.84, that a majority of the Neenah Common Council may be present at this meeting. Common Council members may be present to gather information about a subject over which they have decision-making responsibility. This may constitute a meeting of the Neenah Common Council and must be noticed as such. The Council will not take any formal action at this meeting.

- I. Approval of minutes of August 28, 2018. (Minutes can be found on the City web site)
- II. Appearances.
- III. Unfinished Business.
- IV. New Business.
 - A. Original Alcohol Beverage Retail License Application:
 1. Ballroom at the Reserve, LLC, d/b/a Ballroom at the Reserve, 116 S. Commercial Street, Justun Hart, agent. (the current owner, The Reserve, LLC, Umer Sheikh is selling the business)
- VI. Any announcements/questions for the Committee.

In accordance with the requirements of Title II of the Americans with Disabilities Act (ADA), the City of Neenah will not discriminate against qualified individuals with disabilities on the basis of disability in its services, programs, or activities. If you need assistance, or reasonable accommodation in participating in this meeting or event due to a disability as defined under the ADA, please call the Clerk's Office (920) 886-6100 or the **City's ADA Coordinator at (920) 886-6106** or e-mail attorney@ci.neenah.wi.us at least 48 hours prior to the scheduled meeting or event to request an accommodation.

**Minutes of the Liquor Licensing Review Subcommittee
of the Public Services & Safety Committee
Tuesday, August 28, 2018 – 5:30 p.m.
Hauser Room**

MEMBERS PRESENT: Police Chief Olson, Assistant Fire Chief Green, City Attorney Godlewski, Director of Community Development & Assessment Haese, City Clerk Sturn, Deputy Clerk Goffard and Alderman Bates. Alderman Stevenson was excused.

ALSO PRESENT: Mayor Kaufert, Jonathan Horan and Sean Hathaway-Casey representing Town Council Kitchen & Bar.

Alderman Bates called the meeting to order at 5:36 p.m.

Nomination of a Chairman: City Attorney Godlewski asked for the nomination of one member to act as Chairman to the Liquor Licensing Review Subcommittee. **MS Godlewski/Green to nominate Alderman Bates as Chairman of the Liquor Licensing Review Subcommittee. MSC Godlewski/Olson to close nominations and cast a unanimous ballot to elect Alderman Bates as Chairman to the Liquor Licensing Review Subcommittee for a one year term to expire April 2019, all voting aye.**

Nomination of a Vice Chairman: City Attorney Godlewski asked for the nomination of one member to act as Vice Chairman to the Liquor Licensing Review Subcommittee. **MS Godlewski/Green to nominate Alderman Stevenson as Vice Chairman to the Liquor Licensing Review Subcommittee. MSC Godlewski/Green to close nominations and cast a unanimous ballot to elect Alderman Stevenson as Vice Chairman to the Liquor Licensing Review Subcommittee for a one year term to expire April 2019, all voting aye.**

This committee will meet on call.

APPEARANCES: None.

NEW BUSINESS:

The Committee briefly reviewed Policy No. 2018-01 providing a procedure for determining how scarce Class B licenses are awarded. Clerk Sturn advised that we currently have 36 of our 38 quota of "Class B" Malt & Liquor Licenses issued. We also have 2 of our 10 Reserve "Class B" Malt & Liquor Licenses issued. The two current Reserve license holders are seeking to obtain a Regular "Class B" license. Their Plan of Operation for Alcohol Beverage License Applications including a floor plan were provided to the Committee.

Clerk Sturn stated that this subcommittee will meet on call when a new application for a liquor license is filed in the Clerk's Office. Quotas were calculated and set using a formula provided by the Department of Revenue in 1997. After that quota was established, a

municipality may obtain one more reserve license for every 500 people increase in the population. The quota for "Class B" liquor licenses in the City of Neenah is currently at 38 Regular and 10 Reserves. Dir. Haese asked why there is a limit on the number of the licenses that can be held by the city. City Atty. Godlewski advised that this was initiated by the Tavern League. The Committee was advised that Lion's Tail Brewery currently holds one of the city's "Class B" liquor licenses. There is no quota on Class "B" beer licenses. An "Above Quota" license can be issued only if a municipality has issued all available Regular and Reserve licenses. This license is limited to: a full service restaurant that has a seating capacity of 300 or more persons; a hotel that has 50 or more rooms of sleeping accommodations and that has an attached restaurant with seating capacity of 150 or more persons or a banquet room in which banquets attended by 400 or more persons may be held; or an opera house or theater for the performing arts operated by a non-profit organization.

