



City of Neenah
Liquor Licensing Review Subcommittee
(of the Public Services & Safety Committee)
Agenda
Tuesday, July 29, 2025 at 4:30pm
City Hall Council Chambers
211 Walnut Street

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 October 8, 2024 Meeting.
- II. Public Appearances.
- III. Unfinished Business.
- IV. New Business.
 - A. Review and make a recommendation on the Original "Class B" Combination Alcohol Beverage Retail License Application for Sherrytown 3, LLC, d/b/a Sherrytown Station, 432 Sherry Street, Julie Becker, Agent.
 - B. Review and make recommendation on the Original "Class B" Combination Alcohol Beverage Retail License Application Charctails, LLC, d/b/a Town Council Kitchen & Bar, 133 W. Wisconsin Avenue, Alex Fehrenbach, Agent.
- VI. Any announcements/questions for the Committee.
- VII. Adjournment

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) 886-6110 or e-mail clerk@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, October 8, 2024 at 4:00 p.m.
City Hall, Council Chambers**

MEMBERS PRESENT: Aldermen Weber, Borchardt, and Pollnow, Fire Chief Teesch, City Attorney Rashid, and City Clerk Nagel.

ALSO PRESENT: Erik Gialdella of Rev's Neenah, LLC, and Andrea Simonis of Grainworks Old + New, LLC

EXCUSED: Director of Community Development & Assessment Haese and Police Chief Olson

Chairman Weber called the meeting to order at 4:00 p.m.

- I. Approval of minutes of July 30, 2024 (minutes can be found on the city website).
Clerk Nagel asked that this item be stricken from the agenda as the minutes were not included in the packet.
- II. Public Appearances: None.
- III. Unfinished Business: None.
- IV. New Business:
 - A. Review and make a recommendation on the Original "Class B" Combination Alcohol Beverage Retail License Application and Plan of Operation for Revs Neenah, LLC. d/b/a Rolling Thunder Lanes, 934 Byrd Avenue, William Smith, Agent.

Erik Gialdella of Rev's Neenah, LLC, was present to answer any questions.

The Clerk's Office received a Transferring Licenses from Business to Business application, an Original "Class B" Combination Liquor License Application, and an Operations Plan from Rev's Neenah, LLC, who was purchasing the Rolling Thunder Lanes on at 834 Byrd Avenue. Part of the sale transaction is the transfer of the liquor license.

Clerk Nagel had a phone conversation with Mr. Giadella who stated that a closing date has not been established at this time but it is anticipated to be early November. With the closing date not confirmed, Clerk Nagel requested the motion include a contingency of a closing date being established.

A background check was successfully completed on Rolling Thunder Lanes, as well as on Erik Gialdella and William Smith with an approval recommendation from the Police Department and no monies owed to the city.

MSC by Pollnow/Rashid to recommend Public Services and Safety Committee recommend Council approve the Original "Class B" Combination Alcohol Beverage Retail License Application and Plan of Operation for Rev's Neenah, LLC, d/b/a Rolling Thunder Lanes, William Smith, agent, contingent upon a closing date being established, all voting aye.

- B. Review and make recommendation on the Original "Class B" Intoxicating Liquor Retail License Application and Plan of Operation for Grainworks Old + New, LLC, d/b/a Grainworks Old + New, 200 Main Street, Brian Duncan, Agent.

Liquor Licensing Review Subcommittee Minutes

October 8, 2024

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Andrea Simonis of Grainworks Old + New, LLC, was present to answer any questions.

Clerk Nagel walked the committee through her memo which was included in the packet. A background check was successfully completed on Grainworks Old + New, as well as on partners Brian and Chad Duncan with an approval recommendation from the Police Department and no monies owed to the city.

Clerk Nagel answered the question that if the store decides to become a restaurant in the future, does this license allow them to serve cocktails and beer. The license is for intoxicating liquor only, therefore Grainworks would have to apply for a fermented malt Class B to sell beer. Grainworks would also have to work with Community Development for building inspections as well as the Winnebago County Health Department for a food service license.

