



AGENDA OF THE PROTECTION AND POLICY COMMITTEE

MONDAY, MAY 12, 2025, 4:00 PM

In person at City Hall, Room 207.

Virtual attendance also available via Zoom.

A. Zoom Meeting Information.

- I. Join Zoom Meeting Online:
<https://us02web.zoom.us/j/83659327036>

Or call in by phone: +1 312 626 6799

Meeting ID: 836 5932 7036

Passcode: 383540

If you wish to speak at this public meeting or leave a comment, please fill out the online [Comment Form](#) prior to the meeting. More detailed [Zoom Instructions](#) can be found online.

B. Roll Call.

C. Approval of the Agenda.

D. Approval of Minutes.

E. Regular Business.

- I. Consideration with possible action on an appeal by Diana Buchholz regarding the denial of her operator's license.
2. Consideration with possible action on an appeal by Sue Paremski regarding the denial of her operator's license.
3. Consideration with possible action for an approval of a new Massage Establishment License at 110 Packerland (Vital Massage).
4. Consideration with possible action for an approval of the renewal of a Massage Establishment License at 1004 Brett Favre Pass (Legendary Hospitality).

5. Consideration with possible action on a liquor application for a Producer Full-Service Retail Sales Application for Noble Roots Brewing Company with a premise description described as "west end of the parking lot, between two outdoor shelters. Beer will be sold and consumed in this area" for the following dates: 7/1, 7/15, 7/29 and 8/12 at the Bay Beach Summer Concert Series.
6. Consideration with possible action on an application for a "Class B" liquor and Class "B" Beer license for Steven R Van Pay at 1610 Cass St (previously licensed as VPR Bar) with a licensed premises described as "bar, kitchen, basement liquor room", with approval of the proper parties.
7. Consideration with possible action on an application for a "Class B" liquor and Class "B" Beer license for Fritanga Nica, LLC at 1706 Main St (formerly Mely's Cake) with a licensed premises described as "behind the bar and cooler, dining area and kitchen area", with approval of the proper parties.
8. Consideration with possible action on an application for a "Class A" liquor and Class "A" Beer license for BAS Venture LLC at 2278 Bay Settlement Rd (formerly Badimalika LLC) with a licensed premises described as "alcohol will be sold & stored in designated areas. Beer is kept in 6 cooler doors & wine secured in aisles near and behind the counter", with approval of the proper parties.
9. Consideration with possible action on an application for a "Class B" liquor and Class "B" beer license for Sandbox Spirits LLC at 2042 Manitowoc Rd (formerly 2WVB, Inc) with a licensed premises described as "main tavern, outdoor beer garden, volleyball courts, horseshoe pits, parking lot area. Basement storage", with approval of the proper parties.
10. Consideration with possible action on an application for a new "Class C" wine and Class "B" Beer license for Crepe Bistro & Cafe at 520 N Broadway, Ste 120 with a licensed premises described as "dining, beer and wine stored at table, open kitchen, liquor stored in fridge in kitchen", with approval of the proper parties.
11. Consideration with possible action on a Reserve application for a "Class B" liquor and Class "B" Beer license for Unity Food Service LLC at 2475 W Mason St with a licensed premises described as "entire restaurant. Kitchen, bar and dining. Stored down at the basement.", with approval of the proper parties.
12. Consideration with possible action on the listed renewal alcohol beverage license applications, pending the approval of the proper parties (see attached).
13. Consideration with possible action on General Ordinance No. 11-25 relating to License Restrictions.

F. Informational.

1. Green Bay Police Department Violation Report for liquor and massage establishments.

G. Adjournment.

- 1) THIS MEETING IS RECORDED: THE VIDEO OF THIS MEETING AND MINUTES ARE AVAILABLE ONLINE AT www.greenbaywi.gov
- 2) ACCESSIBILITY: Any person wishing to attend who requires special accommodation because of a disability, should contact the City Safety Manager at 920-448-3125 at least 48 hours before the scheduled meeting time so that arrangements can be made.
- 3) QUORUM: Please take notice that a majority or quorum of the Common Council will attend this Protection and Policy committee meeting and will constitute a meeting of the Common Council for purposes of discussion and information gathering relative to this agenda.
- 4) REPRESENTATION: The party requesting the communication, or their representative, should be present at this meeting.
- 5) FOR ALL LICENSING ISSUES, the Committee may convene in closed session pursuant to §19.85 (1)(b) and/or §19.85 (1)(f) Wis. Stats., for the purpose of considering information with respect to licensing for a person, including financial, social, or personal information. The Committee will thereafter reconvene in open session pursuant to Section 19.85(2), Wis. Stats., to take action on items discussed in closed session, if appropriate, and to consider the remainder of the agenda.



Report to the
Protection and Policy Committee
of the City of Green Bay

MEETING DATE

May 12, 2025

PREPARED BY

AGENDA ITEM # E.I

Consideration with possible action on an appeal by Diana Buchholz regarding the denial of her operator's license.

BACKGROUND

RECOMMENDATION

FISCAL IMPACT

ATTACHMENTS

1. P&P BUCHHOLZ CCAP
2. P&P BUCHHOLZ CIB
3. BUCHHOLZ OPR LIC APPEAL



Report to the
Protection and Policy Committee
of the City of Green Bay

MEETING DATE

May 12, 2025

PREPARED BY

AGENDA ITEM # E.2

Consideration with possible action on an appeal by Sue Paremski regarding the denial of her operator's license.

BACKGROUND

RECOMMENDATION

FISCAL IMPACT

ATTACHMENTS

1. PAREMSKI OPR LIC APPEAL
2. PAREMSKI CCAP.KNUTSONAN.491-20255812273611
3. PAREMSKI CIB.KNUTSONAN.491-20255812264772



Report to the
Protection and Policy Committee
of the City of Green Bay

MEETING DATE

May 12, 2025

PREPARED BY

AGENDA ITEM # E.3

Consideration with possible action for an approval of a new Massage Establishment License at 110 Packerland (Vital Massage).

BACKGROUND

RECOMMENDATION

FISCAL IMPACT

ATTACHMENTS

- I. 110 Packerland Application

Massage Establishment License

03/10/2025 4:25 PM (CDT)



Name of Business	Vital Massage
Massage Establishment Address	110 Packerland Drive Suite C
Phone	9202656370
Email Address	klyengl96@gmail.com

Massage Establishment License

Background information about the owner of the establishment (GO 4-23, 10-95(C)6a and 6b)).

First Name	Kelly
Last Name	Engelbrecht
Phone Number	9202656370
Email Address	klyengl96@gmail.com
Date of Birth	11/13/1975
Gender	Woman
Race	White
Height	5' 5"
Weight	210 lbs.
Hair Color	Blonde
Eye Color	Green
Aliases	Kelly Galstad
Home Address	1010 14th Avenue Green Bay, WI 54304

Previous Addresses

- i.

Previous Address #1

1621 Main Street Onalaska, WI 54650

Dates Resided at Previous Address #1

3/1997-8/2000

Previous Address #2

811 Vilas Street Apt. #1 Onalaska, WI 54650

Dates Resided at Previous Address #2

4/1996-3/1997

Please provide occupation information for the last two years.

Occupations

i.

Occupation

Licensed Massage Therapist (LMT)

Name of Business

Vital Massage

Address of Business

110 Packerland Drive Suite C

Phone Number of Business

9202656370

Have you had a similar license suspended or revoke in any jurisdiction?	No
Have you been convicted of any crime or ordinance violation, other than traffic offenses, in the last three years?	No
Is your business a corporation?	No

Massage therapists or bodywork therapists who have an arrangement with the applicant practice to administer or offer to practice/administer massage therapy or bodywork therapy ((GO 4-23, 10-95(C)6e and 6f)).

Massage/Bodywork Therapist Information

i.

First and Last Name

Kelly Engelbrecht

Home Address

1010 14th Avenue

City

Green Bay

State

WI

ZIP Code

54304

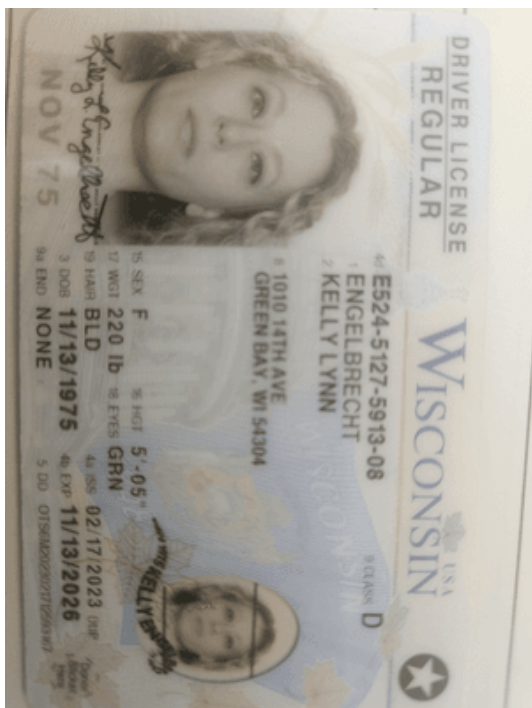
Personal Phone Number

9202656370

State License

 DSPS_Issuance_GovernorCertificate-1.pdf

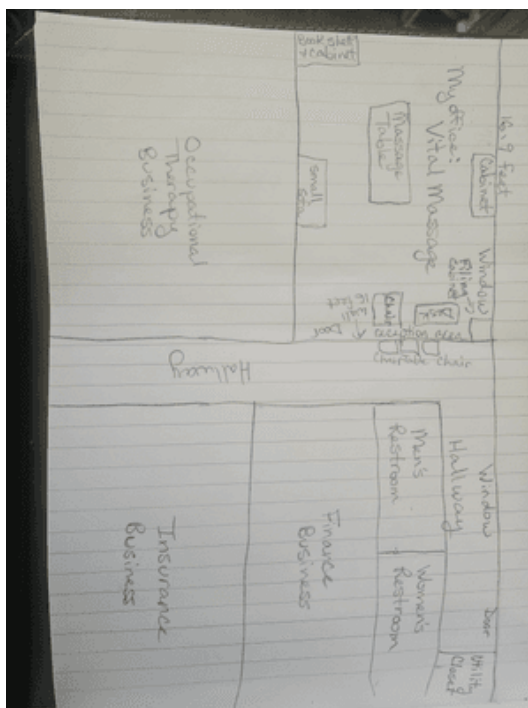
Upload Copy of WI State ID or Drivers License



Floor plan (GO 4-23, 10-95(C)6g).

Please draw your floor plan on a piece of paper, detailing the rooms where the massage therapy or bodywork therapy will take place, the reception area, the restrooms and any other areas accessible to clients.

Upload Floor Plan



Malpractice insurance (GO 4-23, 10-95(C)6h).

Please provide a copy of your malpractice insurance. Your insurance company must be licensed in Wisconsin. The certificate should show that your insurance is no less than one million dollars (\$1,000,000.00) in coverage, per employee.

Upload Malpractice Insurance

 paccertificateofinsuranceweb__nfpac_d878a244-8a40-44d2-b387-336f2443a4a0332025.pdf

 pacmembershipconfirmation__nfpac_29e9a172-947a-4350-8f94-d12f2bb70896332025.pdf

We, the undersigned, being the applicant and/or an individual in the partnership or joint venture, verify that the information in this application is true and correct.

Electronic Signature Agreement

- I agree

Kelly Engdahl



Report to the
Protection and Policy Committee
of the City of Green Bay

MEETING DATE

May 12, 2025

PREPARED BY

AGENDA ITEM # E.4

Consideration with possible action for an approval of the renewal of a Massage Establishment License at 1004 Brett Favre Pass (Legendary Hospitality).

BACKGROUND

RECOMMENDATION

FISCAL IMPACT

ATTACHMENTS

- I. 1004 Brett Favre Pass-Application

Massage Establishment License

03/20/2025 10:07 AM (CDT)



Name of Business	Legacy Hotel
Massage Establishment Address	1004 Brett Favre Pass
Phone	9207705900
Email Address	dmd@legendaryhdm.com

Massage Establishment License

Background information about the owner of the establishment (GO 4-23, 10-95(C)6a and 6b)).

First Name	Dennis
Last Name	Doucette
Phone Number	3057102214
Email Address	dmd@legendaryhdm.com
Date of Birth	06/11/1956
Gender	Man
Race	White
Height	5' 10"
Weight	180
Hair Color	Gray
Eye Color	Brown
Home Address	245 Peterlynn Drive, Wrightstown, WI 54180

Previous Addresses

- i. Previous Address #1
- N7801 Ledgeview Springs Drive, Fond du Lac, WI 54937

Dates Resided at Previous Address #1

2019 to 2022

- Previous Address #2
- N7811 Ledgeview Springs Drive, Fond du Lac, WI 54937

Dates Resided at Previous Address #2

Please provide occupation information for the last two years.

Occupations

i. **Occupation**

Hotel Development and Management, Legendary Hospitality, LLC, since 2013

Name of Business

Legendary Hospitality, LLC

Address of Business

245 Peterlynn Drive, Wrightstown, WI 54180

Phone Number of Business

3057102214

Have you had a similar license suspended or revoke in any jurisdiction?

No

Have you been convicted of any crime or ordinance violation, other than traffic offenses, in the last three years?

No

Is your business a corporation?

No

Massage therapists or bodywork therapists who have an arrangement with the applicant practice to administer or offer to practice/administer massage therapy or bodywork therapy ((GO 4-23, 10-95(C)6e and 6f)).

Massage/Bodywork Therapist Information

i. **First and Last Name**

Abby Rae Reinhard

Home Address

2608 Main St

City

Green Bay

State

WI

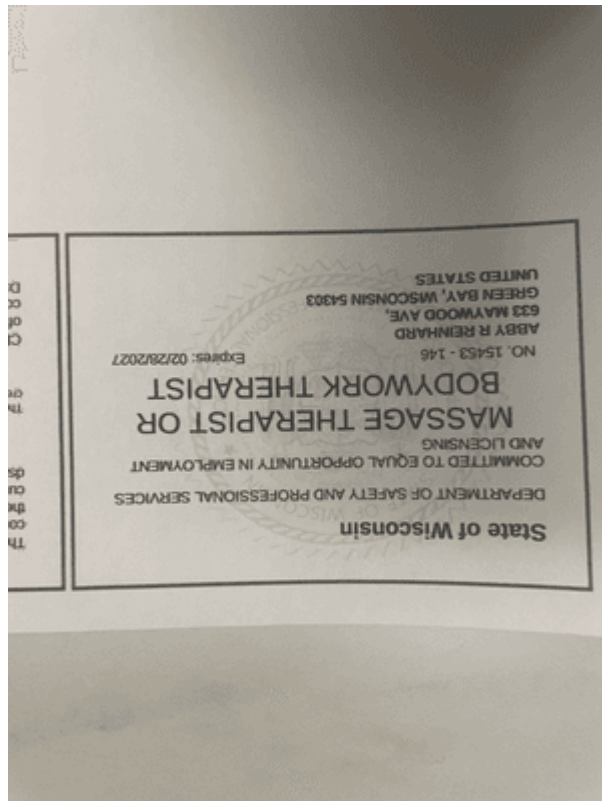
ZIP Code

54303

Personal Phone Number

9207705900

Massage Bodywork/Therapy Wisconsin License



Upload Copy of WI State ID or Drivers License



- ii. **First and Last Name**
Marina Laure Hartjes

Home Address

1150 Johnathon In #5

City

Neenah 54956

State

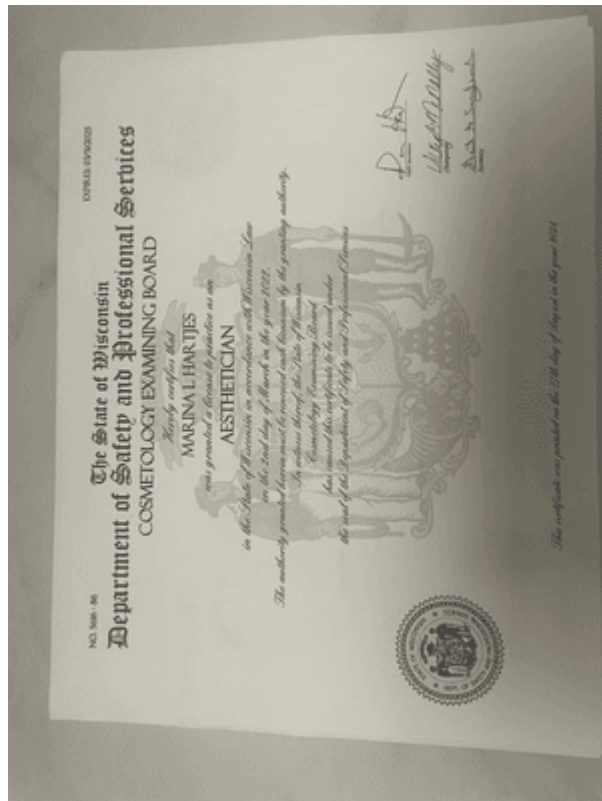
WI

ZIP Code

54956

Personal Phone Number

9207705900

Massage Bodywork/Therapy Wisconsin License

Upload Copy of WI State ID or Drivers License



iii. **First and Last Name**
Anna Elizabeth Endter

Home Address
1917 Bonfire Way

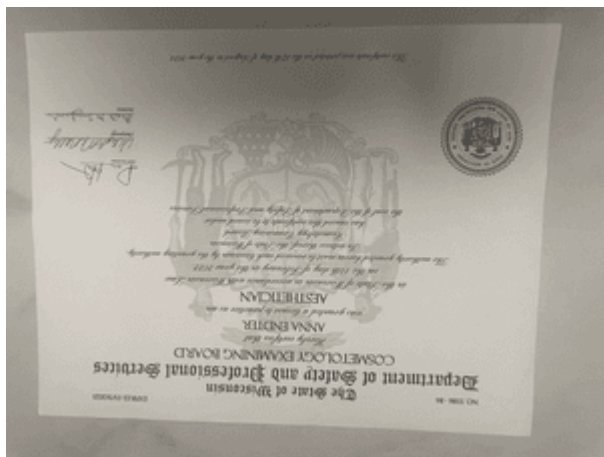
City
De Pere

State
WI

ZIP Code
54115

Personal Phone Number
9207705900

Massage Bodywork/Therapy Wisconsin License



Upload Copy of WI State ID or Drivers License



Floor plan (GO 4-23, 10-95(C)6g).

Please draw your floor plan on a piece of paper, detailing the rooms where the massage therapy or bodywork therapy will take place, the reception area, the restrooms and any other areas accessible to clients.

Upload Floor Plan



Legacy Spa Floor Plan.pdf

Malpractice insurance (GO 4-23, 10-95(C)6h).