Dir. Haese stated that both the Town Council and Wobbly Painter did apply for and received their \$10,000 Reserve License fee back through the economic development grant process. Reserve licenses stay with the business and cannot be used by the next business owner without paying an additional \$10,000. City Attorney Godlewski stated that there are 9 parameters in the policy that should be considered in determining whether to approve or deny the request to change from a reserve license to a regular license.

Without objection from the Committee Chairman Bates moved up consideration of the Regular Licenses Application for Town Council Kitchen & Bar due to the owners being present.

The Committee reviewed the application by Charctails, LLC d/b/a Town Council Kitchen & Bar, 133 W. Wisconsin Avenue for one of the remaining "Class B" Malt & Liquor Licenses. Jonathan Horan and Sean Hathaway-Casey were present to answer questions. The Committee reviewed the Plan of Operation including the floor plan. They inquired as to the years of management experience the owners have. Jonathan Horan from Town Council stated between himself and Sean Hathaway-Casey they have over 20 years-experience in restaurant management. They employ six full-time and six part-time employees and can seat 45 customers. Clerk Sturn noted that they are only open during the dinner hours and asked if they would expand into the lunch hour business. Mr. Horan said they have looked at that and expanding to include the lunch hour would involve more time and most likely less profits. Police Chief Olson stated that he has no concerns with the police department. Typically they receive less calls from the downtown area and have more issues with the bars outside the downtown area. Assistant Fire Chief Green mentioned that there were no issues with ventilation which could create a fire hazard. **MSC Haese/Godlewski to recommend the Public Services & Safety Committee approve the regular liquor license application for Town Council Kitchen & Bar, 133 W. Wisconsin Avenue, as they meet the criteria stated in Policy 2018-01, all voting aye.**

REPORT

Mayor Kaufert entered the meeting.

The Committee reviewed the application by the Wobbly Painter, LLC, d/b/a the Wobbly Painter, 112 E. Bell Street, for one of the remaining "Class B" Malt & Liquor Licenses. There was no representative present for the Wobbly Painter. The Committee reviewed their Plan of Operation including the floor plan. Zoning, traffic impact and parking for this establishment meet the parameters of the policy. Both Police and Fire indicated there are no concerns with this establishment. Dir. Haese raised concern over the economic impact the business has on the City. With no representative present, the Committee could not question the management experience of the owner / operator of the establishment.

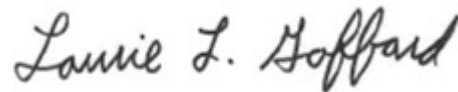
REPORT

MSC Godlewski/Olson to recommend the Public Services & Safety Committee deny the regular liquor license application for the Wobbly Painter, 112 E. Bell Street, as they did not sufficiently meet the criteria as stated in Policy 2018-01 for economic impact to the city, all voting aye.

Mayor Kaufert advised the Committee that there is a new brewery moving in on S. Commercial that may be applying for a "Class B" Liquor License in the near future.

MSC Godlewski/Olson to adjourn at 6:26 p.m., all voting aye.

Respectfully Submitted,



Laurie L. Goffard
Deputy Clerk

Original Alcohol Beverage Retail License Application

Submit to municipal clerk.

For the license period beginning 7-1 2019 ;
ending 6-30 2020

TO THE GOVERNING BODY of the: Town of }
 Village of } Neenah
 City of }

County of _____ Aldermanic Dist. No. _____ (if required by ordinance)

Applicant's WI Seller's Permit No.:		FEIN Number:	
LICENSE REQUESTED ▶			
TYPE		FEE	
<input type="checkbox"/>	Class A beer	\$	
<input type="checkbox"/>	Class B beer	\$	
<input type="checkbox"/>	Class C wine	\$	
<input type="checkbox"/>	Class A liquor	\$	
<input type="checkbox"/>	Class A liquor (cider only)	\$	N/A
<input type="checkbox"/>	Class B liquor	\$	
<input type="checkbox"/>	Reserve Class B liquor	\$	
<input type="checkbox"/>	Class B (wine only) winery	\$	
	Publication fee	\$	<u>65.00</u>
TOTAL FEE		\$	

1. The named Individual Partnership Limited Liability Company
 Corporation / Nonprofit Organization

hereby makes application for the alcohol beverage license(s) checked above.