Grand Chute struggled making this decision because they did not want all the Class A Liquor Stores to apply for a Class B Retail license. Essentially, this is a bar within a liquor store and Grand Chute did not want all their regular or reserve licenses used in this application.

Ms. Simonis commented that its is not the intention of Grainworks to become a bar. Local businesses have approached Grainworks to host private events and social gatherings. It would allow Grainworks to do private taskings outside of store hours and expand it to the community as well. Customers would be able to purchase a large sample while they are shopping. There is also an opportunity to expand the business by forming special groups which is popular in the bourbon world. Grainworks would like to create a business that is more than a liquor store.

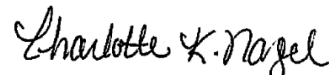
MSC by Pollnow/Borchardt to recommend Public Services and Safety Committee approves the Original "Class B" Intoxicating Liquor Retail License Application and Plan of Operation for Grainworks Old + New, LLC, d/b/a Grainworks Old + New, 200 Main Street, Brian Duncan, Agent. Motion carried in a voice vote, 4-0-2 with Rashid and Nagel voting present.

V. Any announcements/questions for the Subcommittee
None.

VI. Adjournment

MSC by Pollnow/Teesch to adjourn at 4:14 p.m., all voting aye.

Respectfully submitted,



Charlotte Nagel, City Clerk

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only
Municipality
License Period

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

- ☐ Class "A" Beer \$ _____ ☒ Class "B" Beer \$ 100
- ☐ "Class A" Liquor \$ _____ ☒ "Class B" Liquor \$ 400
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ <u>500.00</u>
Background Check Fee	\$ _____
Publication Fee	\$ <u>65.00</u>
Total Fees	\$ <u>565.00</u>

Part A: Premises/Business Information

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

Sherrytown 3, LLC

2. Business Trade Name or DBA

Sherrytown Station

3. FEIN

33-4979101

4. Wisconsin Seller's Permit Number

456-1032083654-04

5. Entity Type (check one)

- ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

6. State of Organization

WI

7. Date of Organization

5-6-2025

8. Wisconsin DFI Registration Number

S160644

9. Premises Address

432 Sherry St.

10. City

Neenah

11. State

WI

12. Zip Code

54956

13. County

Winnebago

14. Governing Municipality: ☒ City ☐ Town ☐ Village
of: Neenah

15. Aldermanic District

16. Premises Phone

920-215-3465

17. Premises Email

sherrytownstationllc@gmail.com

18. Website

19. Premises Description - 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.

Tavern - Main level (first floor) / Basement storage

20. Mailing Address (if different from premises address)

21. City

22. State

23. 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 . . ☐ Yes ☒ No
beverages.

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 distributor? . . ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity

4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
Becker	Julie	Owner	

Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor
- one general partner of a partnership
- one corporate officer
- one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name	First Name	M.I.
Becker	Julie	S
Title	Email	Phone
Owner	sherrytownstationllc@gmail.com	
Signature	Date	
Julie S. Becker	6/15/2025	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Alcohol Beverage
Appointment of Agent

Date

Agent Type (check one)

- ☒
- Original (no fee)
- ☐
- Successor (\$10 fee for municipal licensees only)

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)

Sherrytown 3, LLC

2. Business Trade Name or DBA

Sherrytown Station

3. Entity Type (check one)

- ☒
- Limited Liability Company
- ☐
- Corporation
- ☐
- Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)

- ☐
- Municipal Retail License
- ☐
- State Permit

5. If successor agent, provide State Permit or Municipal Retail License Number

6. Describe the reason for appointing a successor agent, if successor is checked above.

Part B: Agent Information

1. Last Name

Becker

2. First Name

Julie

3. M.I.

S

4. Email

sherrytownstationllc@gmail.com

5. Phone

6. Home Address

N8635 Firelane 10

7. City

Menasha

8. State

WI

9. Zip Code

54952

10. Date of Birth

11. Drivers License/State ID Number

12. Drivers License/State ID State of Issuance

WI



Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? ☒ Yes ☐ No
Submit proof of completion.
2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire* (licensee) or
Form AB-300, *Alcohol Beverage Personal Questionnaire* (permittee)? ☒ Yes ☐ No
3. Have you been a Wisconsin resident for at least 90 continuous days? ☒ Yes ☐ No
See instructions for exceptions.