Please provide a copy of your malpractice insurance. Your insurance company must be licensed in Wisconsin. The certificate should show that your insurance is no less than one million dollars (\$1,000,000.00) in coverage, per employee.

Upload Malpractice Insurance



Legacy Hotel Certificate of Insurance.pdf

We, the undersigned, being the applicant and/or an individual in the partnership or joint venture, verify that the information in this application is true and correct.

Electronic Signature Agreement

• I agree

Electronic Signature



Report to the
Protection and Policy Committee
of the City of Green Bay

MEETING DATE

May 12, 2025

PREPARED BY

AGENDA ITEM # E.5

Consideration with possible action on a liquor application for a Producer Full-Service Retail Sales Application for Noble Roots Brewing Company with a premise description described as "west end of the parking lot, between two outdoor shelters. Beer will be sold and consumed in this area" for the following dates: 7/1, 7/15, 7/29 and 8/12 at the Bay Beach Summer Concert Series.

BACKGROUND

RECOMMENDATION

FISCAL IMPACT

ATTACHMENTS

- I. NOBLE ROOTS LIQ PRODUCER APP

2767134-0010

Form
AB-105

Producer Full-Service Retail Sales Application

Date 3/18/25

Part A: Producer Information

1. Business Legal Name (individual name if sole proprietor) Noble Roots Brewing Company, LLC		
2. Business Name or DBA Noble Roots Brewing Company	3. Agent Name Alex Falish	
4. FEIN 47-4321181	5. Wisconsin Seller's Permit Number 456-1029297317-02	
6. Wisconsin Producer Permit Number 309-1029297317-12	7. Producer Type ☒ Brewery ☐ Winery ☐ Liquor Manufacturer/Rectifier	
8. Contact Person's First Name Alex	9. Last Name Falish	10. M.I. D
11. Contact Person's Phone (920) 328-3746	12. Contact Person's Email alex@noblerootsbrewing.com	

Part B: Production Quantity

Note: Check appropriate quantity for permit held (see instructions). If you hold more than one producer permit, check the total aggregate quantity produced for each type of permit. Enter the highest quantity produced in any of the last three calendar years.

Brewery	Manufacturer/Rectifier	Winery
☐ Less than 250 barrels	☐ Less than 1,500 liters	☐ Less than 1,000 gallons
☒ 250 - 2,499 barrels	☐ 1,500 - 4,999 liters	☐ 1,000 - 4,999 gallons
☐ 2,500 - 7,499 barrels	☐ 5,000 - 34,999 liters	☐ 5,000 - 24,999 gallons
☐ 7,500 or more barrels	☐ 35,000 or more liters	☐ 25,000 or more gallons
Calendar year: 2023	Calendar year:	Calendar year:
Quantity: 569	Quantity:	Quantity:

Complete only ONE of Part C, D or E.

Part C: Request for Full-Service Retail Sales at the Production Premises

1. Start Date	2. Production Premises Address		
3. City	4. State	5. Zip Code	
6. County	7. Governing Municipality ☐ City ☐ Town ☐ Village of: _____		

Part D: Request for Fixed Full-Service Retail Outlet

1. Are you transferring one fixed full-service retail outlet to a new location? ☐ Yes ☐ No If yes, complete boxes 2 through 9.			
2. Current Outlet Name			
3. Current Outlet Premises Address			
4. City	5. State	6. Zip Code	
7. County	8. Governing Municipality ☐ City ☐ Town ☐ Village of: _____		9. Premises Phone Number

Continued →

Part D: Request for Fixed Full-Service Retail Outlet (Cont.)**New Fixed Retail Outlet Information (complete boxes 10 through 23)**

10. Start Date	11. New Outlet Name		
12. New Outlet Premises Address			
13. City	14. State	15. Zip Code	
16. County	17. Governing Municipality ☐ City ☐ Town ☐ Village of: _____		18. Premises Phone Number
19. Premises Description - Describe the building or buildings and any outside areas 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.			
20. Will you operate a restaurant on the premises? ☐ Yes ☐ No			
21. What alcohol beverages will be offered for sale? (check all that apply) ☐ Beer ☐ Wine ☐ Intoxicating Liquor (other than wine)			
22. What alcohol beverages does the permittee produce? (check all that apply) ☐ Beer ☐ Wine ☐ Intoxicating Liquor (other than wine)			
23. How will customers be served? (check all that apply) ... ☐ Samples ☐ On-premises consumption ☐ Off-premises consumption			

Part E: Request for Unlimited Transfer Full-Service Retail Outlet

1. Name of Event (if applicable) Bay Beach Summer Concert Series		
2. Dates of Operation (attach a schedule, if necessary) 7/1/25, 7/15/25, 7/29/25, 8/12/25	3. Hours of Operation 5-8 PM	
4. Premises Address 1313 Bay Beach Road		
5. City Green Bay	6. State WI	7. Zip Code 54301
8. County Brown	9. Governing Municipality ☒ City ☐ Town ☐ Village of: Green Bay	
10. Organizer of Event (if not the named applicant) Jason Arnoldi	11. Email and/or Phone Number for Organizer of Event Jason.Arnoldi@greenbaywi.gov	
12. Organizer Website	13. Event Website	
14. Premises Description - Describe the building or buildings and any outside areas 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. The events will be held towards the west end of the park, between two existing outdoor shelters, directly to the south of the West train station. Attached is an image detailing the space. Beer will be sold and consumed in this area.		
15. On-Site Contact (Last Name, First Name) Jason Arnoldi	16. On-Site Contact Phone (920) 676-1863	17. On-Site Contact Email Jason.Arnoldi@greenbaywi.gov
18. Will you operate a restaurant on the premises? ☐ Yes ☒ No		
19. What alcohol beverages will be offered for sale? (check all that apply) ☒ Beer ☐ Wine ☐ Intoxicating Liquor (other than wine)		
20. What alcohol beverages does the permittee produce? (check all that apply) ☒ Beer ☒ Wine ☐ Intoxicating Liquor (other than wine)		
21. How will customers be served? (check all that apply) ... ☐ Samples ☒ On-premises consumption ☐ Off-premises consumption		

Part F: Attestation

Who must sign this application?

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

READ CAREFULLY BEFORE SIGNING:

I understand and agree to the following:

- I will not operate this location outside of the dates and times approved by the municipality and Division of Alcohol Beverages.
- I will operate this location according to municipal ordinance and restrictions imposed as a condition of receiving this authorization.
- I will purchase alcohol beverages I do not produce from an authorized source, such as a Wisconsin-permitted wholesaler.
- I will operate this location according to Wisconsin law and administrative regulation including but not limited to: underage restrictions, closing hours, licensed operators, and record keeping requirements.

Further, 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 authorization. Further, I agree that the rights and responsibilities conferred by the authorization, if granted, will not be assigned to another individual or entity. I understand that lack of access to any portion of a premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this authorization. I understand that any authorization issued contrary to Wis. Stats. Chapter 125 shall be void under penalty of Wisconsin law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature



Date

3/17/25

Last Name

Fulish

First Name

Alexander

M.I.

D

Title

Managing Member

Email

alex@noblerootsbrewing.com

Phone

(920) 328-3746

Part G: For Municipal Use Only (Complete if Requesting Authorization in Part D or E)1. Will the municipality limit the scope of alcohol beverages offered for sale? ☐ Yes ☒ No2. Will the municipality impose any requirements or restrictions for the full-service retail outlet? ☐ Yes ☒ No

3. Describe municipal restrictions indicated in questions 1 or 2 above.

4. Last Name of Municipal Official

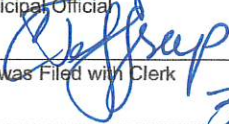
Jeffreys

5. First Name

Celestine

6. M.I.

7. Signature of Municipal Official



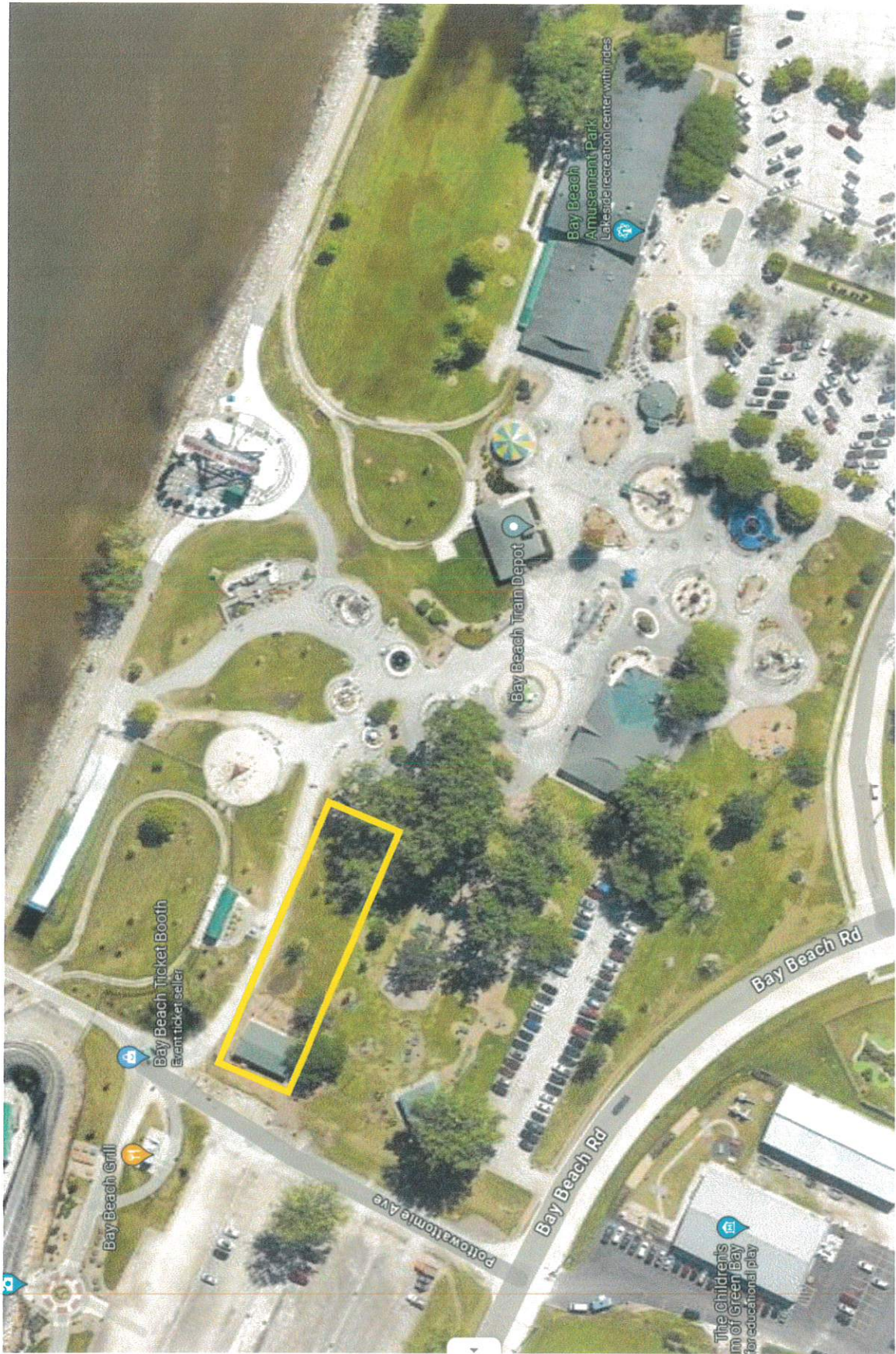
8. Date

5/6/25

9. Date Application was Filed with Clerk

3/18/25

10. Date Full-Service Retail Outlet Approved by Governing Body



Bay Beach Summer Concert Series

Security Plan

The events will take place towards the west end of the park, between two existing outdoor shelters, directly to the south of the West train station. Image provided. This area will be enclosed with enclosed with temporary fencing. Any entrances/exits to the area will be controlled by organizer staff. Staff will check ID's at that time, and anyone 21 or older will be affixed with a wrist band. They will also ensure no one leaves the designated area with alcohol. Applicant (Noble Roots) staff will sell and serve beer. Those selling and serving beer will all have operators permits issued by the City of Green Bay. Beer will be dispense from kegs within a "tap trailer" which will remain locked except when it is entered to change a keg.



Parks, Recreation & Forestry Department
100 North Jefferson Street - Room 510
Green Bay, Wisconsin 54301-5026
www.greenbaywi.gov

Phone 920.448.3365
Fax 920.448.3393

03/17/2025
Bay Beach Concert Series

To Whom it May Concern,

In my capacity as Facilities Superintendent, as well as the event organizer for the Bay Beach Summer Concert Series taking place on July 1, July 15, July 29, and August 12 of 2025, I give permission to Noble Roots to serve fermented malt beverages as a co-sponsor of the event.

The free concerts will take place at Bay Beach Amusement Park in the picnic area near the west end of the park. The events will be taking place on public property; however, a special event permit will not be necessary due to the concerts being organized and sponsored by the City of Green Bay (Bay Beach Amusement Park). The concerts will not interfere with normal park operations or use.

Sincerely,

Jason Arnoldi
Facilities Superintendent



Clerk & Treasurer's Office
100 North Jefferson Street - Room 106
Green Bay, Wisconsin 54301-5026
clerk@greenbaywi.gov
www.greenbaywi.gov

Phone 920.448.3010
Fax 920.448.3016

Producer Permittees for Off the Production Premises

Overview:

Producer permittees may apply for full-service retail sales on or off the production premises through the Division of Alcohol Beverages. Producer permittees include brewers, rectifiers, manufacturers, and wineries.

Municipalities do not issue licenses for full-service retail sales outlets; however, municipalities must approve of the outlets.

Application Fee:

\$25 processing fee.

To File a complete application with the Clerk:

File, in-person, or by mail, with signatures, the AB-105 Application Form. All applicants must fill out sections A, B and F.

If applicant is filing a Request for Fixed Full-Service Retail Outlet:

1. Fill out Section D of the AB-105 form.
2. Provide the Clerk's Office with proof that the licensee has control over the premises. For example, this could be a lease or tax bill.
3. Fill out the Business Security Plan.
4. Floor plan of the premises description.
5. If the premises description has any outdoor areas, provide photos of the outdoor space.

Outdoor patio must follow GB Municipal Code 4.7 regarding outdoor patios.

4.7(3) Immediately adjacent. A licensed patio must be immediately adjacent to the indoor portion of the licensed premises. For purposes of this section, a patio is immediately adjacent if it can be accessed from the indoor portion of the licensed premises without crossing any unlicensed area.

(4) Barrier. A licensed patio must be enclosed by a permanent fence, structure, or other barrier that clearly delineates the separation from licensed to unlicensed area. The fence, structure, or other barrier must be at least three feet in height and must clearly separate the licensed premises from any non-licensed area. Photographs of the barrier shall be provided with the application.

(5) Ingress. Access to a licensed patio shall be through an indoor licensed area. Ingress to a licensed patio from an unlicensed area should be limited to safety purposes only. Egress to an unlicensed area without the ability to return shall not be limited, to permit egress for safety purposes.

6. Pass inspections by building, plumbing, electrical and HVAC. Applicants may schedule an inspections next business day after the submittal of the application. To schedule, call (920) 448-3300. Inspections must be scheduled and passed within 60 days of the approval by the Council. Failure to pass an inspection within 60 days of being granted by Council will result in applicant needing to reapply.

(OVER)



WISCONSIN DEPARTMENT OF REVENUE
PO BOX 8902
MADISON, WI 53708-8902

Contact Information:

2135 RIMROCK RD PO BOX 8902
MADISON, WI 53708-8902
ph: 608-266-2776 fax: 608-264-6884
email: DORBusinessTax@wisconsin.gov
website: revenue.wi.gov

Letter ID L1581625568

NOBLE ROOTS BREWING COMPANY, LLC
2790 UNIVERSITY AVE
GREEN BAY WI 54311-5856

Wisconsin Department of Revenue Seller's Permit

Legal/real name: NOBLE ROOTS BREWING COMPANY, LLC

Business name:
2790 UNIVERSITY AVE
GREEN BAY WI 54311-5856

- This certificate confirms you are registered with the Wisconsin Department of Revenue and authorized in the business of selling tangible personal property and taxable services.
- You may not transfer this permit.
- This permit must be displayed at the place of business and is not valid at any other location.
- If your business is not operated from a fixed location, you must carry or display this permit at all events.

Tax Type	Account Type	Account Number
Sales & Use Tax	Seller's Permit	456-1029297317-02



State of Wisconsin • DEPARTMENT OF REVENUE

Personal Wallet Copy

Seller's Permit: 600-1029297317-03

Legal/Real Name: NOBLE ROOTS BREWING COMPANY, LLC

Signature _____

We are here to serve you

Wisconsin Department of Revenue
PO Box 8902
Madison, WI 53708-8902

Ph: 608-266-2776
Fax: 608-264-6884
Email: dorbusinessstax@revenue.wi.gov
Web: www.revenue.wi.gov
Main office: 2135 Rimrock Rd., Madison



Titletown, USA

CITY OF GREEN BAY, WI
CITY CLERK / TREASURERS OFFICE
100 N JEFFERSON ST, RM 106
GREEN BAY, WI 54301
920-448-3010

2767134-0010 Clerks *.03/18/2025 02:51PM

MISCELLANEOUS

Description: LIQUOR

(LIQ)

Reference 1: AB 105

Reference 2: Noble Root

LIQUOR (LIQ)

2025 Item: LIQ

LIQUOR (LIQ) 25.00

TOP-11002- 25.00D

101101-44110- 25.00C

25.00

Subtotal 25.00

Total 25.00

CASH 25.00

Change due 0.00

Paid by: noble roots

Thank you for your payment!

CITY OF GREEN BAY, WI COPY
DUPLICATE RECEIPT

2790 University



Report to the
Protection and Policy Committee
of the City of Green Bay

MEETING DATE

May 12, 2025

PREPARED BY

AGENDA ITEM # E.6

Consideration with possible action on an application for a "Class B" liquor and Class "B" Beer license for Steven R Van Pay at 1610 Cass St (previously licensed as VPR Bar) with a licensed premises described as "bar, kitchen, basement liquor room", with approval of the proper parties.