2. Name (individual/partners give last name, first, middle; corporations/limited liability companies give registered name): ▶ Ballroom at The Reserve LLC

An "Auxiliary Questionnaire," Form AT-103, must be completed and attached to this application by each individual applicant, by each member of a partnership, and by each officer, director and agent of a corporation or nonprofit organization, and by each member/manager and agent of a limited liability company. List the name, title, and place of residence of each person.

Title	Name (Last, First, M.I.)	Home Address	Post Office & Zip Code	Date of Birth
President/Member	<u>Hart, Justin, J</u>	<u>1204 W Maple St</u>	<u>Oshkosh 54902</u>	<u>10/20/1989</u>
Vice President/Member	<u>Hart, Julie, M</u>	<u>"</u>	<u>"</u>	<u>12/29/1983</u>
Secretary/Member	_____	_____	_____	_____
Treasurer/Member	_____	_____	_____	_____
Agent ▶	<u>Justin Hart</u>			
Directors/Managers	_____			

3. Trade Name ▶ Ballroom at The Reserve Business Phone Number _____

4. Address of Premises ▶ 116 S Commercial St. Post Office & Zip Code ▶ Neenah 54956

5. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? Yes No
6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? Yes No
7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? Yes No
8. (a) Corporate/limited liability company applicants only: Insert state Wisconsin and date 5/24/2019 of registration.
- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? Yes No
- (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? Yes No
- (NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.)

9. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include 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.) Third Floor ballroom and storage in basement

10. Legal description (omit if street address is given above): _____

11. (a) Was this premises licensed for the sale of liquor or beer during the past license year? Yes No

- (b) If yes, under what name was license issued? The Reserve LLC

12. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277]. Yes No

13. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]. Yes No

14. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

15. Does the applicant owe any delinquent taxes, assessments or other claims in whole or part to the City or any delinquent forfeitures resulting from a violation of any City Ordinance? Yes No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000. Signer agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants, or one member of a partnership applicant must sign; one corporate officer, one member/manager of Limited Liability Companies must sign.) Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

[Signature]
(Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>5-31-19</u>	Date reported to council / board <u>6-11 + 6-19-19</u>	Date provisional license issued	Signature of Clerk / Deputy Clerk <u>[Signature]</u>
Date license granted	Date license issued	License number issued	

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 the officer(s) of the corporation/organization or members/managers of a limited liability company and the recommendation made by the proper local official.

To the governing body of: Town
 Village of NEENAH County of WINNEBAGO
 City

The undersigned duly authorized officer(s)/members/managers of _____
(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
Ballroom at The Reserve LLC
(trade name)

located at 116 S Commercial St., Neenah, WI, 54956

appoints Justin Hart
(name of appointed agent)

1204 N Eagle St., Oshkosh, WI, 54902
(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? 29 years

Place of residence last year 1204 N Eagle St., Oshkosh, WI, 54902

For: Ballroom at The Reserve LLC
(name of corporation/organization/limited liability company)

By: [Signature]
(signature of Officer/Member/Manager)

And: _____
(signature of Officer/Member/Manager)

ACCEPTANCE BY AGENT

I, Justin Hart, 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] 05-31-2019
(signature of agent) (date)

Agent's age 29

1204 N Eagle St
(home address of agent)

Date of birth 10/20/1989

**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)

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name) <u>Hart</u>		(first name) <u>Justin</u>		(middle name) <u>J</u>	
Home Address (street/route) <u>1204 N Eagle St.</u>		Post Office	City <u>eshkosh</u>	State <u>WI</u>	Zip Code <u>54902</u>
Home Phone Number <u>920-203-5643</u>		Age <u>29</u>	Date of Birth <u>10/20/1989</u>	Place of Birth <u>Two Rivers, WI</u>	