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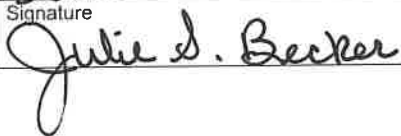
Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I 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 Becker		First Name Julie		M.I. S
Title Owner	Email sherrytownstationllc@gmail.com		Phone 	
Signature 			Date 6/15/2025	

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. 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 Becker		First Name Julie		M.I. S
Signature 			Date 6/15/2025	

Alcohol Beverage License
Application

For Municipal Use Only
Municipality
License Period

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

- ☐ Class "A" Beer \$ _____ ☒ Class "B" Beer \$ _____
- ☐ "Class A" Liquor \$ _____ ☒ "Class B" Liquor \$ _____
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

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

Part A: Premises/Business Information

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

Charctails LLC

2. Business Trade Name or DBA

Town Council Kitchen & Bar

3. FEIN

47-3639793

4. Wisconsin Seller's Permit Number

456-1028808831-02

5. Entity Type (check one)

☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

6. State of Organization

WI

7. Date of Organization

03/22/2015

8. Wisconsin DFI Registration Number

C090668

9. Premises Address

133 W Wisconsin Ave

10. City

Neenah

11. State

WI

12. Zip Code

54956

13. County

Winnebago

14. Governing Municipality: ☒ City ☐ Town ☐ Village

of: Neenah

15. Aldermanic District

1

16. Premises Phone

(920) 558-3500

17. Premises Email

towncouncilneenah@gmail.com

18. Website

19. Premises Description - 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.

Two-story, restaurant and bar 1700 sq ft on first floor, combined kitchen and dining, back kitchen, seperate rental apartment on second floor, storage in basement

20. Mailing Address (if different from premises address)

21. City

22. State

23. 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 . . ☐ Yes ☒ No beverages.

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 distributor? . . ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity	4b. Business Entity FEIN
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5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.


Last Name	First Name	Title	Phone
Fehrenbach	Alex	Owner	

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 Fehrenbach	First Name Alex	M.I. P
Title Owner	Email fehrenbach.alex@gmail.com	Phone
Signature 		Date 07/24/2025

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Alcohol Beverage
Appointment of Agent

Date

Agent Type (check one)

- ☐ Original (no fee) ☒ Successor (\$10 fee for municipal licensees only)

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)

Charctails LLC

2. Business Trade Name or DBA

Town Council Kitchen & Bar

3. Entity Type (check one)

- ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)

- ☒ Municipal Retail License ☐ State Permit

5. If successor agent, provide State Permit or Municipal Retail License Number

456-1028808831-02

6. Describe the reason for appointing a successor agent, if successor is checked above.

Sale of business

Part B: Agent Information

1. Last Name

Fehrenbach

2. First Name

Alex

3. M.I.

P

4. Email

fehrenbach.alex@gmail.com

5. Phone

6. Home Address

312 Smith St

7. City

Neenah

8. State

WI

9. Zip Code

54956

10. Date of Birth

11. Drivers License/State ID Number

F651 0158 9187 05

12. Drivers License/State ID State of Issuance

WI

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? ☒ Yes ☐ No
Submit proof of completion.
2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire* (licensee) or
Form AB-300, *Alcohol Beverage Personal Questionnaire* (permittee)? ☒ Yes ☐ No
3. Have you been a Wisconsin resident for at least 90 continuous days? ☒ Yes ☐ No
See instructions for exceptions.

Continued →

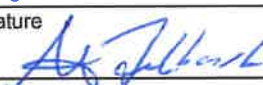
Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I 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 HORAN		First Name JONATHAN	M.I. R
Title OWNER	Email towncouncilmember@gmail.com		Phone [REDACTED]
Signature 			Date 7/28/2025

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. 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 Fehrenbach		First Name Alex	M.I. P
Signature 			Date 7/24/25