BACKGROUND

RECOMMENDATION

FISCAL IMPACT

ATTACHMENTS

- I. 1610 CASS LIQ

PIF **2767150-0006**
Alcohol Beverage License
Application

For Municipal Use Only	
Municipality CITY OF GREEN BAY	
License Period	24-25

Form
AB-200

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

☐ Class "A" Beer \$ 425	☒ Class "B" Beer \$ <u>100</u> ⁷⁵
☐ "Class A" Liquor \$ 425	☒ "Class B" Liquor \$ 475
☐ "Class A" Liquor (cider only) \$ 0	☐ Reserve "Class B" Liquor \$ 10,475
☐ "Class C" Liquor (wine only) \$ 100	

Fees	
License Fees	\$ <u>550</u>
Background Check Fee	\$ 25
Publication Fee	\$ 25
Total Fees	\$ <u>600.00</u>

Part A: Premises/Business Information			
1. Legal Business Name (individual name if sole proprietorship) <u>STEVEN R VAN PARY</u>			
2. Business Trade Name or DBA <u>UPR Bar & Grill</u>			
3. FEIN <u>39 18913145</u>		4. Wisconsin Seller's Permit Number <u>456-0000101801-03</u>	
5. Entity Type (check one) ☒ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization			
6. State of Organization		7. Date of Organization	
8. Wisconsin DFI Registration Number			
9. Premises Address <u>1610 Cass ST</u>			
10. City GREEN BAY		11. State WI	12. Zip Code <u>54302</u>
13. County Brown	14. Governing Municipality: ☒ City ☐ Town ☐ Village of: <u>GREEN BAY</u>		15. Aldermanic District <u>13</u>
16. Premises Phone <u>920 391-5653</u>	17. Premises Email <u>SVAN PARY 7154-Gmail</u>		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. <u>Bar, Kitchen, Basement Liquor Room</u>			
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? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ 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.

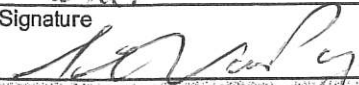
Last Name	First Name	Title	Phone
Van Pay	STEVEN	Owner	920 655-7154

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 Van Pay		First Name STEVEN	M.I. R
Title Owner	Email SVanPay7154@gmail.com	Phone 920 655-7154	
Signature 		Date 3/19/25	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 3/19/25	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Alcohol Beverage Individual Questionnaire

Date
3/19/25

All individuals involved in the alcohol beverage business must complete this form, including:

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

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information			
1. Legal Business Name (Individual name if sole proprietor) Steven R Van Pay			
2. Business Trade Name or DBA UPA Bar & Grill			
3. Entity Type (check one) ☒ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization			

Part B: Individual Information					
1. Last Name Van Pay		2. First Name Steven		3. M.I. R	
4. Relationship to Business (Title) Owner		5. Email SVanPay7154@gmail.com		6. Phone 920 655-7154	
7. Home Address 1338 Vanderbrack St					
8. City Green Bay		9. State WI	10. Zip Code 54302	11. Date of Birth 2/18/58	
12. Drivers License/State ID Number J510-7965-8058-04			13. Drivers License/State ID State of Issuance WI		

Part C: Address History					
1. Do you currently reside in Wisconsin? ☒ Yes ☐ No					
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?				Years 67	Months 1
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.					
Previous Address 1		City		State	Zip Code
1338 Vanderbrack St		Green Bay		WI	54302
Previous Address 2		City		State	Zip Code
Previous Address 3		City		State	Zip Code
Previous Address 4		City		State	Zip Code
Previous Address 5		City		State	Zip Code
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.					
State	County	State	County	State	County
WI	Brown				
State	County	State	County	State	County

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

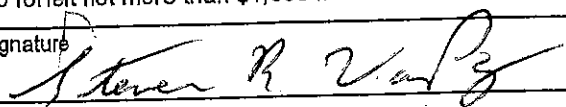
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

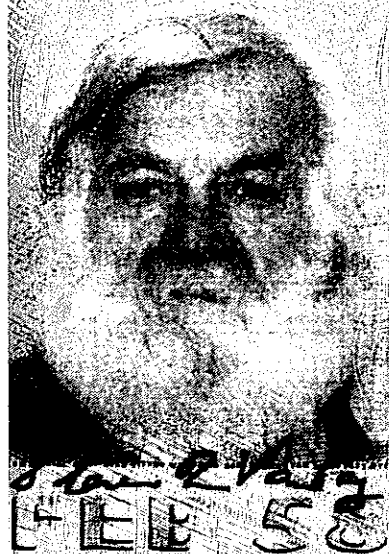
Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature 	Date 3/19/25
--	-----------------

COMMERCIAL
DRIVER LICENSE

USA
WISCONSIN



4d **V510-7965-8058-04** 9 CLASS **ABCD**

1 **VAN PAY**
2 **STEVEN RAY**

8 **1338 VANDERBRAAK ST**
GREEN BAY, WI 54302

FEB
58

15 SEX **M** 16 HGT **5'-10"** 17 WGT **190 lb**

18 EYES **BLU** 19 HAIR **BLD**

3 DOB **02/18/1958** 9a END **N**

4a ISS **01/21/2025**

5 DD **OTLKM2025012114001806** 4b EXP **02/18/2033**

FEB



Serving Alcohol

is proud to present this certificate to

Steve van pay

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 REGARD THEM IF THERE IS ANY QUESTION ABOUT THEIR AGE
- * ENSURE A PERSON MATCHES THEIR VALID LEGAL IDENTIFICATION

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.

Verify online at

servingalcohol.com

Verification Code

xNXgwCJ77Q

Date Issued

Mar 17th, 2025

VALID FOR 2 YEARS

This is not a Wisconsin operators/bartenders license.

This certificate will be requested to obtain a Wisconsin operators/bartenders license from the Wisconsin city clerk's office in the municipality where you are working.

Find your city clerk's office here: <https://elections.wi.gov/clerks/directory>

Wisconsin Alcohol Seller/Server Course

Name: Steve van pay

Certification Date: Mar 17th, 2025

Certificate Code: xNXgwCJ77Q

Verify Online: servingalcohol.com

125.17(6), 134.66 (2m), 125.04(5)(a)5 Wis. Stats.

SERVING ALCOHOL INC

VALID FOR 2 YEARS

Learn more about this wallet card at <http://servingalcohol.com/wallet-card>



Alcohol Beverage License Application -

Statement of Intent

INSTRUCTIONS

In order to apply for an alcohol beverage license in the City of Green Bay, this licensee or license agent must sign this Statement of Intent. This document allows the City of Green Bay to ensure that your license will be used within 60 days of its granting (or within 60 days of the start of the license year for renewal applications).

If you are applying for a new license and construction or remodeling activities will prevent you from operating within 60 days of the granting of the license, you sign this below and attach written documentation outlining the duration of such activities and the anticipated first date of operation under the license applied for. The Common Council will then review your request for additional time. If granted, the time granted by the Common Council shall be substituted for the 60 days.

STATEMENT OF INTENT

The undersigned applicant for an alcoholic beverage license hereby agrees to begin operation of the proposed establishment pursuant to the alcohol beverage license applied for within 60 calendar days of the start of the license for granted renewal applications. The undersigned agrees that if the alcohol beverage license applied for is not issued or operation under the license does not begin within such time, the license shall be considered surrendered to the City of Green Bay without the need for further action or proceeding. The City of Green Bay may then grant the license to another applicant.

Under penalty provided by law, the signer states that the above statement has been truthfully provided to the best of the knowledge of the signer. Any inaccurate or untruthful answer may be grounds for denial of the application. Signer agrees to operate this business according to the law and observe the provisions of the Green Bay Municipal Code.

J. Steven R. Van Pelt

Signature Of Applicant

UPR Bar & Grill

Name of Establishment

1610 Cass St Green Bay, WI 54302

Address of Establishment

3/19/25

Date

SECURITY PLAN

The following security plan represents the Licensee's anticipated operations and procedures. It is a collection of guidelines that are not legally binding on the Licensee, but are intended to give the Police Department, Green Bay Common Council and the public a good picture of what the Licensee believes his or her business will look like and how it will operate. While the Licensee will not receive any citations for deviating from this security plan, it is a good idea to follow these guidelines because the Council may consider during renewal time how closely you follow your plan. If you deviate too far from your security plan and fail to update it at renewal time, it could adversely affect your license status.

GENERAL

Legal Entity Name: [Licensee name] *Steven R Van Poy*

Agent's Name: [enter agent's name or "N/A"] *Steven R Van Poy*

Agent's Phone Number: [to setup initial meeting with Police Department] *920 655-7154*

Business Address: [address] *1610 Cass St.*
Green Bay, WI [ZIP] *54302*

E-mail: (enter e-mail) *SVanPoy 7154@gmail.com*

Address to Mail Renewal Application Notice: [address] *1610 Cass St.*
[city], WI [ZIP] *Green Bay WI, 54302*

Address to Mail Liquor License: [address] *1610 Cass St.*
[city], WI [ZIP] *Green Bay WI, 54302*

License Type: [Class "B" (Beer) or "Class B" Combination (Beer & Liquor)] ✓
[Class "A" (Beer) or "Class A" Liquor & Class "A" Beer]
[Class "B" (Beer) and "Class C" Wine (Restaurants Only)]
[Class B" Liquor Winery Only]
Class "B" Beer License & "Class B" Liquor-Reserve License

LICENSE

Building Owned or Leased: [Leased or Owned] *Owned*

Landlord name and address: [Landlord name or "N/A"] *NA*
[Landlord address]
[Landlord city], [landlord state] [landlord ZIP]

Building Capacity: [enter capacity, determined by fire code] *120*

Parking Capacity/Availability: [enter if private parking lot included in business or if public parking is used; if private, include size, number of spots and location in relation to building; if public, include how Licensee intends to monitor patrons as they leave premises] *15 spots front of Buildings*

Anticipated Opening Date: (Include any improvements to property that are active and needed prior to opening location. A waiver must be requested if anticipated opening date is more than 60 days from granting date.) *Immediately*

Outdoor Areas and Fencing Description: (Enter outdoor areas that are part of your license premises including click n' collect). Pictures are also required for an outdoor areas. *NA*

INTERNAL OPERATIONS- FOR CLASS B & C LICENSEES ONLY

Are You Part of the Brown County League:

☒ Yes

☐ NO

Bar Staff Information:

[number of staff on hand at certain times of operation; prior staff experience; how many bartenders/bar staff/etc. on during peak hours; staff training; whether requiring NWTC training course or operator's license for all or just some staff; other training focused on catching U/A persons, identifying intoxicated persons, etc.] *1 per shift*

Security Staff Information:

[number of staff on hand at certain times of operation; prior staff experience; how many bouncers/etc. on during peak hours; staff training; whether attending Professional Communications course offered by PD; other training focused on catching U/A persons, identifying intoxicated persons, etc.] *1 during peak*

Atmosphere:

[describe what type of music, food, entertainment, amusement devices, and clientele Licensee will promote or focus on] *oldies, country, modern music, Burgers & Deep Fried Food, chips, Dance Machine, Pool Tables*

Dress Code:

[describe dress code, and restrictions on access for those who violate dress code, plan on how to handle anyone who argues about dress code] *casual Dress Politely ask to adhere to*

Estimated Sales:

49 % Alcohol *51* % Food % Other

If applicable, describe "Other":

INTERNAL OPERATIONS- FOR CLASS A LICENSEES ONLY

Cigarette License:

YES

NO

OTC VENDING BOTH

License Premises:

Where the alcohol will be on the sales floor and how will it be locked up after hours (if applicable)

OPERATIONS

Hours of Operation:

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
<i>7 AM closing</i>	<i>7 AM closing</i>	<i>7 AM closing</i>	<i>7 AM closing</i>	<i>7 AM closing</i>	<i>7 AM closing</i>	<i>7 AM closing</i>

Manager, if any:

(manager name & Phone Number)

COMMUNITY IMPACT

Neighborhood: [how will this business may impact the neighbors and how does
Licensee intend to reduce any negative impact which may result]
*Bring revenue into the area, nice place for neighbors to come and
Enjoy Food & Drink maintain a nice - safe enjoyable place to socialize*

Police Services: [how will this business may impact police services and how does
Licensee intend to reduce any negative impact which may result]
*Place will maintain a warm friendly environment not allowing
negatively to arise*

Compliance with Laws: [how will this business will ensure compliance with city ordinances,
state statutes and state administrative code] *To stay updated
on all laws & ordinances*

REQUIRED CONTACTS AND FILINGS

understand that liquor/beer license renewal applications are due April 15 of every year, regardless of
when license was initially granted. ☐ No ☒ Yes

understand that prior to appearing before the Protection & Policy Committee Meeting I first must meet
SPBD to review the business security plan ☐ No ☒ Yes

intend to operate under the new alcohol license within 60 days of the Common Council granting this
license. If it is more than 60 days, it is my responsibility to reach out to the Clerk's Office to request an
extension. ☐ No ☒ Yes

understand that prior to being issued a liquor license, I must pay the appropriate fees and call (920)
448-3300 to schedule and pass an Inspections. ☐ No ☒ Yes

understand that I should reach out to the Brown County Health Department at (920) 448-6400 and the
Green Bay Assessor's Office at (920) 448-3066 or alex.drews@greenbaywi.gov to inform them I am
applying for a new liquor license. ☐ No ☒ Yes

Once issued, I understand that any changes to my liquor license should be communicated to the Clerk's
Office at (920) 448-3010 or clerk@greenbaywi.gov to determine any additional steps. ☐ No ☒ Yes

For Class B Reserve Licensees Only) I understand a municipality may not rebate or refund the initial
issuance fee of a reserve "Class B" License (including through any grant or tax credit program). The
reserve license is also not transferrable and should I surrender my license to another legal entity, the
new legal entity must apply for an available or reserve liquor license) ☐ No ☒ Yes

By signing below, I agree that the security plan set forth above accurately represents my
policies, procedures, and goals in running my business.

Licensee: Adam R. Vaby Date: 3/19/25



Clerk & Treasurer's Office
100 North Jefferson Street - Room 106
Green Bay, Wisconsin 54301-5026
clerk@greenbaywi.gov
www.greenbaywi.gov

Phone 920.448.3010
Fax 920.448.3016

SURRENDER FORM

Date: 3/18/25

I, we Dexicenia Cerda Ramirez, the present holder(s) at
(Individual, Partners, Officer)-License Holder(s)

1610 Cass ST, will surrender
(Address and Name of Business)

My/our license to Steve Van Bay, upon his/her approval by the Common Council.
(Applicant)

Dexicenia Cerda Ramirez
License Holder Signature

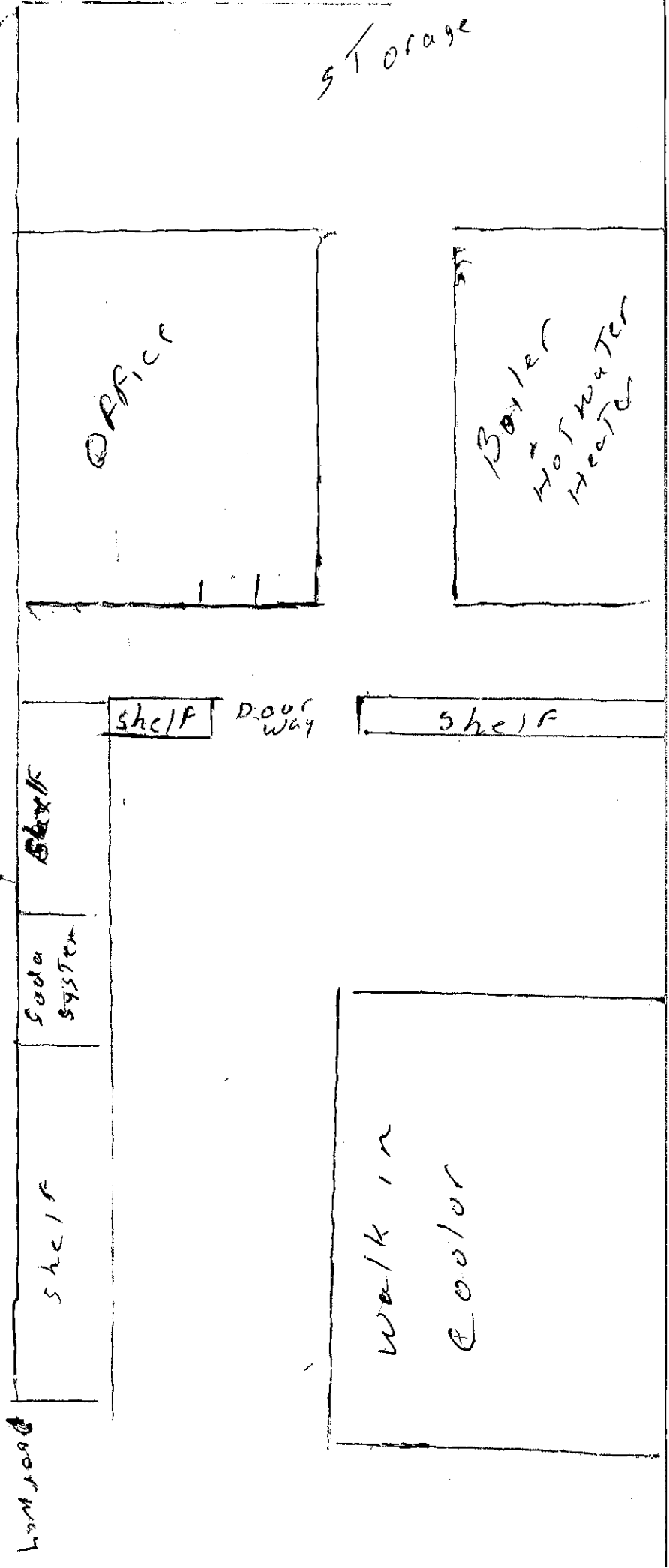
License Holder Signature

Ramiro Cerda
Witness

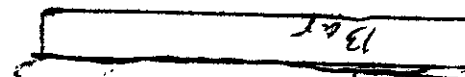
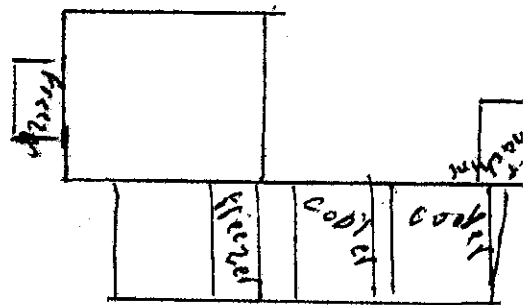
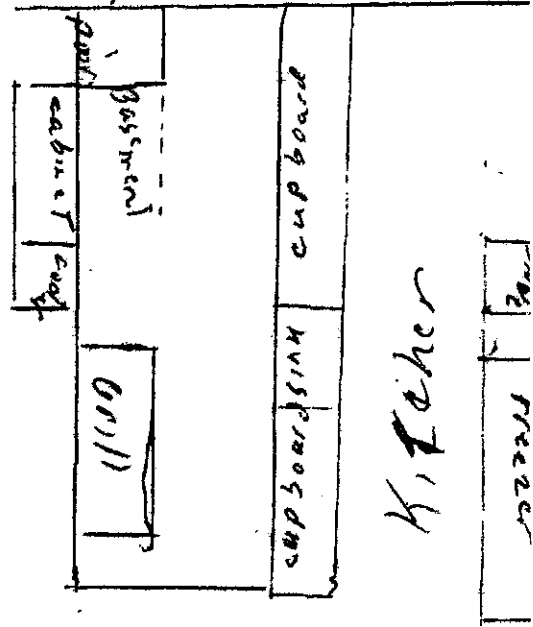


Back Door
Steps

Liberal Storage
Storage Room



Back Door



Womens Bathroom

Back Door

Back Door

Entrance Door

Back Door

Back Door

Back Door

Back Door

Back Door



WISCONSIN DEPARTMENT OF REVENUE
PO BOX 8902
MADISON, WI 53708-8902

Contact Information:

2135 Rimrock Road PO Box 8902
Madison, WI 53708-8902
ph: 608-266-2778 fax: 608-327-0235
email: DORBusinessTax@wisconsin.gov
website: revenue.wi.gov

Letter ID L0086623408



March 19, 2025

Account Reactivation Letter

Legal Name: STEVEN RAY VAN PAY

Business name: STEVEN RAY VAN PAY
1338 VANDERBRAAK ST
GREEN BAY, WI 54302-2016

The account listed below was reactivated as of June 1, 1994 based on the information we received.