The above named individual provides the following information as a person who is (check one):

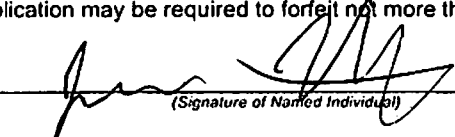
- Applying for an alcohol beverage license as an individual.
- A member of a partnership which is making application for an alcohol beverage license.
- member / agent of Ballroom at The Reserve LLC
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)
- which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 29 Years
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify. (Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify. (Name of Wholesale Licensee or Permittee) (Address By City and County)
- Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
<u>Jewellers Mutual</u>	<u>24 Jewellers Park Dr, Neenah, WI 54928</u>	<u>5/7/2019</u>	<u>Present</u>
<u>AMP</u>	<u>4650 W Spencer St, Appleton, WI 54912</u>	<u>2/21/2019</u>	<u>5/19/2019</u>

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.


(Signature of Named Individual)

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name) Hart		(first name) Julie		(middle name) Marie	
Home Address (street/route) 1204 N. Eagle St		Post Office	City Oshkosh	State WI	Zip Code 54902
Home Phone Number 920 376 4579		Age 35	Date of Birth 12/29/83	Place of Birth Wisconsin Menomonie Falls	

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an individual.
- A member of a partnership which is making application for an alcohol beverage license.
- Member/Agent of Ballroom at the Reseno, LLC
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)
- which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 3 years
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify. (Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify. (Name of Wholesale Licensee or Permittee) (Address By City and County)
- Named individual must list in chronological order last two employers.

Employer's Name The Howard	Employer's Address 405 Washington Rd Oshkosh WI	Employed From 6/1/2018	To 2/1/2019
Employer's Name	Employer's Address	Employed From	To

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.


 (Signature of Named Individual)



Plan of Operation for Alcohol Beverage License Application

OFFICE OF THE CITY CLERK
211 Walnut Street • Neenah, WI 54956
(920) 886-6100

Your application will be returned for failure to fill out this form completely, correctly, and submit the required Detailed Floor Plan as outlined.

Business Name: <i>Ballroom at The Reserve LLC</i>		
Address of Premises: <i>116 S Commercial St. Neenah, WI, 54956 #300</i>		Business Telephone Number: <i>920-383-1909</i>
Business Mailing Address – if different from address of premises :		
Business Internet/E-mail Address: <i>Reserveballroom@gmail.com</i>		Business Fax Number: _____
Owner's Name: <i>JUSTIN AND JULIE Hart</i>		Owner's Phone Number: <i>920-207-5643</i>
Owner's Address include city, state, zip code: <i>1204 W Eagle St. Orkosh, WI, 54902</i>		
Will the agent, a partner of the individual licensee be conducting the day-to-day operations of the business: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, list name and address of person who will:		
<small><i>Class B Applicants: If the agent, a partner or the individual licensee will not be conducting the day-to-day operations of the business, the person listed above must obtain a Class B Manager's license.</i></small>		
Does anyone else have money invested or any other interest in this business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain:		
What types of business do you or will you conduct at this location? (Check all that apply): (Other licenses/permits may be required to operate your business.)		
<input type="checkbox"/> Full Service Restaurant	<input type="checkbox"/> Café/Coffee Shop	<input type="checkbox"/> Bed & Breakfast
<input type="checkbox"/> Grocery Store	<input type="checkbox"/> Convenience Market	<input type="checkbox"/> Hotel
<input type="checkbox"/> Liquor Store	<input type="checkbox"/> Indoor Golf Facility	<input type="checkbox"/> Private Sports Club
<input checked="" type="checkbox"/> Theater	<input type="checkbox"/> Wine Tasting Room	<input type="checkbox"/> Veterans Club
<input type="checkbox"/> Brew Pub	<input type="checkbox"/> Tavern	<input type="checkbox"/> Fraternal Club
<input type="checkbox"/> Volleyball Court (Permanent Extension of Premises required)	<input type="checkbox"/> Catering (sales only allowed on the premises issued and alcohol beverage licensed)	<input type="checkbox"/> Video Game Center-6 or more games
<input type="checkbox"/> Bar & Grill	<input type="checkbox"/> Night club	<input type="checkbox"/> Bowling Center
<input checked="" type="checkbox"/> Comedy Club	<input type="checkbox"/> Recreational Paint Studio	
<input type="checkbox"/> Billiard Center		
Briefly detail the type of business you plan to operate, if granted a license: <i>Performance and Events (weddings, corporate, community)</i>		
What other types of licenses or permits will you or do you hold at this location? :		
<input type="checkbox"/> Tavern Entertainment	<input type="checkbox"/> Cigarette	<input type="checkbox"/> Amusement Devices
<input type="checkbox"/> Dance Hall	<input type="checkbox"/> Food (though Health Dept.)	<input type="checkbox"/> Other(s)