Questions can be e-mailed to dorregistration@wisconsin.gov or return this notice to the department with a letter of explanation.

Tax type	Account type	Account number	Filing Frequency
Sales & Use Tax	Seller's Permit	456-0000101801-03	Quarterly



STATE OF WISCONSIN
REAL ESTATE PROPERTY TAX BILL FOR 2023
CITY OF GREEN BAY
BROWN COUNTY

BILL NO. 7154761
Correspondence should refer to parcel number
PARCEL#: 8-567-1

SEQ# 33183

Property Address
1610 CASS ST

Assessed Value Land	Ass'd Value Improvements	Total Assessed Value	Ave. Assmt. Ratio	Est. Fair Mkt. Land	Est. Fair Mkt. Improvements	Total Est. Fair Mkt.	
41,000	126,000	167,000	0.8887	46,100	141,800	187,900	A star in this box means unpaid prior year taxes

Taxing Jurisdiction	2022 Est. State Aids Allocated Tax Dist.	2023 Est. State Aids Allocated Tax Dist.	2022 Net Tax	2023 Net Tax	% Tax Change	Gross Property Tax
CITY OF GREEN BAY	21,030,432	24,450,624	1,266.18	1,296.55	2.4%	3,229.56
NORTHEAST WI VTAE	7,420,438	7,003,376	116.02	112.84	-2.7%	-74.35
GREEN BAY SCH DIST	157,043,333	154,648,089	1,175.53	1,267.59	7.8%	
BROWN COUNTY	2,563,129	3,101,012	562.12	552.58	-1.7%	3,155.21

Total	188,057,332	189,203,101	3,119.85	3,229.56	3.5%
First Dollar Credit			68.03	74.35	9.3%
Lottery & Gaming Credit					
Net Property Tax			3,051.82	3,155.21	3.4%

School taxes reduced by school levy tax credit \$ 284.40

STEVEN R VANPAY
CHERYL A VANPAY
STEVEN & CHERYL VAN PAY
1338 VANDERBRAAK ST
GREEN BAY WI 54302-2016

1752934 ACRES: 0.221
9,655 SQ FT THE ELY 76 FT OF
THAT PART OF LOT 17 SUBD OF
PC 3 THRU 7 ESFR DESC IN 295
D 507

FOR INFORMATIONAL PURPOSES ONLY
- Voter Approved Temporary Tax Increases

Taxing Jurisdiction	Total Additional Taxes	Total Additional Taxes Applied to Property	Year Increase Ends
GREEN BAY SCH DIST	11,529,049.64	219.60	2024

Net Assessed Value Rate
(Does NOT reflect credits)

0.019338652

RETAIN THIS
PORTION AS
YOUR COPY

SEE REVERSE
SIDE FOR
IMPORTANT
INFORMATION

TOTAL DUE FOR FULL PAYMENT

PAY BY January 31, 2024

▶ \$ 3,155.21

Warning: If not paid by due dates, installment option is lost and total tax is delinquent subject to interest and, if applicable, penalty.

Failure to pay on time. See reverse.

Installments may be paid as follows:

1577.61 DUE BY 01/31/2024
1577.60 DUE BY 07/31/2024



Report to the
Protection and Policy Committee
of the City of Green Bay

MEETING DATE

May 12, 2025

PREPARED BY

AGENDA ITEM # E.7

Consideration with possible action on an application for a "Class B" liquor and Class "B" Beer license for Fritanga Nica, LLC at 1706 Main St (formerly Mely's Cake) with a licensed premises described as "behind the bar and cooler, dining area and kitchen area", with approval of the proper parties.

BACKGROUND

RECOMMENDATION

FISCAL IMPACT

ATTACHMENTS

- I. 1706 MAIN NEW LIQ

Form
AB-200

Alcohol Beverage License
Application

For Municipal Use Only
Municipality CITY OF GREEN BAY
License Period 24-25

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

- ☐ Class "A" Beer \$ 425 ☒ Class "B" Beer \$ 100
- ☐ "Class A" Liquor \$ 425 ☒ "Class B" Liquor \$ 475
- ☐ "Class A" Liquor (cider only) \$ 0 ☐ Reserve "Class B" Liquor \$ 10,475
- ☐ "Class C" Liquor (wine only) \$ 100

Fees	
License Fees	\$ 550
Background Check Fee	\$ 25
Publication Fee	\$ 25
Total Fees	\$ 600

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) Fritanga Nica LLC		
2. Business Trade Name or DBA "		
3. FEIN 33-3548902	4. Wisconsin Seller's Permit Number 456-1031939013-02	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization		
6. State of Organization Wisconsin	7. Date of Organization 3/01/2025	8. Wisconsin DFI Registration Number F077725
9. Premises Address 1706 Main St Green Bay, WI 54302		
10. City GREEN BAY	11. State WI	12. Zip Code 54302
13. County Brown	14. Governing Municipality: ☒ City ☐ Town ☐ Village of: GREEN BAY	15. Aldermanic District
16. Premises Phone (920) 489-0535	17. Premises Email marlenica75@gmail.com	18. Website N/A
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. Behind The Bar and Cooler, Dining area, Kitchen area		

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? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ 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
Reyes Silva	Ana	Owner	(920) 489-0935

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.
Reyes Silva	Ana	M
Title	Email	Phone
Owner	marlenica75@gmail.com	(920) 489-0935
Signature	Date	
Ana Reyes S.		

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 Individual Questionnaire

Date

All individuals involved in the alcohol beverage business must complete this form, including:

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

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information

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

Fritanga Nica LLC

2. Business Trade Name or DBA

3. Entity Type (check one)

☐ Sole Proprietor

☐ Partnership

☒ Limited Liability Company

☐ Corporation

☐ Nonprofit Organization

Part B: Individual Information

1. Last Name

Reyes Silva

2. First Name

Ana

3. M.I.

M

4. Relationship to Business (Title)

Owner

5. Email

marlenica75@gmail.com

6. Phone

(920) 489-0935

7. Home Address

914 E Walnut St

8. City

Green Bay

9. State

WI

10. Zip Code

54301

11. Date of Birth

6/04/1975

12. Drivers License/State ID Number

R241-0007-5704-01

13. Drivers License/State ID State of Issuance

01/28/2025

Part C: Address History

1. Do you currently reside in Wisconsin?

☒ Yes

☐ No

If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?

Years

19

Months

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address 1

914 E Walnut St

City

Green Bay

State

WI

Zip Code

54301

Previous Address 2

1548 Ellis St

City

Green Bay

State

WI

Zip Code

54302

Previous Address 3

1400 Sterling Heights #B

City

Green Bay

State

WI

Zip Code

54302

Previous Address 4

City

State

Zip Code

Previous Address 5

City

State

Zip Code

3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.

State

WI

County

Brown

State

TX

County

Raymondville

State

County

State

County

State

County

State

County

State

County

State

County

Continued →

Part D: Criminal History		
1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? ☐ Yes ☒ No		
If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.		
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ☐ Yes ☒ No		
If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.		

Part E: Attestation	
READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.	
Signature <u>Ana Reyes S.</u>	Date <u> </u>

DRIVER LICENSE
REGULAR

USA
WISCONSIN



4a ID **R241-0007-5704-01** 9 CLASS **D**

1 **REYES SILVA**
2 **ANA MARLENE**

3 **914 E WALNUT ST**
GREEN BAY, WI 54301

JUN
75

LIMITED TERM

15 SEX **F** 16 HGT **5'-04"** 17 WGT **140 lb**

18 EYES **BLK** 19 HAIR **BLK**

3 DOB **06/04/1975** 9a END **NONE**

4a ISS **01/28/2025** DUP

5 DD **0TK/D02025012809143258** 4b EXP **03/25/2028**



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)
Fritanga Nica LLC
2. Business Trade Name or DBA
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: Reyes Silva
2. First Name: Ana
3. M.I.: M
4. Email: marlenica75@gmail.com
5. Phone: (920) 489-0935
6. Home Address: 914 E Walnut St
7. City: Green Bay
8. State: WI
9. Zip Code: 54301
10. Age: 49
11. Drivers License/State ID Number: R241-0007-5704-01
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? ☒ Yes ☐ No
Submit a completed Form AB-100 with this form.
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 Reyes Silva		First Name Ana		M.I. M
Title Owner	Email marlenica75@gmail.com		Phone (920) 489-0935	
Signature Ana Reyes S.			Date	

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 Ana Reyes		First Name		M.I.
Signature Ana Reyes.			Date	

Congratulations!

You have successfully completed the ServSafe® Training and Certificate Program. This is your official ServSafe Alcohol Certificate Card and provides confirmation that you have studied and are knowledgeable about, how to serve alcohol responsibly.

Thank you for participating in the ServSafe Alcohol program. Responsible alcohol service begins with the choices you make, and ServSafe Alcohol training will help you make the right decision when the moment arises.

By completing the ServSafe Alcohol program, you show your dedication to safe and responsible alcohol service. The ServSafe Alcohol program and the National Restaurant Association are dedicated to helping you continue to raise the bar on alcohol safety.

To learn more about our full suite of responsible alcohol service training products, contact your State Restaurant Association, your distributor or visit us at ServSafe.com.

We value your dedication to responsible alcohol service and applaud you for making the commitment to keep your operation, your customers and your community safe.

Sincerely,



Sherman Brown

Executive Vice President, National Restaurant Association Solutions



ID # 02602996
CARD # 07080077

ServSafe Alcohol® CERTIFICATE



ANAM REYES SENA
NAME
6/26/2008
DATE OF EXAMINATION
Card expires three years from the date of examination. Card good only.

©2007 National Restaurant Association Foundation "NRAEF". All rights reserved. ServSafe and the ServSafe logo are trademarks of the NRAEF. National Restaurant Association is the designee of the National Restaurant Association.

Executive Vice President, National Restaurant Association Solutions

Sherman Brown

This certificate confirms completion of the ServSafe Alcohol responsible alcohol service program.

In Alaska you must laminate your card for it to be valid.

NOTE: You can access your score and certification information anytime at ServSafe.com.

If you have any questions regarding your certification please contact the National Restaurant Association Service Center at ServiceCenter@nraefoundation.org or 800.765.2122, ext. 6703



©2007 National Restaurant Association Foundation "NRAEF". All rights reserved. ServSafe and the ServSafe logo are trademarks of the NRAEF. National Restaurant Association is the designee of the National Restaurant Association.



Alcohol Beverage License Application - Statement of Intent

INSTRUCTIONS

In order to apply for an alcohol beverage license in the City of Green Bay, this licensee or license agent must sign this Statement of Intent. This document allows the City of Green Bay to ensure that your license will be used within 60 days of its granting (or within 60 days of the start of the license year for renewal applications).

If you are applying for a new license and construction or remodeling activities will prevent you from operating within 60 days of the granting of the license, you sign this below and attach written documentation outing the duration of such activities and the anticipated first date of operation under the license applied for. The Common Council will then review your request for additional time. If granted, the time granted by the Common Council shall be substituted for the 60 days.

STATEMENT OF INTENT

The undersigned applicant for an alcoholic beverage license hereby agrees to begin operation of the proposed establishment pursuant to the alcohol beverage license applied for within 60 calendar days of the start of the license for granted renewal applications. The undersigned agrees that if the alcohol beverage license applied for is not issued or operation under the license does not begin within such time, the license shall be considered surrendered to the City of Green Bay without the need for further action or proceeding. The City of Green Bay may then grant the license to another applicant.

Under penalty proved by law, the signer states that the above statement has been truthfully provided to the best of the knowledge of the signer. Any inaccurate or untruthful answer may be grounds for denial of the application. Signer agrees to operate this business according to the law and observe the provisions of the Green Bay Municipal Code.

Ana Reyes S.

Signature Of Applicant

Fritanga Nica LLC

Name of Establishment

1706 Main Street Green Bay, WI 54302

Address of Establishment

Date



Clerk & Treasurer's Office
100 North Jefferson Street • Room 106
Green Bay, Wisconsin 54301-5026
clerk@greenbaywi.gov
www.greenbaywi.gov

Phone 920.448.3010
Fax 920.448.3016

SURRENDER FORM

Date: 2/19/25

we Jose Perez Yahuarica Restaurante
Mely's Cafe and, the present holder(s) at
(Individual, Partners, Officer)-License Holder(s)

700 Main Street Green Bay, WI 54802
(Address and Name of Business), will surrender

My/our license to Ana Reyes Silva, upon his/her approval by the Common Council.
(Applicant)

License Holder Signature

License Holder Signature

Witness

SECURITY PLAN

The following security plan represents the Licensee's anticipated operations and procedures. It is a collection of guidelines that are not legally binding on the Licensee, but are intended to give the Police Department, Green Bay Common Council and the public a good picture of what the Licensee believes his or her business will look like and how it will operate. While the Licensee will not receive any citations for deviating from this security plan, it is a good idea to follow these guidelines because the Council may consider during renewal time how closely you follow your plan. If you deviate too far from your security plan and fail to update it at renewal time, it could adversely affect your license status.

GENERAL

Legal Entity Name: FRITANGA NICA LLC

Agent's Name: ANA M REYES SILVA

Agent's Phone Number: (920) 489-0935

Business Address: 1706 MAIN STREET, GREEN BAY WI 54302

E-mail: marlenica75@gmail.com

Address to Mail Renewal Application Notice: 914 E. WALNUT STREET, GREEN BAY WI 54301

Address to Mail Liquor License: 914 E. WALNUT STREET, GREEN BAY WI 54301

License Type: [Class "B" (Beer) or "Class B" Combination (Beer & Liquor)]
[Class "A" (Beer) or "Class A" Liquor & Class "A" Beer]
[Class "B" (Beer) and "Class C" Wine (Restaurants Only)]
["Class B" Liquor Winery Only]
Class "B" Beer License & "Class B" Liquor-Reserve License

LICENSE

Building Owned or Leased: LEASED

Landlord name and address: JUAN MALDONADO
1737 MAIN STREET, GREEN BAY WI 54302

Building Capacity: UNDER 100

Parking Capacity/Availability: Twenty (20) parking spots located in front and around of building.
Exits on Main and Abrams Street.

Anticipated Opening Date: April 15, 2025

Outdoor Areas and Fencing Description: Garbages in Parking lot

INTERNAL OPERATIONS- FOR CLASS B & C LICENSEES ONLY

Are You Part of the Brown Yes (NO)

County League:

Bar Staff Information: Numbe of Staff is five (5); All employees have prior experience with more than 2 years. Two employees at all time of operation; prior staff experience. Owner hold Alcohol Certification and will be in premise when alcohol will be sold; Staff training; One (1) bartender with Certification will be resumed to be on at all times. Two of 5 have it.

Security Staff Information: Will have a bouncer in the weekends- have training for this.

Atmosphere: Latin music, Central American food and American food.

Dress Code: All black and Shirts and pants for employees.

Estimated Sales: 40 % Alcohol 40 % Food 20 % Other

If applicable, describe "Other": Retail Sale, Coffee, Chips, Candy, Soda, etc.

INTERNAL OPERATIONS- FOR CLASS A LICENSEES ONLY

Cigarette License: YES (NO) OTC VENDING BOTH

License Premises: Where the alcohol will be on the sales floor and how will it be locked up after hours (if applicable)

OPERATIONS

Hours of Operation:

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
8:00 AM	8:00 AM	8:00 AM	8:00 AM	8:00 AM	8:00 AM	8:00 AM
6:00 PM	8:00 PM	8:00 PM	8:00 PM	9:00 PM	2:00 AM	2:00 AM

Manager, if any: [manager name & Phone Number]

COMMUNITY IMPACT

Neighborhood: Cooperar con la reducción de ruido excesivo.

Police Services: Manteniendo la comunicación constante con los Agentes del Orden Publico.

Compliance with Laws: Nos reservamos el derecho de Admision a personas no gratas o problemáticas.

REQUIRED CONTACTS AND FILINGS

I understand that liquor/beer license renewal applications are due April 15 of every year, regardless of when license was initially granted. ☐ No ☒ Yes

I understand that prior to appearing before the Protection & Policy Committee Meeting I first must meet GPBD to review the business security plan ☐ No ☒ Yes

I intend to operate under the new alcohol license within 60 days of the Common Council granting this license. If it is more than 60 days, it is my responsibility to reach out to the Clerk's Office to request an extension. ☐ No ☒ Yes

I understand that prior to being issued a liquor license, I must pay the appropriate fees and call (920) 448-3300 to schedule and pass an Inspections. ☐ No ☒ Yes

I understand that I should reach out to the Brown County Health Department at (920) 448-6400 and the Green Bay Assessor's Office at (920) 448-3066 or alex.drews@greenbaywi.gov to inform them I am applying for a new liquor license. ☐ No ☒ Yes

Once issued, I understand that any changes to my liquor license should be communicated to the Clerk's Office at (920) 448-3010 or clerk@greenbaywi.gov to determine any additional steps. ☐ No ☒ Yes

(For Class B Reserve Licensees Only) I understand a municipality may not rebate or refund the initial issuance fee of a reserve "Class B" License (including through any grant or tax credit program). The reserve license is also not transferrable and should I surrender my license to another legal entity, the new legal entity must apply for an available or reserve liquor license) ☐ No ☒ Yes

By signing below, I agree that the security plan set forth above accurately represents my policies, procedures, and goals in running my business.

Licensee: Ara Reyes S. Date: _____

Dishwasher

Storage

Preperings
Station for
food

Kitchen

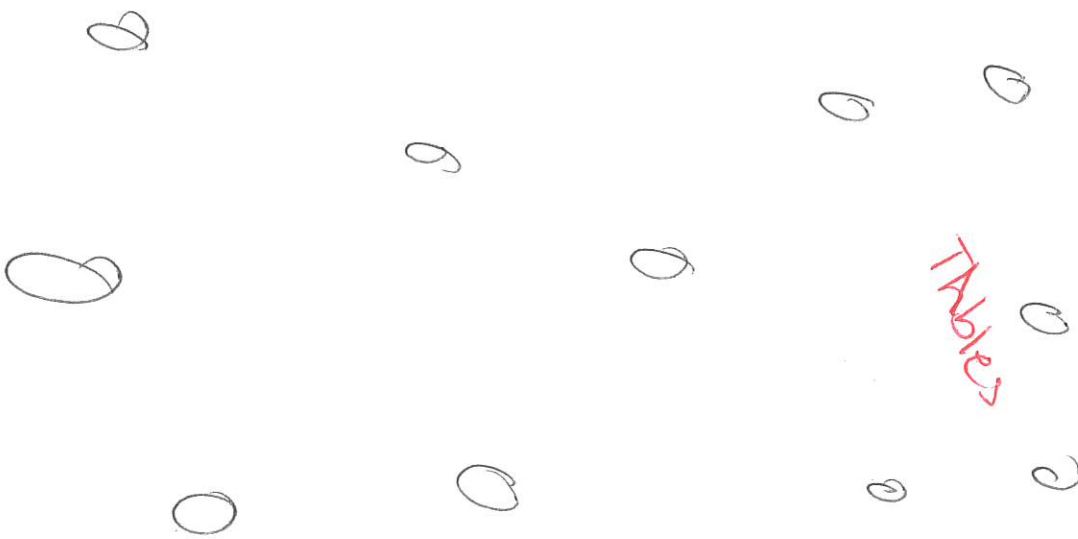
Bar

Door / r endesk

Front Desk

Table

Tables





WISCONSIN DEPARTMENT OF REVENUE
PO BOX 8902
MADISON, WI 53708-8902

Contact Information:

2135 RIMROCK RD PO BOX 8902
MADISON, WI 53708-8902
ph: 608-266-2776 fax: 608-224-5761
email: DORBusinessTax@wisconsin.gov
website: revenue.wi.gov

000372

Letter ID L0732047536

FRITANGA NICA LLC
914 E WALNUT ST
GREEN BAY WI 54301

Wisconsin Department of Revenue Seller's Permit

Legal/real name: FRITANGA NICA LLC
Business name: FRITANGA NICA LLC
1706 Main St
Green Bay WI 54302-3240

- This certificate confirms you are registered with the Wisconsin Department of Revenue and authorized in the business of selling tangible personal property and taxable services.
- You may not transfer this permit.
- This permit must be displayed at the place of business and is not valid at any other location.
- If your business is not operated from a fixed location, you must carry or display this permit at all events.

Tax Type	Account Type	Account Number
Sales & Use Tax	Seller's Permit	456-1031939013-02

COMMERCIAL RENTAL AGREEMENT

This Commercial Rental Agreement (the "**Agreement**") is entered into this 1st day of March 2025, by and between Taqueria Maldonado's Main Street, LLC ("**Landlord**") and Fritanga Nica ("**Tenant**") (each a "**Party**" to this Agreement and collectively the "**Parties**").

WITNESSETH:

WHEREAS, Landlord manages certain real property situated at 1706 Main Street, Green Bay, WI 54302 (hereinafter referred to as the "**Premises**").

WHEREAS, The Parties desire that Tenant rent the Premises from Landlord upon the terms and conditions as contained herein;

NOW, THEREFORE, for and in consideration of the foregoing recitals, covenants and obligations contained herein and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the Parties hereto hereby agree as follows:

1. DEFINITIONS

- a. An "**Alteration**" means any change or improvement to the physical structure or materials comprising the Premises besides mere decorative changes that can quickly and easily be restored to their original states.
- b. A "**Fixture**" means a moveable item of personal property (a chattel), including trade fixtures, that becomes part of the property by reason of being attached thereto and cannot easily be removed without damaging or requiring repair of the property.
- c. "**Furnishings**" means all Fixtures, appliances, furniture, equipment and other personal property owned by Landlord and identified in **Exhibit A** attached hereto.
- d. "**Normal wear and tear**" means deterioration that occurs when the Premises or any of its Furnishings is used as intended, without negligence, carelessness, accident, or abuse by Tenant or Tenant's agents, guests, licensees, invitees, subtenants, assignees, or successors.

2. **TERM.** The initial term of this Agreement shall be two (2) years commencing on March 1st, 2025 and shall automatically renew thereafter for successive one (1) year terms unless and until either Party terminates the Agreement upon ninety (90) days' written notice to the other Party.
3. **SECURITY DEPOSIT.** Tenant shall be required to pay a security deposit in the amount of Three Thousand and 00/100 Dollars (\$3,000.00) to secure Tenant's performance of its obligations under this lease.

4. **RENT.** Tenant agrees to pay Landlord rent in the amount of Three Thousand and 00/100 Dollars (\$3,000.00) for the first 6 months of the initial term of this lease (March 2025 through August 2025). Starting September 1, 2025 and continuing through the expiration of this Lease, Tenant agrees to pay Landlord rent in the amount of Three Thousand and 00/100 Dollars (\$3,000.00). The first rental payment shall be due on March 1, 2025 and on the 1st day of the month each month thereafter. All rental payments will be made as set forth below on or before the due date and without notice, demand, setoff, or abatement. Please be advised that any payments lost in the mail or otherwise late by no fault of Landlord will be treated as if unpaid until received. Landlord will receive any payments due under this Agreement at the following location(s):

TO: Taqueria Maldonado's Main Street, LLC
c/o Juan Maldonado
1737 Main Street
Green Bay, WI 54302

5. **PAYMENT METHODS ACCEPTED.** Landlord reserves the right to change the payment methods accepted at any time by giving notice to Tenant. Landlord accepts payment of any amounts that may become due under this Agreement by any of following: check, cash, direct deposit, wire transfer, money order and/or cashier's check.
6. **KEYS.** Landlord may charge Tenant a reasonable, nonrefundable lost key fee for each key lost by Tenant that Landlord must replace during or at the termination of the tenancy.
7. **PARKING.** Parking for Tenant is available on the Premises. In the event that Tenant parks any unauthorized vehicles on the premises, Landlord may choose to have them removed at Tenant's expense.
8. **UTILITIES.** Tenant is responsible for arranging and paying for all utilities required on the Premises, including all related costs and transfer fees.
9. **USE OF PREMISES; OCCUPANTS.** The Premises must only be used and occupied by Tenant and Tenant's employees, agents, contractors, invitees, guests, servants, visitors, licensees, or subtenants. During the term of this Agreement, the Premises will be used solely for the operation of Tenant's restaurant business and ancillary uses thereto in compliance with applicable laws, bylaws, and regulations relative to the Premises and to the business conducted thereon (the "**Permitted Use**"). Tenant must obtain Landlord's prior written consent to use the Premises for any use not considered a Permitted Use. Tenant must not allow others to occupy or use the Premises or any part thereof for any purposes other than as herein limited, nor for any purpose deemed unlawful or extra hazardous, on account of fire or other casualty. Tenant must conduct all business in compliance with any and all laws, ordinances, rules, and orders of any and all governmental or quasi-governmental authorities affecting the cleanliness, use, occupancy, and preservation of the Premises, and must promptly comply with all orders, regulations, requirements, and

directives of the Board of Fire Underwriters or similar authority and of any insurance companies which have issued or are about to issue policies of insurance covering the said Premises and its contents, for the prevention of fire or other casualty, damage, or injury, at Tenant's own cost and expense.

10. **USE OF PREMISES RESTRICTION.** Tenant hereby acknowledges that Landlord owns and operates multiple restaurants that serve Mexican style food, including a restaurant in close proximity to the Premises. Tenant hereby acknowledges and represents that Tenant's restaurant being operated at the Premises is an American bar and grill style restaurant that serves American style food and that the Tenant's restaurant menu does not include Mexican style food. Tenant hereby covenants and agrees that, at all times during the term of this Lease, Tenant shall not include on its menu any Mexican style food nor serve any Mexican style food at the Tenant's restaurant being operated on at the Premises without the Landlord's prior written permission. For the purpose of this provision "Mexican style food" shall include individual items such as tacos, burritos, quesadillas and tortas, and Mexican style dinner plates including rice and beans, and any and all other traditional Mexican style dishes. Tenant acknowledges that a breach of this provision shall constitute a material breach of this Lease. In the event of a breach of this provision, Landlord shall have the right to terminate this Lease.
11. **CONDITION OF PREMISES.** Tenant stipulates, represents, and warrants that Tenant has examined the Premises, and that the Premises and any Furnishings thereon are at the time of this Agreement in good order, repair, and in a safe, clean, and tenantable condition. Tenant will give Landlord written notice, including photographic and/or video evidence, within five (5) days after the execution of this Agreement of any portion of the Premises found to not be in such good condition. Landlord reserves the option of incorporating a Move-In/Move-Out Inspection Checklist within this timeframe to serve as evidence of the condition of the Premises at move-in and move-out.
12. **ASSIGNMENT, SUBLETTING, AND RELEASE.** Tenant may not assign this Agreement or sublet or grant any license to use the Premises or any part thereof without the prior written consent of Landlord, which shall not be unreasonably withheld. Tenant's assignment or subletting will not relieve Tenant of any right or obligation hereunder unless Landlord signs a written release to such effect. Consent by Landlord to one such assignment, subletting, or license will not be deemed to be consent to any subsequent assignment, subletting, or license. An assignment, subletting, or license without the prior written consent of Landlord or an assignment or subletting by operation of law will be absolutely null and void and will, at Landlord's option, terminate this Agreement.
13. **FURNISHINGS; LANDLORD'S PROPERTY.** Unless otherwise agreed by Landlord in a signed writing, all Furnishings and other property owned by Landlord or provided to Tenant by Landlord, if any, will remain Landlord's property at all times, whether or not such property is existing upon the property at the start of this Agreement. Tenant agrees

not to damage or misuse any Furnishings or other property owned or provided by Landlord and to return all such property to Landlord at the termination of this Agreement, normal wear and tear excepted.

14. **FIXTURES AND ALTERATIONS.** Tenant may not add or remove any Fixtures or Alterations on the Premises without the prior written consent of Landlord. Landlord will give consent in a timely manner so as to not disrupt Tenant's business operations, and such consent may not be unreasonably withheld. If Tenant adds or removes a Fixture or Alteration, Tenant is responsible for repairing any damage to the Premises that may occur as a result of such addition or removal. Landlord reserves the right to require that Tenant remove any Fixtures or Alterations installed by Tenant from the Premises upon the termination of this Agreement. Unless otherwise agreed in writing with Landlord, all of Tenant's Fixtures, Alterations, or personal property remaining on the Premises 30 days after the termination of this Agreement will become the property of Landlord at the termination of the Agreement—as such, at Landlord's election, **Tenant will pay the cost of removal of any such property so remaining on the Premises.** Examples of Fixtures include, without limitation, attached shelves, lighting, curtains, blinds, booths, bars, fences, sign posts, trees, and shrubs. Examples of Alterations include, without limitation, altering the surfaces of the Premises in any way (for example painting, wallpapering, carpeting, or changing the material of the flooring) or performing any structural alterations (for example adding or removing walls, adding or removing windows or doors, changing the material of any facade or flooring, or adding or removing support beams).
15. **NON-DELIVERY OF POSSESSION.** In the event Landlord cannot deliver possession of the Premises to Tenant upon the commencement of the rental term, through no fault of Landlord or its agents, then Landlord or its agents will have no liability, but the rental payments herein provided will abate until possession is given. Landlord or its agents will have thirty (30) days to give possession, and if possession is tendered within such time, Tenant agrees to accept the demised Premises and pay the rent due starting from the date possession is tendered. In the event that possession cannot be delivered within such time, through no fault of Landlord or its agents, then this Agreement and all rights hereunder will terminate.
16. **TENANT CONDUCT AND RESPONSIBILITIES.** Unless otherwise stated, Tenant will, at its sole expense, keep and maintain the Premises in good and sanitary condition and repair during this Agreement and any renewal thereof, normal wear and tear excepted. Excessive damage to the Premises by Tenant, invitees, agents, or guests is grounds for Landlord to evict Tenant. Tenant's responsibilities include, without limitation, the following items, and any departure therefrom requires Landlord's prior written consent:
 - a. Keeping all windows, glass, window coverings, doors, locks and hardware in good, clean order and repair

- b. Not tampering or disabling any smoke detectors installed on the Premises and contacting Landlord for instructions on how to proceed should any smoke detectors become disabled or need new batteries
- c. Not permitting waste matter of any kind to accumulate on the Premises.
- d. Keeping all air conditioning filters on the Premises clean and free from dirt and debris
- e. Keeping all lavatories, sinks, toilets, and all other water and plumbing apparatus in good order and repair and using the same only for the purposes for which they were constructed
- f. Maintaining all Furnishings in good working order.
- g. Notifying Landlord of any damage or of any situation that may significantly interfere with the normal use of the Premises or Furnishings furnished by Landlord
- h. Making all requests concerning security devices in writing

17. **MAINTENANCE AND REPAIR; LANDLORD RESPONSIBILITIES.** In addition to any responsibilities required by law, Tenant agrees to maintain the Premises, including but not limited to all structural components, roof, foundation, exterior walls, parking areas, walkways, electrical, plumbing and HVAC systems, in a safe and tenantable condition; facilitate making any repairs required in order for the Premises to be in compliance with applicable building codes, with such costs being borne by Tenant unless the repairs were necessitated by the negligence or intentional acts of Landlord.

18. **TENANT'S RIGHT TO WITHHOLD RENT; OTHER REMEDIES.** Where a repair is the responsibility of Landlord, Tenant must notify Landlord with a written notice stating what item needs servicing or repair. Tenant must give Landlord a reasonable opportunity to service or repair said item. Tenant acknowledges that rent will not be withheld unless a written notice has been served on Landlord at the appropriate location, giving Landlord a reasonable time to fix said item, and Tenant has otherwise complied with all applicable procedures required under state law. Reasonable notice will in no case be less than thirty (30) days but in emergency situations, Tenant will provide notice as soon as possible. Tenant may have other remedies available when Landlord fails to repair a problem that materially affects the physical health or safety of an ordinary tenant. These rights include the right to repair and deduct; terminate the Agreement; and obtain a judicial order that Landlord make the repair, reduce the rent, pay Tenant damages (including a civil penalty), and pay Tenant's court and attorney's fees.

19. **EXCESSIVE DAMAGE TO PREMISES.** Excessive damage to the Premises or any of Landlord's property by Tenant, invitees, agents, or guests will be grounds for Landlord to evict Tenant. Should a portion of the Premises thereby be rendered untenable, Landlord

will have the option of either repairing such injured or damaged portion or terminating this Agreement. Should a portion of the Premises thereby be rendered unfit for occupancy, Landlord will have the option of either repairing such injured or damaged portion or terminating this Agreement.

20. **OBLIGATION TO NOTIFY.** Upon receiving notice thereof, Tenant will immediately notify Landlord of any defects, accidents, events, circumstances, conditions, or hazards on the Premises or any systems thereof that have caused, are causing, or may potentially cause injury or damage to the Premises or any person or property located therein or nearby. Tenant will notify Landlord by all instantaneous methods of communication available, including phone, email, mobile texting, fax, in person, or otherwise.
21. **CONSTRUCTIVE EVICTION.** When conditions beyond Tenant's control cause the Premises to become wholly unfit for tenancy due to damage by fire, water, nuisance, or other casualty, and Landlord is responsible for remedying those conditions but does not do so within a reasonable time after notification by Tenant, Tenant may vacate the Premises, terminate this Agreement, and withhold future rent. Tenant may also choose to pay a proportionate share of the rent according to the nature and extent of the damage sustained until the Premises has been rebuilt or made fit for the purpose of carrying on Tenant's business as conducted before the event causing the Premises to be unfit. Landlord will repay Tenant a prorated amount for any rent paid in advance covering the remainder of the period that Tenant is constructively evicted.
22. **INSURANCE.** Landlord shall, at Landlord's expense, maintain fire and extended coverage insurance on the Premises in an amount equal to its replacement cost and name Tenant as an additional insured under such policy. It is acknowledged that, unless otherwise noted, Landlord does not maintain insurance to cover Tenant's Fixtures and furnishings caused by fire, theft, rain, water overflow/leakage, acts of God, and/or any other causes. Landlord is not responsible for any loss or damage to the Fixtures, furnishings or other property owned by Tenant or Tenant's guests or invitees unless resulting from Landlord's intentional or negligent acts. Tenant shall, at Tenant's expense, maintain general liability coverage in an amount no less than One Million Dollars (\$1,000,000.00) and name the Landlord as an additional insured and loss payee under said policy.
23. **INSURANCE POLICIES.** The Parties shall provide the other with copies of all insurance policies required by this Agreement on the date of commencement of the term and any renewal of such insurance or when otherwise agreed in writing. A party shall notify the other within thirty (30) days of any potential cancellation or material change that is to occur in an insurance policy required to be maintained by this Agreement. Tenant may not cause, allow, or omit to do anything on the Premises that increases the rate of Landlord's insurance on the Premises or causes Landlord's insurance to become subject to cancellation without prior written consent of Landlord. Without waiving the foregoing statement, upon demand by Landlord, Tenant will pay the cost of an increase in such insurance occasioned by reason

of Tenant's act, allowance, or omission. Tenant will also promptly cease and remedy all activity that caused an increase in such insurance. Landlord has the right to terminate this Agreement if Tenant's act, allowance, or omission causes a cancellation of Landlord's insurance or causes Landlord's policy to become subject to cancellation. Any insurance policy obtained by either party shall waive any right of subrogation against the other.