If applying for a Class B or C license, what type of food service will you have? (check all that apply):

<input type="checkbox"/> None	<input type="checkbox"/> Prepackaged Foods	<input type="checkbox"/> Snacks
<input type="checkbox"/> Appetizers	<input checked="" type="checkbox"/> Catered Events	<input type="checkbox"/> Full Meals

What percentage of your total sales will be from the sales of alcohol beverages? 20 %

Is there at least 300 feet between the building and any church, school or hospital? Yes No

How many alcohol serving premises are within a 4 block radius of your business? ~ 15

Do you have any future plans for other businesses, licenses or permits at this location? Yes No
If yes, explain:

Is this premise under construction? Yes No If yes, list estimated completion date:

Is this a franchise? Yes No

What was the previous name & nature of the business operating at this location, if applicable?
Same, different ownership

Is this premises currently or ever been licensed? Yes No If yes, list type of license: *Class B liquor*

Is the current licensee operating? Yes No If no, list date closed:

If alcohol sales are a new use in this building, please contact the Neenah Police Department at (920) 886-6000 to meet with Chief of Police to review regulations/ordinances.

What is the zoning classification for this premise? *Commercial Assembly*

HOURS OF OPERATION FOR ALCOHOL BEVERAGE SALES/SERVICE ONLY		
Day of the Week	*Based on events booked *Proposed Hours of Operation:	
	Open	Close
Sunday	8:00 AM	12:00 AM
Monday	10:00 AM	10:00 PM
Tuesday	10:00 AM	10:00 PM
Wednesday	10:00 AM	10:00 PM
Thursday	10:00 AM	10:00 PM
Friday	8:00 AM	12:00 AM
Saturday	8:00 AM	12:00 AM

PROHIBITED HOURS OF OPERATION:
 Class A: 9:00 PM to 8:00 AM; Class B/C: Monday thru Friday 2:00 AM - 6:00 AM;
 Class B/C: Saturday thru Sunday 2:30 AM - 6:00 AM

Legal Capacity/Occupancy of Premises: Inside <u>250</u> Outside _____ (does not include Class A) Call (920) 886-6130 if you have questions.	Number of Parking Spaces on the premises, not including street parking: <u>23</u>
---	--

LITTER/GARBAGE:
What are your plans to keep the grounds clean (check all that apply):
 Sweep Pressure Wash Pick Up Litter Hired Maintenance Garbage Cans Outside
 Other: _____

Who is responsible to keep the grounds clean? Licensee Building Owner Employees
 Hired Maintenance Other: _____

NOISE: How will issues be addressed? (check all the apply): Security Manager approaches customer(s) Call police Signs posted Other: _____

DETAILED FLOOR PLAN

Please read all instructions before preparing the floor plan.

- A detailed floor plan must be submitted with this application.
- Even if the premises has been previously licensed and a floor plan submitted, a new floor plan must be submitted with this application.
- The floor plan must be filed on 8 1/2 x 11 inch sized paper. Plans do not need to be architectural drawings and need not be to scale. Handwritten plans are acceptable.
- A separate sheet of paper should be filed for each floor where alcohol will be stored, displayed, sold, given away and/or consumed.