24. **ENTRY OF PREMISES.** Landlord and Landlord's agents will have the right at all reasonable times during the term of this Agreement, and any renewal thereof, to enter the Premises for the purposes of making any inspections, repairs, or improvements as may be deemed appropriate by Landlord or required by law; to supply agreed services; in order to show it to prospective tenants, purchasers, or lenders; to address an emergency; or as provided otherwise herein. Tenant agrees to make the Premises available to Landlord or Landlord's agents for such purposes. At all times Landlord must be provided with the keys, codes, or other items necessary for unlocking all locks and devices permitting entry. Tenant further agrees to seek permission from Landlord in writing if Tenant seeks to install any security or burglar alarm system and, if granted, to provide instructions on how to disarm such systems in case an emergency entry is required.
- a. **Notice Required.** No advance notice is required for entry if Tenant requests maintenance, repairs, or improvements. In the event that Landlord reasonably believes that an emergency exists, such as a fire or serious damage or serious danger to the continued welfare of the Premises, or reasonably believes that the Premises has been abandoned, Landlord will not be required to provide Tenant with advance notice before entering the property. In all other situations, Landlord is required to provide reasonable written notice in compliance with state law prior to entry.
25. **LIENS AND ENCUMBRANCES.** Tenant must obtain Landlord's written consent prior to causing any work to be done on the property that could result in any lien or encumbrance on an ownership interest in the property, and Tenant is responsible for paying the cost of all such work unless otherwise agreed in writing. Tenant covenants that it will not cause any liens or encumbrances on the Premises without Landlord's written consent, and will indemnify, defend, and hold Landlord harmless against any claim, loss, or other expense that may arise out of any such materials or services rendered. If any mechanical, construction, or other liens are created or filed against the Premises by reason of labor performed or materials furnished for Tenant in the erection, construction, completion, alteration, repair, or addition to any building or improvement, Tenant will upon demand, at Tenant's own cost and expense, cause such lien or liens to be satisfied and discharged of record together with any lien claims that may have been filed. Failure to do so will entitle Landlord to resort to such remedies as are provided herein in the case of any default of this Agreement, in addition to such as are permitted by law.

26. **SURRENDER OF PREMISES.** Upon the termination of the Agreement, Tenant must surrender the Premises in the same state and condition as it was at the commencement of this Agreement, except that Tenant will not be responsible for damage due to reasonable wear and tear or damage by fire, the elements, casualty, or other cause not due to the misuse or neglect by Tenant or Tenant's invitees, visitors, licensees, or subtenants. Landlord may keep all abandoned Fixtures and Furnishings left behind by Tenant 30 days after termination of this Lease or remove such property at Tenant's expense.
27. **TAXES.** Tenant shall pay all real estate taxes imposed upon the Premises on or before their due date. Tenant shall pay any taxes imposed upon the Fixtures and personal property of Tenant located on the Premises, if any tax becomes due. This lease is to be considered as a Triple Net Lease (NNN).
28. **QUIET ENJOYMENT.** If Tenant remains in compliance with the terms of this Agreement, Landlord covenants that Tenant will peacefully and quietly have, hold, and enjoy the Premises.
29. **INDEMNIFICATION.** Landlord will not be liable and Tenant hereby waives all claims against Landlord for any damage to any property or any injury in or about the Premises by or from any cause whatsoever, except to the extent caused by or arising from the gross negligence or willful misconduct of Landlord or its agents, employees, or contractors. Tenant will defend, indemnify, and hold Landlord harmless from and against any and all losses, claims, liabilities, or costs (including court costs and attorney's fees) incurred by reason of (a) any damage to any property or any injury occurring in, on, or about the Premises to the extent that such injury or damage is caused by or arises from any act or omission of Tenant, its agents, servants, invitees, or visitors; (b) Tenant's failure to comply with any and all governmental laws, ordinances, and regulations applicable to the condition or use of the Premises or its occupancy; or (c) any breach or default on the part of Tenant in the performance of this Agreement. The provisions of this paragraph will survive the termination of this Agreement with respect to any claims or liability accruing prior to such termination.
30. **ATTORNEY'S FEES; JURY TRIAL WAIVER.** In the event any dispute arises between Landlord and Tenant concerning this Agreement that results in litigation, the prevailing Party shall be entitled to its reasonable attorney's fees and court costs, which will be determined by the court and made a part of any judgment. It is acknowledged, between the Parties that jury trials significantly increase the costs of any litigation between the Parties. It is also acknowledged that jury trials require a longer length of time to adjudicate the controversy. On this basis, ALL PARTIES WAIVE THEIR RIGHTS TO HAVE ANY MATTER UNDER THIS AGREEMENT SETTLED BY JURY TRIAL.
31. **REIMBURSEMENT.** If Tenant fails or refuses to comply with any of the terms and conditions of this Agreement, Landlord may carry out and perform such conditions at the cost and expense of Tenant, which amounts will be payable on demand to Landlord.

32. **DEFAULT.** If Landlord determines that Tenant is in default of this Agreement, Landlord will provide Tenant with the appropriate written eviction notice as specified under state law and under which Tenant may have a limited number of days to cure the default unless otherwise excepted or agreed. Unless otherwise agreed in writing, it is a default under this Agreement if any of the following occur: bankruptcy proceedings are instituted by or against Tenant's business, a receiver or trustee is appointed to manage all or substantially all of Tenant's business assets by reason of insolvency, Tenant assigns all or substantially all of Tenant's business assets for the benefit of its creditors, or Tenant prematurely vacates or abandons the Premises.
33. **NON-WAIVER OF RIGHTS.** Landlord's failure to require compliance with the conditions of this Agreement, or to exercise any right provided herein, will not be deemed a waiver by Landlord of such condition or right. Landlord's acceptance of rent with knowledge of any default under agreement by Tenant will not be deemed a waiver of such default, nor will it limit Landlord's rights with respect to that or any subsequent right. Notwithstanding any language in this Agreement to the contrary, none of Tenant's goods, equipment, Fixtures, or other chattels on the Premises are exempt from levy by Landlord's distress. Tenant hereby waives all rights of redemption and relief from forfeiture under law or equity now or hereafter existing that may result from Landlord's exercise of its right of distress.
34. **ABANDONMENT; EVICTION.** If at any time during the term of this Agreement Tenant abandons the Premises or any part thereof, or if Tenant is evicted, Tenant will remain liable for any loss of rent for the remainder of the rental term, and Landlord may, at Landlord's option, obtain possession of the Premises in the manner provided by law without becoming liable to Tenant for damages or for any payment of any kind whatsoever. At this point, Landlord may pursue any remedies available at law, include re-letting the Premises for the remainder of the then unexpired term.
35. **NOTICE.** Any notice, service of process, or demands required or permitted under this Agreement or under law will be deemed sufficiently given or served if sent by United States certified mail, return receipt requested, addressed as follows:

IF TO LANDLORD SEND TO:

Taqueria Maldonado's Main Street, LLC
c/o Juan Maldonado
1737 Main Street
Green Bay, WI 54302

With a copy to:

Gerbers Law, S.C.
Attorney Michael S. McGuire
2391 Holmgren Way Suite A
Green Bay, WI 54304

IF TO TENANT SEND TO:

Fritanga Nica
c/o Ana Reyes Silva
1706 Main Street
Green Bay, WI 54302

or

Ana Reyes Silva
914E Walnut St
Green Bay, WI 54301

With a copy to:

Landlord and Tenant each have the right from time to time to change the place of notice by giving the other Party written notice of this change. Tenant must immediately notify Landlord or the manager of the Premises in person or at the above address of any emergencies, dangerous conditions, or defects in and about the Premises of which Tenant becomes aware.

36. GENERAL TERMS

- a. **Entire Agreement.** Tenant expressly acknowledges and agrees that Landlord has not made and is not making, and Tenant in executing and delivering this Agreement is not relying upon, any warranties, representations, promises, or statements, except to the extent that they are expressly set forth in this Agreement. It is understood and agreed that all understandings and agreements of the Parties are merged into this Agreement, which alone fully and completely expresses their agreements.
- b. **Relationship of the Parties.** Nothing contained herein creates any business relationship or any other type of relationship between the Parties other than a landlord-tenant relationship.
- c. **Survival of Tenant's Obligations.** All of Tenant's obligations and covenants arising by or during the term of this Agreement and that are not fulfilled at the termination of this Agreement will survive the termination of this Agreement.
- d. **Modification.** The Parties hereby agree that this document contains the entire agreement between the Parties and this Agreement may not be modified, changed, altered, or amended in any way except through a written amendment signed by all of the Parties hereto.

- e. **Severability.** If any provision of this Agreement or the application thereof is held, for any reason and to any extent, invalid or unenforceable, neither the remainder of this Agreement nor the application of the provision to other persons, entities, or circumstances will be affected thereby, but instead must be enforced to the maximum extent permitted by law.
- f. **Cumulative Rights.** Landlord's and Tenant's rights under this Agreement are cumulative and will not be construed as exclusive of each other unless otherwise required by law.
- g. **Joint and Several Liability.** If more than one person signs this Agreement, then the liability of the persons so signing will be joint and several. The language "joint and several" means that if more than one person has signed this Agreement, then each of these persons individually and all of these persons collectively are fully responsible for fulfilling all of the obligations of this Agreement, except where expressly otherwise agreed between Landlord and Tenant.
- h. **Binding Effect.** The covenants, obligations, and conditions herein contained will be binding on and inure to the benefit of the heirs, legal representatives, and assigns of the Parties hereto. The obligations of Landlord under this Agreement will not be binding upon Landlord named herein with respect to any period subsequent to the transfer of Landlord's interest in the Premises as owner or lessee thereof, and in event of such transfer said obligations will thereafter be binding upon each transferee of the interest of Landlord.
- i. **Governing Law.** This Agreement will be governed, construed, and interpreted by, through, and under the laws of the State of Wisconsin.
- j. **Descriptive Headings.** The descriptive headings used herein are for convenience of reference only and they are not intended to have any effect whatsoever in determining the rights or obligations of Landlord or Tenant.
- k. **Constructions.** The pronouns used herein include, where appropriate, either gender or both, singular and plural. The terms "Landlord" and "Tenant" include the singular as well as the plural.
- l. **Non-Waiver.** No indulgence, waiver, election, or non-election by Landlord under this Agreement will affect Tenant's duties and liabilities hereunder.
- m. **Time of Essence.** Time is of the essence for this Agreement.
- n. **Force Majeure.** Performance of any obligation under this Agreement by any Party will be excused for the duration of any event or circumstance causing a delay in performance through no fault of the obliged Party, including, without limitation, war; reasonably unforeseen supply shortages; changes in law or regulation; strikes;

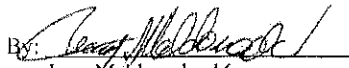
riots; lock-outs; labor troubles; power outages caused by weather or third parties; and natural events, such as blizzards, torrential rain, or tornadoes.

- o. **Counterparts; Electronic Signature.** This Agreement may be executed in counterparts, including by fax, email, or other facsimile, each an original but all considered part of one Agreement. Electronic signatures placed upon counterparts of this Agreement by a Party or their approved agent will be considered valid representations of that Party's signature.

IN WITNESS WHEREOF, the Parties have caused this Agreement to be executed by their authorized agents as of the date first written above.

LANDLORD:

Taqueria Maldonado's Main Street LLC

By: 
Juan Maldonado, Manager

TENANT:

Fritanga Nica - Ana Reyes Silva

By _____

Title: Business Owner



Report to the
Protection and Policy Committee
of the City of Green Bay

MEETING DATE

May 12, 2025

PREPARED BY

AGENDA ITEM # E.8

Consideration with possible action on an application for a "Class A" liquor and Class "A" Beer license for BAS Venture LLC at 2278 Bay Settlement Rd (formerly Badimalika LLC) with a licensed premises described as "alcohol will be sold & stored in designated areas. Beer is kept in 6 cooler doors & wine secured in aisles near and behind the counter", with approval of the proper parties.

BACKGROUND

RECOMMENDATION

FISCAL IMPACT

ATTACHMENTS

- I. 2278 BAY SETTLEMENT RD LIQ & CIG.pdf

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 \$ 425 ☐ Class "B" Beer \$ _____
- ☒ "Class A" Liquor \$ 425 ☐ "Class B" Liquor \$ _____
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ 850
Background Check Fee	\$ 25
Publication Fee	\$ 25
Total Fees	\$ 900

City \$100

\$1000

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) BAS Venture LLC		
2. Business Trade Name or DBA Verde Express		
3. FEIN 33-4515511	4. Wisconsin Seller's Permit Number 456-1032066968-04	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization		
6. State of Organization WI	7. Date of Organization 04/10/2025	8. Wisconsin DFI Registration Number B122047
9. Premises Address 2278 Bay Settlement Road		
10. City Green Bay	11. State WI	12. Zip Code 54311
13. County 5	14. Governing Municipality: ☒ City ☐ Town ☐ Village of: City of Green Bay	
15. Aldermanic District		
16. Premises Phone 214-813-9963	17. Premises Email Office.BasVenture@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. Alcohol will be sold and stored only in designated areas of the store at 2278 Bay Settlement Rd. Beer is kept in six cooler doors; liquor and wine are in secured aisles near and behind the counter. No alcohol is consumed on-site, and no living quarters exist.		
20. Mailing Address (if different from premises address) 1743 Taft Ave, Apt K15		
21. City Oshkosh	22. State WI	23. Zip Code 54902

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? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ 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.

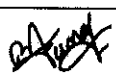
Last Name	First Name	Title	Phone
Lama	Bijaya	Owner	214-813-9963
Rasaily	Sunil	Agent	940-400-9396

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 Lama		First Name Bijaya		M.I.
Title Owner		Email Office.BasVenture@gmail.com		Phone 214-813-9963
Signature 			Date 4/21/25	

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)	

Form
AB-100Alcohol Beverage
Individual QuestionnaireDate
4/21/25

All individuals involved in the alcohol beverage business must complete this form, including:

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

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information

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

BAS Venture LLC

2. Business Trade Name or DBA

Verde Express

3. Entity Type (check one)

☐ Sole Proprietor☐ Partnership☒ Limited Liability Company☐ Corporation☐ Nonprofit Organization**Part B: Individual Information**

1. Last Name

Lama

2. First Name

Bijaya

3. M.I.

4. Relationship to Business (Title)

Owner

5. Email

office.BasVenture@gmail.com

6. Phone

2148139963

7. Home Address

2603 Colleen Drive

8. City

Arlington

9. State

TX

10. Zip Code

76016

11. Date of Birth

04/13/1996

12. Drivers License/State ID Number

40473506

13. Drivers License/State ID State of Issuance

TX

Part C: Address History1. Do you currently reside in Wisconsin? ☐ Yes ☒ No

If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?

Years

Months

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address 1

2603 Colleen Drive

City

Arlington

State

TX

Zip Code

76016

Previous Address 2

4918 Valley Ridge Dr, Apt 2054

City

Irving

State

TX

Zip Code

75062

Previous Address 3

6113 Oakway Lane, Apt 809

City

Fort Worth

State

TX

Zip Code

76112

Previous Address 4

1200 Fuller Wiser Road, Apt 1236

City

Euless

State

TX

Zip Code

76039

Previous Address 5

1236 Pepperidge Lane

City

Fort Worth

State

TX

Zip Code

76131

3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.

State	County	State	County	State	County	State	County
TX	Dallas	TX	Tarrant				
State	County	State	County	State	County	State	County

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature



Date

4/21/25

Texas
DRIVER LICENSE

4d. DL: 40473995 8. Class: C
3. DOB: 04/13/1985 4b. Expt: 03/17/2029
4a. Iss: 01/23/2025

1. LAMA
2. BIJAYA

9. 2008 COLLISION
ARLINGTON, TX 76010-1827

12. Rest: NONE 13. Sex: NONE
14. Hgt: 5' 07" 15. Wgt: 160 16. Eyes: BLK

5. DO: 00829500110240879000

CLASS: C-Single or comb veh w/ GVWR ≤ 26,000 lbs which transports passengers
HAZMAT or 2+ passengers, including driver

REST: NONE

END: NONE

REV: 07/16/2021

DOB: 04/13/1985

Directive to physician
has been filed at Td 8

Emergency Contact #

Allergic reaction to
drugs:

TEXAS ROADSIDE ASSISTANCE: 1-800-625-5655

Form
AB-100

Alcohol Beverage Individual Questionnaire

Date

All individuals involved in the alcohol beverage business must complete this form, including:

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

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information

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

BAS Venture LLC

2. Business Trade Name or DBA

Verde Express

3. Entity Type (check one)

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

Part B: Individual Information

1. Last Name

Rasaily

2. First Name

Sunil

3. M.I.

4. Relationship to Business (Title)

Agent

5. Email

Sunilrasaily02@gmail.com

6. Phone

9404009396

7. Home Address

1743 Taft Ave, Unit K15

8. City

Oshkosh

9. State

Wi

10. Zip Code

54902

11. Date of Birth

01/30/1997

12. Drivers License/State ID Number

R240-7809-7030-08

13. Drivers License/State ID State of Issuance

Wi

Part C: Address History

1. Do you currently reside in Wisconsin? ☒ Yes ☐ No

If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?

Years
1

Months
9

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address	City	State	Zip Code
4015 block drive, apt 2154	irving	Tx	75038
Previous Address 2	City	State	Zip Code
2817 W Walnut hill Lane, Apt 2030	irving	Tx	75038
Previous Address 3	City	State	Zip Code
3428 Country Club Dr W, Apt 307	Irving	Tx	75038
Previous Address 4	City	State	Zip Code
1200 Thompson Rd, Unit 611	Wichita Falls	Tx	76301
Previous Address 5	City	State	Zip Code
1743 Taft Ave, Unit K15	Oshkosh	Wi	54902

3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.

State	County	State	County	State	County	State	County
TX	Dallas	TX	Wichita	WI	Winnebago		
State	County	State	County	State	County	State	County

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature

Date

04/20/2025

DRIVER LICENSE
REGULAR

USA
WISCONSIN

40 R240-7809-7030-08 4 CLASS D

1 RASAILY
2 SUMIL

3 1735 TAFT AVE #K15
OSHDOSH, WI 54002

LIMITED TERM

15 SEX M 16 HGT 5' 10" 17 WGT 175
18 EYES BRO 19 HAIR BRN

3 DOB 01/30/1987 4 NONE

4a ISS 02/10/2025

5 00 DTPZA2025021013182247 4b EXP 02/02/2030

JAN 97

890821232-286
OK01 HWH-PZA

01310 001621600 40

01301997

Wisconsin.gov

Automatic Call Placement - Upcoming

All organs, tissues and eyes ☐ I request no donation

Limitations:

Signature

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)

BAS VENTURE LLC

2. Business Trade Name or DBA

VERDE EXPRESS

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

Rasaily

2. First Name

Sunil

3. M.I.

4. Email

sunilrasaily02@gmail.com

5. Phone

9404009396

6. Home Address

1743 Taft Ave, Apt K15

7. City

Oshkosh

8. State

WI

9. Zip Code

54902

10. Age

28

11. Drivers License/State ID Number

R240-7809-7030-08

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*? ☒ Yes ☐ No
Submit a completed Form AB-100 with this form.
3. Have you been a Wisconsin resident for at least 90 continuous days? ☒ Yes ☐ No
See instructions for exceptions.

Continued →

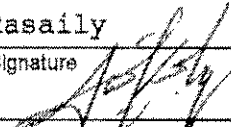
Part D: Business Attestation

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 LAMA		First Name BISAYA		M.I.
Title OWNER	Email RT5062LAMA@GMAIL.COM		Phone -214-818-9963	
Signature 			Date 04/22/2025	

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 Rasaily		First Name Sunil		M.I.
Signature 			Date 04/22/2025	

Serving Alcohol

is proud to present this certificate to

Sunil Rasaily

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 RECORD THEM IF THERE IS ANY QUESTION ABOUT THEIR AGE
- * ENSURE A PERSON MATCHES THEIR VALID LEGAL IDENTIFICATION

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.

Verify online at
servingalcohol.com

Verification Code
EVYI2Q9u3h

Date Issued
Apr 22nd, 2025

VALID FOR 2 YEARS

This is not a Wisconsin operators/bartenders license.

This certificate will be requested to obtain a Wisconsin operators/bartenders license from the Wisconsin city clerk's office in the municipality where you are working.

Find your city clerk's office here: <https://elections.wi.gov/clerks/directory>

Wisconsin Alcohol Seller/Server Course

Name: Sunil Rasaily

Certification Date: Apr 22nd, 2025

Certificate Code: EVYI2Q9u3h

Verify Online: servingalcohol.com

125.17(6), 134.66 (2m), 125.04(5)(a)5 Wis. Stats.

SERVING ALCOHOL INC

VALID FOR 2 YEARS

Learn more about this wallet card at <http://servingalcohol.com/wallet-card>



Alcohol Beverage License Application - Statement of Intent

INSTRUCTIONS

In order to apply for an alcohol beverage license in the City of Green Bay, this licensee or license agent must sign this Statement of Intent. This document allows the City of Green Bay to ensure that your license will be used within 60 days of its granting (or within 60 days of the start of the license year for renewal applications).

If you are applying for a new license and construction or remodeling activities will prevent you from operating within 60 days of the granting of the license, you sign this below and attach written documentation outlining the duration of such activities and the anticipated first date of operation under the license applied for. The Common Council will then review your request for additional time. If granted, the time granted by the Common Council shall be substituted for the 60 days.

STATEMENT OF INTENT

The undersigned applicant for an alcoholic beverage license hereby agrees to begin operation of the proposed establishment pursuant to the alcohol beverage license applied for within 60 calendar days of the start of the license for granted renewal applications. The undersigned agrees that if the alcohol beverage license applied for is not issued or operation under the license does not begin within such time, the license shall be considered surrendered to the City of Green Bay without the need for further action or proceeding. The City of Green Bay may then grant the license to another applicant.

Under penalty proved by law, the signer states that the above statement has been truthfully provided to the best of the knowledge of the signer. Any inaccurate or untruthful answer may be grounds for denial of the application. Signer agrees to operate this business according to the law and observe the provisions of the Green Bay Municipal Code.

Signature Of Applicant

VERDE EXPRESS

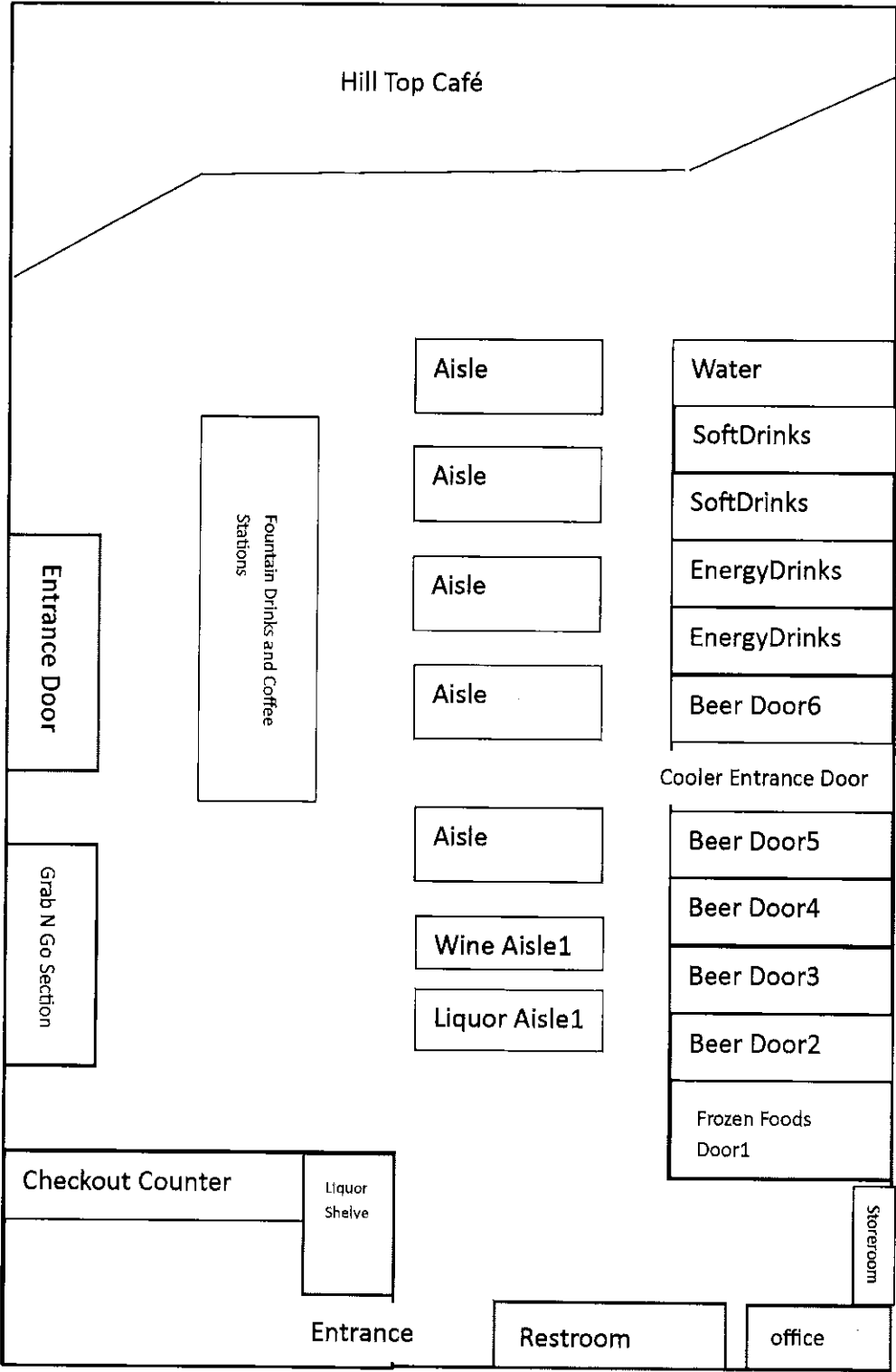
Name of Establishment

2278 Bay Settlement RD, Green Bay, WI 54311

Address of Establishment

4/21/25

Date



SECURITY PLAN

The following security plan represents the Licensee's anticipated operations and procedures. It is a collection of guidelines that are not legally binding on the Licensee, but are intended to give the Police Department, Green Bay Common Council and the public a good picture of what the Licensee believes his or her business will look like and how it will operate. While the Licensee will not receive any citations for deviating from this security plan, it is a good idea to follow these guidelines because the Council may consider during renewal time how closely you follow your plan. If you deviate too far from your security plan and fail to update it at renewal time, it could adversely affect your license status.

GENERAL

Legal Entity Name: BAS Venture LLC

Agent's Name: Sunil Rasaily

Agent's Phone Number: 940-400-9396

Business Address: 2278 Bay Settlement Road
Green Bay, WI 54311

E-mail: Office.BasVenture@Gmail.com

Address to Mail Renewal
Application Notice: 1743 Taft Ave, Apt K15
Oshkosh, WI 54902

Address to Mail Liquor License: 1743 Taft Ave, Apt K15
Oshkosh, WI 54902

License Type: Class A" Liquor & Class "A" Beer

LICENSE

Building Owned or Leased: Leased

Landlord name and address: Badimalika LLC
2278 Bay Settlement Road
Green Bay, WI 54311

Building Capacity: To be determined by Fire Marshal

Parking Capacity/Availability: Private parking is available directly in front of the building, with approximately 20 designated spots for customer use. Signage will be posted to indicate parking boundaries. Staff will monitor the premises during peak hours to ensure safe patron exit.

Anticipated Opening Date: Anticipated opening date is May 15, 2025, pending all licensing approvals and final inspections. No major improvements are anticipated prior to opening.

Outdoor Areas and Fencing There are no designated outdoor areas for alcohol service or sales. The premises consist solely of the indoor convenience store area. No fencing or patio service is included in the licensed area.

Description: N/A

INTERNAL OPERATIONS- FOR CLASS B & C LICENSEES ONLY

Are You Part of the Brown County League: Yes NO

Bar Staff Information: [number of staff on hand at certain times of operation; prior staff experience; how many bartenders/bar staff/etc. on during peak hours; staff training; whether requiring NWTC training course or operator's license for all or just some staff; other training focused on catching U/A persons, identifying intoxicated persons, etc.]

Security Staff Information: [number of staff on hand at certain times of operation; prior staff experience; how many bouncers/etc. on during peak hours; staff training; whether attending Professional Communications course offered by PD; other training focused on catching U/A persons, identifying intoxicated persons, etc.]

Atmosphere: [describe what type of music, food, entertainment, amusement devices, and clientele Licensee will promote or focus on]

Dress Code: [describe dress code, and restrictions on access for those who violate dress code, plan on how to handle anyone who argues about dress code]

Estimated Sales: _____ % Alcohol _____ % Food _____ % Other

If applicable, describe "Other": _____

INTERNAL OPERATIONS- FOR CLASS A LICENSEES ONLY

Cigarette License: ☒ YES NO OTC VENDING BOTH

License Premises: Alcohol will be stored in locked beer coolers along the left wall and displayed on secured liquor shelves near and behind the front counter. After business hours, access to alcohol is restricted by locking the coolers and securing the liquor section, including any cabinet or display cases behind the register.

OPERATIONS

Hours of Operation:

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
--------	--------	---------	-----------	----------	--------	----------

6AM – 9PM	6AM – 9PM	6AM – 9PM	6AM – 9PM	6AM – 9PM	6AM – 9PM	6AM – 9PM
-----------	-----------	-----------	-----------	-----------	-----------	-----------

Manager, if any: N/A

COMMUNITY IMPACT

- Neighborhood: This business will operate with respect for the surrounding neighborhood by maintaining a clean and orderly environment, enforcing strict age restrictions on alcohol and tobacco sales, and avoiding excessive noise. Signage will remind patrons to be respectful of neighbors, and staff will be trained to prevent loitering or disruptive behavior.
- Police Services: Verde Express does not anticipate increasing the burden on police services. Surveillance cameras will be installed inside and outside the premises, and the business will cooperate fully with law enforcement. Staff will be trained to handle incidents appropriately and report any suspicious activity to authorities.
- Compliance with Laws: The business will strictly adhere to all applicable city ordinances, state statutes, and administrative codes. All staff involved in alcohol and tobacco sales will complete responsible server training, and the establishment will regularly review compliance policies to ensure ongoing adherence.

REQUIRED CONTACTS AND FILINGS

I understand that liquor/beer license renewal applications are due April 15 of every year, regardless of when license was initially granted. ☐ No ☒ Yes

I understand that prior to appearing before the Protection & Policy Committee Meeting I first must meet GPBD to review the business security plan ☐ No ☒ Yes

I intend to operate under the new alcohol license within 60 days of the Common Council granting this license. If it is more than 60 days, it is my responsibility to reach out to the Clerk's Office to request an extension. ☐ No ☒ Yes

I understand that prior to being issued a liquor license, I must pay the appropriate fees and call (920) 448-3300 to schedule and pass an Inspections. ☐ No ☒ Yes

I understand that I should reach out to the Brown County Health Department at (920) 448-6400 and the Green Bay Assessor's Office at (920) 448-3066 or alex.drews@greenbaywi.gov to inform them I am applying for a new liquor license. ☐ No ☒ Yes

Once issued, I understand that any changes to my liquor license should be communicated to the Clerk's Office at (920) 448-3010 or clerk@greenbaywi.gov to determine any additional steps. ☐ No ☒ Yes

(For Class B Reserve Licensees Only) I understand a municipality may not rebate or refund the initial issuance fee of a reserve "Class B" License (including through any grant or tax credit program). The reserve license is also not transferrable and should I surrender my license to another legal entity, the new legal entity must apply for an available or reserve liquor license) ☐ No ☐ Yes

By signing below, I agree that the security plan set forth above accurately represents my policies, procedures, and goals in running my business.

Licensee:  Date: 4/21/25



WISCONSIN DEPARTMENT OF REVENUE
PO BOX 8902
MADISON, WI 53708-8902

Contact Information:

2135 RIMROCK RD PO BOX 8902
MADISON, WI 53708-8902
ph: 608-266-2776 fax: 608-224-5761
email: DORBusinessTax@wisconsin.gov
website: revenue.wi.gov

000346

Letter ID L1830579376

BIJAYA LAMA
BAS VENTURE LLC
1723 TAFT AVE APT C6
OSHKOSH WI 54902-8705

Wisconsin Department of Revenue Seller's Permit

Legal/real name: BAS VENTURE LLC

Business name:
2278 BAY SETTLEMENT RD
GREEN BAY WI 54311-7310

- This certificate confirms you are registered with the Wisconsin Department of Revenue and authorized in the business of selling tangible personal property and taxable services.
- You may not transfer this permit.
- This permit must be displayed at the place of business and is not valid at any other location.
- If your business is not operated from a fixed location, you must carry or display this permit at all events.

Tax Type	Account Type	Account Number
Sales & Use Tax	Seller's Permit	456-1032066968-04

Form
CTV-100Cigarette, Tobacco, and Electronic Vaping
Device Retail License Application

Municipality

License Period

Part A: Premises/Business Information

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

BAS VENTURE LLC

2. Business Trade Name or DBA

VERDE EXPRESS

3. FEIN

33-4515511

4. Wisconsin Seller's Permit Number

456-1032066968-04

5. Entity Type (check one)

☐ Sole Proprietor☐ Partnership☒ Limited Liability Company☐ Corporation

6. State of Organization

WISCONSIN

7. Date of Organization

04/10/2025

8. Wisconsin DFI Registration Number

B122047

9. Premises Address (do not use PO Box)

2278 BAY SETTLEMENT ROAD

10. City

GREEN BAY

11. State

WI

12. Zip Code

54311

13. County

BROWN

14. Governing Municipality: ☒ City ☐ Town ☐ Village

of: CITY OF GREEN BAY

15. Aldermanic District

16. Mailing Address (if different from premises address)

1743 Taft Taft Ave, Apt K15

17. City

Oshkosh

18. State

WI

19. Zip Code

54902

20. Premises Phone

(214) 813-9963

21. Premises Email

Office.BasVenture@gmail.com

22. Website

23. Premises Description - Describe the building or buildings where cigarettes, tobacco products, and electronic vaping devices are to be sold and stored. Describe all rooms including living quarters, if used, for the sales and/or storage of cigarettes, tobacco products, and electronic vaping devices and records. Cigarettes, tobacco products, and electronic vaping devices may be sold and stored ONLY on the premises described in this application. Attach a floor plan if possible.

Part B: Questions

1. What products will be sold at this business location? (check all that apply)

☒ Cigarettes☒ Tobacco Products☒ Electronic Vaping Devices

2. How will cigarettes, tobacco, and/or electronic vaping devices be sold? (check all that apply)

☒ Over the counter☐ Vending machine3. Is the applicant business owned by another business entity? ☐ Yes ☒ No

If yes, provide the name(s) and FEIN(s) of the business entity(s) below. Attach additional sheets if necessary

3a. Name of Business Entity: _____

3b. FEIN of Business Entity: _____

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following titles or positions in the applicant business and any businesses listed in Part B, Question 3: sole proprietor; all officers, directors, and agents of a corporation; all partners of a partnership; and all members and agents of a limited liability company. Attach additional sheets if necessary.

Include Form CTV-101, *Individual Questionnaire*, for each person listed below.

Last Name	First Name	Title	Phone
LAMA	BIJAYA	OWNER	(214) 813-9963
Rasaily	Sunil	Agent	-940-400-9396

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 managing member of an LLC

READ CAREFULLY BEFORE SIGNING:

I understand and agree to the following:

- I will only purchase cigarettes, tobacco, and vapor products from distributors, jobbers, or subjobbers permitted by the Wisconsin Department of Revenue, unless I also hold the proper distributor's permit and pay all applicable excise taxes.
- I will not purchase or exchange products from another retailer, including transferring existing stock to a new owner.
- I will provide tobacco sales training that has been approved by the Wisconsin Department of Health Services to my employees. (<https://witobaccocheck.org>).
- I will not sell single cigarettes.
- I will not sell, give, or otherwise provide cigarettes, tobacco, or any nicotine products to minors.
- I will keep product invoices on the licensed premises for two years and ensure the records are available for inspection by law enforcement. Failure to comply with this will result in criminal penalties, including loss of inventory.
- I will not sell cigarettes or roll-your-own (RYO) tobacco products unless listed on the Wisconsin Department of Justice's directory of certified tobacco manufacturers and brands.

Further, under penalty provided by law, I state that this application has been truthfully answered to the best of my knowledge. I agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another. Any 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. 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	04/17/2025
Name (Last, First, M.I.) LAMA, BIJAYA			
Title	Email	Phone	
OWNER	Office.BasVenture@Gmail.com	(214) 813-9963	

Part E: For Clerk Use Only

Date application was filed with clerk	Date license issued	Date license expires	License number
License fees	Signature of Clerk/Deputy Clerk		

Form
CTV-101

Cigarette, Tobacco, and Electronic Vaping Device - Individual Questionnaire

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor) BAS VENTURE LLC			
2. Business Trade Name or DBA VERDE EXPRESS			
3. Entity Type (check one)			
☐ Sole Proprietor	☐ Partnership	☒ Limited Liability Company	☐ Corporation

Part B: Individual Information

1. Name (Last) LAMA		2. Name (First) BIJAYA		3. Name (M.I.)	
4. Relationship to Business (Title) OWNER		5. Email Office.BasVenture@GMAIL.COM		6. Phone (214) 813-9963	
7. Home Address 2603 COLLEEN DR					
8. City Arlington		9. State TX	10. Zip Code 76016	11. Date of Birth 04/13/96	
12. Drivers License/State ID Number 40473506			13. Drivers License/State ID State of Issuance TX		

Part C: Individual's Address History

List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address 1 4918 VALLEY RIDGE DR APT 2054	City IRVING	State TX	Zip Code 75062
Previous Address 2 6113 OAKWAY LN APT 809	City FORT WORTH	State TX	Zip Code 76112
Previous Address 3 1200 FULLER WISER RD APT 1236	City EULESS	State TX	Zip Code 76039
Previous Address 4 1236 PEPPERIDGE LN	City FORT WORTH	State TX	Zip Code 76131
Previous Address 5	City	State	Zip Code
Previous Address 6	City	State	Zip Code

If applicable, list all states and counties you have lived in as an adult. Attach additional sheets if necessary.