The floor plan must include all of the following items:

1. Dimensions and total square feet of the premises (length x width = square feet)
2. Label all entrances and exits
3. Label and provide dimensions (length & width) of all alcohol storage areas (coolers, stock room, basement, etc.)
4. Label and provide dimensions (length x width) of all alcohol display areas (behind the bar, shelves, etc)
5. Class B & C Applicants only: Label and provide dimensions (length x width) of all outdoor areas used for the sale or service of alcohol beverages (for example, patios, beer gardens, sidewalk cafes)
6. Class B & C Applicants only: Label all seating areas, bars, and food preparation areas (kitchen)
7. Label and provide dimensions (length x width) for the first floor showing the relation of all parking areas on the premises to the building, not including street parking.
8. On each page mark the following: North ↑, Date, Business name & address

ALL NEW & TRANSFER APPLICANTS:

Submit Proof of Ownership, Lease or Offer to Purchase the Building with this application.

A Lease or Offer to Purchase must:

1. Be in the same legal entity names as those applying for the license
2. Reflect the same address as the premises address on this application
3. Reflect current dates and
4. Be signed by the lessor/seller and lessee/buyer

Lease or Offer to Purchase may be contingent upon the license being granted.

Do you own or lease the building? Check one: Own Lease

Who owns the fixtures (i.e. Coolers, etc.)? _____

Subscribed and sworn to before me
this 4th day of June, 2019



Signature of Individual/Partner/Officer

Notary Public, State of Wisconsin
My Commission expires: _____
Notary Seal must be affixed

Signature of Partner/Officer

Warning: Penalty provided for submitting false statements and affidavits with this application.

Your application will be returned for failure to fill out this form completely and correctly, and submit a detailed floor plan as indicated.

EXHIBIT C

CONFIRMATION OF LEASE TERMS

This Confirmation of Lease Terms is made as of this 5th day of June, 2019, with reference to that certain Lease dated May 24, 2019, by and between ("Landlord"), and Julie Hart AND JUSTON HART, ("Tenant"), for the Premises commonly known as . The undersigned hereby confirms that the following dates and information are correct, as such terms are defined in the Lease:

Premises Address: 116 S. Commercial St, NEENAH
3rd floor. Partial 2nd floor

Premises RSF: 6700 SQ FT

Effective Date: 5/24/2019

Delivery Date: 5/24/2019

Date Tenant Opened for Business: 7/1/2019

Rent Commencement Date: 7/1/2019

Lease Term: MULTI-YEAR

Lease Expiration Date: CONFIDENTIAL

Options for Extension Periods: -

Rent Payment Address: INDEPENDENT CREATIONS.

Base Rent Amount: CONFIDENTIAL

Additional Rent Amount: Please attach payment breakdown -

First Month Prorated Amount: -

Tenant Improvement Allowance: -

Security Deposit: --

LANDLORD:



By: MICHAEL STEUCH - OWNER
Its: INDEPENDENT CREATIONS, LLC

TENANT:

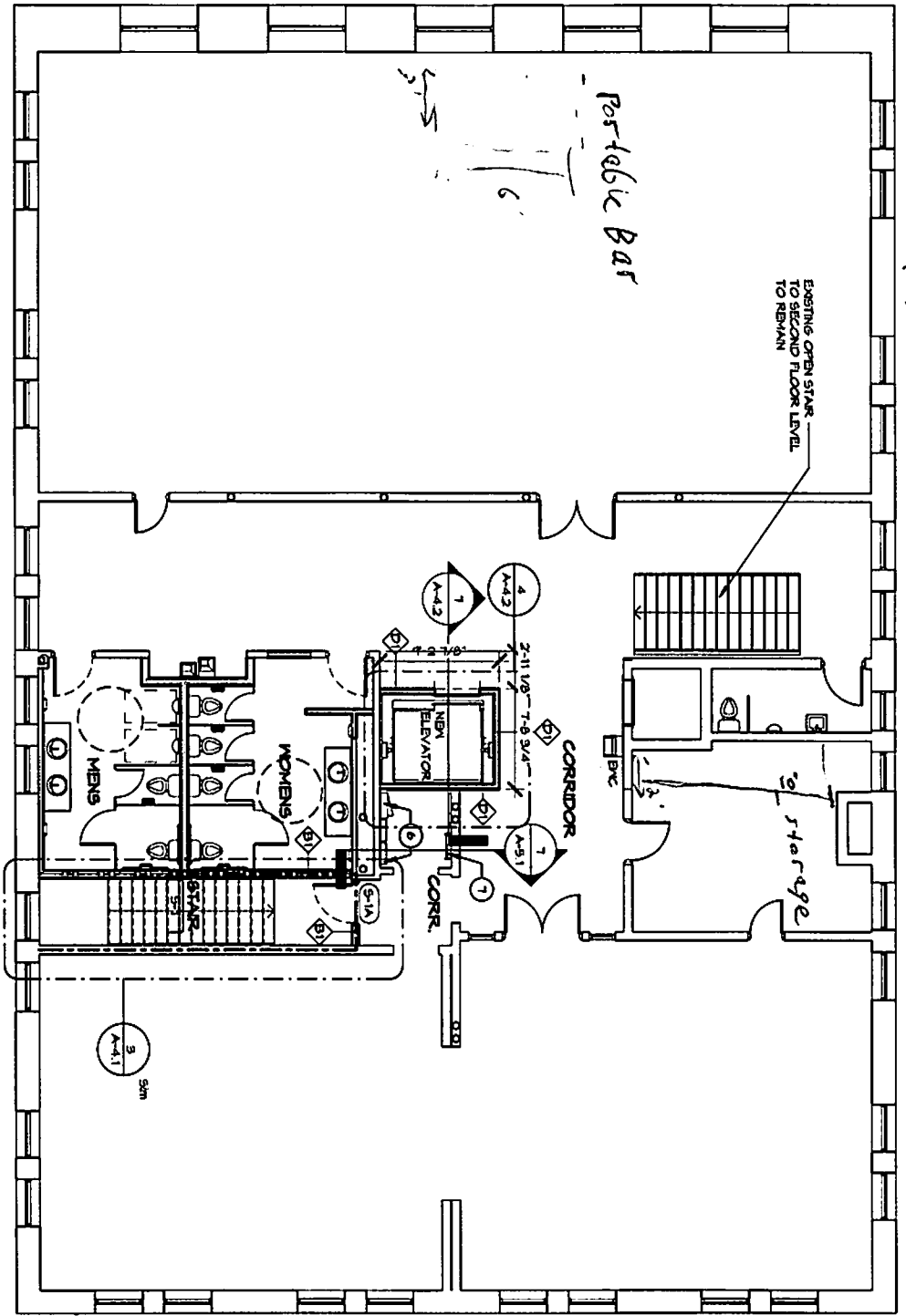
JULIE HART + JUSTON HART

By: _____
Its: _____



Ballroom at The Reserve
 116 S. Commercial St.
 Meena, WI 54956
 Third Floor

KEYED PLAN NOTES	
1	PROVIDE NEW 3'-0" X 7'-0" SOLID CORE WOOD DOOR IN HOLLOW METAL FRAME. DOOR & FRAME TO BE 1 HOUR FIRE RATED. PROVIDE FRAM TYPE EXIT HARDWARE IN ADA LEVEL MOUNT ON STRUT RODS PER IBCA. PROVIDE ALL REQUIRED HARDWARE FOR FIRE RATED DOOR ASSEMBLY.
2	EXISTING EXTERIOR WALL TO REMAIN - PATCH / MATCH ANDS DISTRIBUTED DRINKS / CONSTRUCTION
3	PROVIDE NEW EXIT LIGHT ABOVE NEW DOOR
4	PATCH / MATCH EXISTING WOOD STUD / LATH & PLASTER WALL - 1 HOUR RATED PER IEB.C. RESOURCE 'A', TABLE 13.2 IBCM CODE 915-M-86
5	EXISTING WOOD STUD, LATH & PLASTER WALLS TO REMAIN - 1 HOUR RATED PER IEB.C. RESOURCE 'A', TABLE 13.2 IBCM CODE 915-M-86.
6	RELOCATED ELECTRICAL PANELS
7	NEW WALL MOUNTED LADDER TO ROOF ACCESS PLATFORM



4 THIRD FLOOR - NEW WORK
 A-21 1/8" = 1'-0"

EXISTING OPEN STAR