State TX	County TARRANT	State TX	County DALLAS	State	County	State	County
State	County	State	County	State	County	State	County

Continued →

Part D: Individual's Criminal History

1. Have you ever been convicted of any offenses (other than traffic offenses) 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:

Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No

2. Are charges for any offenses currently pending against you (other than traffic offenses) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation by Individual

READ CAREFULLY BEFORE SIGNING: 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 an application for cigarette, electronic vaping devices, and tobacco products retail license may be required to forfeit not more than \$1,000 if convicted. I declare under penalties of the law that I have examined this information and, to the best of my knowledge, it is true, correct, and complete to the best of my knowledge and belief.

Signature 	Date 04/17/2025
---	--------------------

Part F: Licensing Authority Approval

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, this individual does not have a criminal record that would disqualify them from having an interest in a cigarette, tobacco product, or electronic vaping device retailer license according to sec. 134.65(1m), Wis. Stats.

Name of Local Official	Title
Signature of Local Official	Date

Texas
DRIVER LICENSE
 Director: *John C. Pfeiffer*

DRIVER LICENSE

44. DL: 40473898 8. Class: C
 40. Exp: 03/17/2029
 1. DOB: 04/13/1998 46. Iss: 01/23/2025

1. LAMA
 2. BLAKA

3. 2808 CROOKS DR
 ARLINGTON TX 76010-1837

12. Rest: NONE 13. Sex: NONE
 14. Hgt: 5' 07" 15. Wgt: 150 BLK

6. DO: 006200001100400000

CLASS: C-Single or comb. veh. w/ GVWR ≤ 26,000 lbs which transports placarded
 HAZMAT or ≥ 16 pass. including driver
 REST: NONE

REV: 07/16/2021

Directive to physician
 has been filed at Tel #

Emergency Contact #

Allergic reaction to
 drugs:

TEXAS ROADSIDE ASSISTANCE: 1-800-628-6655

Date

Form
CTV-101

Cigarette, Tobacco, and Electronic Vaping Device License - Individual Questionnaire

Part A: Business Information

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

BAS Venture LLC

2. Business Trade Name or DBA

Vexda Express

3. Entity Type (check one)

☐ Sole Proprietor

☐ Partnership

☒ Limited Liability Company

☐ Corporation

Part B: Individual Information

1. Name (Last)

Rasaily

2. Name (First)

Sunil

3. Name (M.I.)

4. Relationship to Business (Title)

Agent

5. Email

Sunilrasaily02@gmail.com

6. Phone

940-400-9396

7. Home Address

1743 Taft Ave. K15

8. City

Oshkosh

9. State

WI

10. Zip Code

54902

11. Date of Birth

01/30/1997

12. Drivers License/State ID Number

R240-7809-7030-08

13. Drivers License/State ID State of Issuance

Wisconsin

Part C: Individual's Address History

List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address 1

4015 block dr, apt 2154

City

Irving

State

TX

Zip Code

75038

Previous Address 2

2817 W Walnut hill Ln. Apt 2030

City

Irving

State

TX

Zip Code

75038

Previous Address 3

3428 Country Club Dr W, Apt 307

City

Irving

State

TX

Zip Code

75038

Previous Address 4

1200 Thompson Rd. Unit 611

City

Wichita Falls

State

TX

Zip Code

76301

Previous Address 5

1743 Taft Ave, Unit K15

City

Oshkosh

State

WI

Zip Code

54902

Previous Address 6

City

State

Zip Code

If applicable, list all states and counties you have lived in as an adult. Attach additional sheets if necessary.

State

TX

County

Dallas

State

TX

County

Wichita

State

WI

County

Winnebago

State

County

State

County

State

County

State

County

State

County

Continued →

Form
CTV-102Cigarette, Tobacco, and Electronic Vaping Device
Appointment of AgentDate
04/17/2025Agent Type (check one): ☒ Original ☐ Change

Part A: Agent Information

1. Last Name RASAILY		2. First Name SUNIL		3. M.I.
4. Email			5. Phone 9404009396	
6. Home Address 1743 TAFT AVE, APT K15				
7. City OSHKOSH			8. State WI	9. Zip Code 54902
10. Date of Birth 01/30/1997	11. Drivers License/State ID Number R240-7809-7030-08		12. Drivers License/State ID State of Issuance WISCONSIN	

Part B: Questions

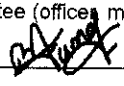
1. Have you completed Form CTV-101, <i>Cigarette, Tobacco, and Electronic Vaping Device - Individual Questionnaire</i> ? Submit a completed Form CTV-101 with this form. ☒ Yes ☐ No	
2. If this is a change of agent, please describe the reason for the agent change. Attach additional sheets if necessary.	

Part C: Business Information

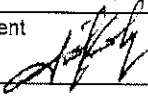
1. Legal Business Name (individual name if sole proprietor) BAS VENTURE LLC		
2. Business Trade Name or DBA VERDE EXPRESS		
3. Entity Type (check one) ☒ Limited Liability Company ☐ Corporation		
4. Premises Address 2278 BAY SETTLEMENT RD		
5. City GREEN BAY	6. State WI	7. Zip Code 54311

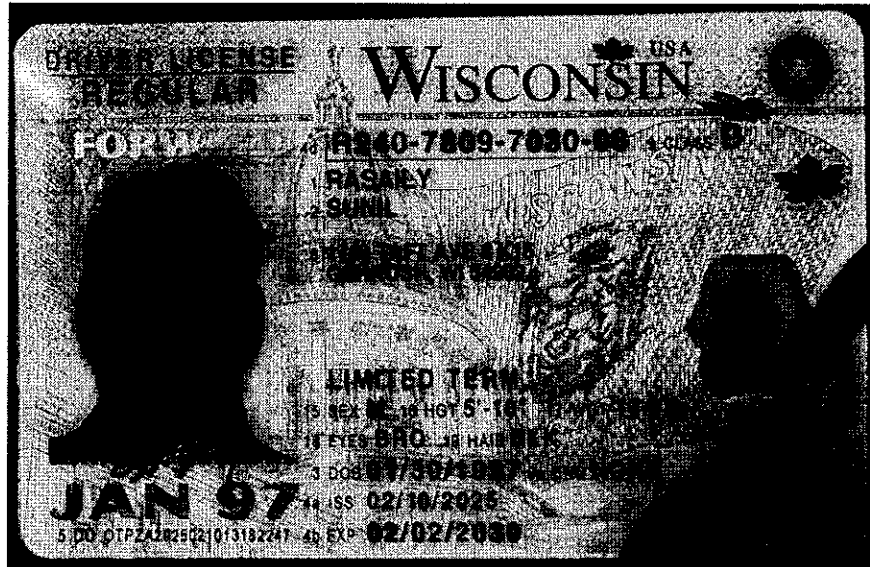
Part D: Attestations

READ CAREFULLY BEFORE SIGNING: I, the **Licensee or Permittee**, authorize the above-named individual to act for the above-named corporation or limited liability company with full authority and control of the premises and of all business relative to cigarettes, tobacco products, and/or electronic vaping devices conducted therein. I certify that I am authorized by the 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.

Signature of Licensee or Permittee (office, member, or authorized signatory) 	Date 04/17/2025
Name of Person Signing BIJAYA LAMA	Title OWNER

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation or limited liability company and assume full responsibility for the conduct of all business relative to sales of cigarettes, tobacco products, and/or electronic vaping devices conducted 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 form, and that any person who knowingly provides materially false information on this form may be required to forfeit not more than \$1,000 if convicted.

Signature of Agent 	Date 04/21/2025
---	--------------------





WISCONSIN DEPARTMENT OF REVENUE
PO BOX 8902
MADISON, WI 53708-8902

Contact Information:

2135 RIMROCK RD PO BOX 8902
MADISON, WI 53708-8902
ph: 608-266-2776 fax: 608-224-5761
email: DORBusinessTax@wisconsin.gov
website: revenue.wi.gov

000346

Letter ID L1830579376

BIJAYA LAMA
BAS VENTURE LLC
1723 TAFT AVE APT C6
OSHKOSH WI 54902-8705

Wisconsin Department of Revenue Seller's Permit

Legal/real name: BAS VENTURE LLC

Business name: 2278 BAY SETTLEMENT RD
GREEN BAY WI 54311-7310

- This certificate confirms you are registered with the Wisconsin Department of Revenue and authorized in the business of selling tangible personal property and taxable services.
- You may not transfer this permit.
- This permit must be displayed at the place of business and is not valid at any other location.
- If your business is not operated from a fixed location, you must carry or display this permit at all events.

Tax Type	Account Type	Account Number
Sales & Use Tax	Seller's Permit	456-1032066968-04

1000 \$.

Jun-25\$.

Reminder.



Clerk & Treasurer's Office
100 North Jefferson Street - Room 106
Green Bay, Wisconsin 54301-5826
clerk@greenbaywi.gov
www.greenbaywi.gov

Phone 920.448.3010
Fax 920.448.3016

SURRENDER FORM

Date: 04/22/2025

I, we Badimalika LLC, the present holder(s) at
(Individual, Partners, Officer)-License Holder(s)

2278 Bay Settlement Keshiwan Bay will surrender
(Address and Name of business)

My/our Signature upon his/her approval by the Common Council.

Lgha

License Holder Signature

Lgha Manan

License Holder Signature

COMMERCIAL LEASE AGREEMENT

This Commercial Lease Agreement ("Agreement") is entered into on 04/19/2025, by and between:

Landlord:

Badimalika LLC, a Wisconsin limited liability company

Address: 2278 Bay Settlement Road, Green Bay, WI 54311

AND

Tenant:

BAS Venture LLC, a Wisconsin limited liability company

Address: 2603 Colleen Dr, Arlington, TX 76016

1. Premises

The Landlord hereby leases to the Tenant the commercial property located at:

2278 Bay Settlement Road, Green Bay, WI 54311, including the gas station, convenience store, fuel dispensers, and related fixtures (the "Premises").

2. Lease Term

- Initial Term: 5 years
- Commencement Date: May 25, 2025
- Expiration Date: May 24, 2030

3. Rent

- Monthly Rent: \$ 9000.00 due on the 1st of each month
- Late Fee: \$ 5 1/2 if rent is not paid within five (5) days of the due date

4. Security Deposit

Tenant shall pay a refundable security deposit of \$ 2000 0.00 upon execution of this Agreement.

5. Use of Premises

agreed in writing, Tenant shall return possession in good condition, subject to reasonable wear and tear.

13. Compliance

Tenant shall ensure that business operations comply with all applicable local, state, and federal regulations, including City of Green Bay codes, zoning laws, and licensing requirements.

14. Entire Agreement

This Lease constitutes the full and complete understanding between the parties and supersedes all prior negotiations or agreements. Any modifications must be in writing and signed by both parties.

15. Governing Law

This Agreement shall be governed by and construed in accordance with the laws of the State of Wisconsin.

16. Signatures

Landlord:

Badimalika LLC

By: Lok R. Bhatta

Name: Lok R. Bhatta

Date: 04/19/2025

Tenant:

BAS Venture LLC

By: Bijaya Lama

Name: Bijaya Lama, Sole Member

Date: 04/19/2025



Report to the
Protection and Policy Committee
of the City of Green Bay

MEETING DATE

May 12, 2025

PREPARED BY

AGENDA ITEM # E.9

Consideration with possible action on an application for a "Class B" liquor and Class "B" beer license for Sandbox Spirits LLC at 2042 Manitowoc Rd (formerly 2VVB, Inc) with a licensed premises described as "main tavern, outdoor beer garden, volleyball courts, horseshoe pits, parking lot area. Basement storage", with approval of the proper parties.

BACKGROUND

RECOMMENDATION

FISCAL IMPACT

ATTACHMENTS

- I. 2042 MANITOWOC RD LIQ

#2767368-0012

Form
AB-200

Alcohol Beverage License
Application

pd
pub
fee

For Municipal Use Only	
Municipality	C06B
License Period	24-25

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

- ☐ Class "A" Beer \$ _____ ☒ Class "B" Beer \$ 75
- ☐ "Class A" Liquor \$ _____ ☒ "Class B" Liquor \$ 475
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ 550.00
Background Check Fee	\$ 25.00
Publication Fee	\$ 25.00
Total Fees	\$ 600.00

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) Sand Box Spirits LLC			
2. Business Trade Name or DBA The Sand Box			
3. FEIN 33-4043292		4. Wisconsin Seller's Permit Number 456-1032073027-04	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization			
6. State of Organization Wisconsin		7. Date of Organization 3/14/25	
8. Wisconsin DFI Registration Number T113285			
9. Premises Address 2042 Manitowoc Rd			
10. City Green Bay		11. State WI	12. Zip Code 54302
13. County Brown	14. Governing Municipality: ☒ City ☐ Town ☐ Village of: Green Bay		15. Aldermanic District
16. Premises Phone 920-323-6575		17. Premises Email Sandboxspirits@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. rd, Green Bay WI 54302. Main Tavern, outdoor Beer garden, volleyball courts, Horseshoe pits, Parking Lot Area. Basement storage.			
20. Mailing Address (if different from premises address) 4012 Kelp Ave			
21. City Green Bay		22. State WI	23. Zip Code 54313

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? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or 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
Barnowsky	Maxwell	Owner/Agent	920-323-6575
Clark	Zachary	President/owner	920-595-0603
Wandrichs	Luke	Secretary/owner	920-246-7286
Ahlberg	Michael	Member/owner	920-639-6335

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 Barnowsky	First Name Maxwell	M.I. C
Title Owner	Email m-barnowsky-3@yahoo.com	Phone 920-323-6575
Signature Max Barnowsky	Date 3/20/25	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 4/28/2025	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Form
AB-100

Alcohol Beverage
Individual Questionnaire

Date

All individuals involved in the alcohol beverage business must complete this form, including:

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

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information

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

Sandbox Spirits LLC

2. Business Trade Name or DBA

The SandBox

3. Entity Type (check one)

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

Part B: Individual Information

1. Last Name

Barnowsky

2. First Name

Maxwell

3. M.I.

C

4. Relationship to Business (Title)

Owner

5. Email

m

6. Phone

920-323-6575

7. Home Address

1520 S. Ridge rd

8. City

Green Bay

9. State

WI

10. Zip Code

54304

11. Date of Birth

05/26/1993

12. Drivers License/State ID Number

B 652-5439-3186-07

13. Drivers License/State ID State of Issuance

Wisconsin

Part C: Address History

1. Do you currently reside in Wisconsin? ☒ Yes ☐ No

If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?

Years

31

Months

10

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address 1

1520 S. Ridge rd

City

Green Bay

State

WI

Zip Code

54304

Previous Address 2

City

State

Zip Code

Previous Address 3

City

State

Zip Code

Previous Address 4

City

State

Zip Code

Previous Address 5

City

State

Zip Code

3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.

State

WI

County

Brown

State

County

State

County

State

County

State

WI

County

Manitowoc

State

County

State

County

State

County

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed? ☐ Yes ☐ No	
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed? ☐ Yes ☐ No	
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed? ☐ Yes ☐ No	

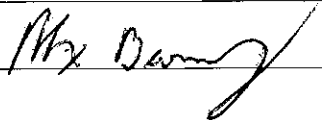
2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature



Date

3/26/25

DRIVER LICENSE
REGULAR

USA
WISCONSIN

NOT FOR
FEDERAL
PURPOSES

4- B652-5439-3186-07
1- BARNOWSKY
2- MAXWELL CHARLES

9-CLASS D

3- 1520 S RIDGE RD
GREEN BAY, WI 54304



15-SEX M 16-HGT 6'-00"
17-WGT 175 lb 18-EYES HAZ
19-HAIR BRO 40-DOB 09/04/2020
5-DCR 05/26/1993 40-EXP 05/26/2028
9a-ENT NONE 5-DD 01G/0202006042332301

DONOR



15850 121-210
00001 4 73 0510

01301 002731660 34



05261993
wisconsin.dmv.gov

Anatomical Gift Statement - Upon my death, I wish to donate: ☒ Yes ☐ No
All organs, tissues and eyes I refuse to make an anatomical gift
Limitations: _____
Signature: _____ Date: _____

Alcohol Beverage
Individual Questionnaire

Date

All individuals involved in the alcohol beverage business must complete this form, including:

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

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information

1. Legal Business Name (Individual name if sole proprietor) Sandbox Spirits LLC	
2. Business Trade Name or DBA	
3. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization	

Part B: Individual Information

1. Last Name Clark		2. First Name Zachary		3. M.I. J	
4. Relationship to Business (Title) Member		5. Email zac@procutgb.com		6. Phone (920) 595-0603	
7. Home Address 3032 Hickory heights Trail					
8. City Green Bay		9. State WI	10. Zip Code 54313	11. Date of Birth 11/06/1988	
12. Drivers License/State ID Number C462-9908-8406-02			13. Drivers License/State ID State of Issuance Wi		

Part C: Address History

1. Do you currently live in Wisconsin?				☒ Yes ☐ No			
If yes, provide the month and year when you permanently moved to Wisconsin				(MM/YYYY) 11/1988			
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.							
Previous Address 1 3032 Hickory heights Trail		City Green Bay		State WI		Zip Code 54313	
Previous Address 2		City		State		Zip Code	
Previous Address 3		City		State		Zip Code	
Previous Address 4		City		State		Zip Code	
Previous Address 5		City		State		Zip Code	
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.							
State WI	County Brown	State WI	County .	State	County	State	County
State	County	State	County	State	County	State	County

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No

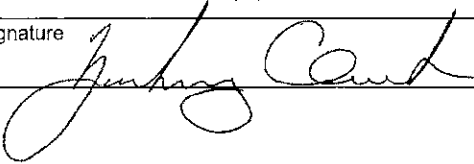
2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature



Date

3-20-25

DRIVER LICENSE
REGULAR

WISCONSIN USA

NOT FOR
FEDERAL
PURPOSES

4d C462-9908-8406-02 9 CLASS D

1 CLARK

2 ZACHARY JAMES

8 3032 HICKORY HEIGHTS TRL
GREEN BAY, WI 54313

15 SEX M 16 HGT 6'-01" 17 WGT 210 lb

18 EYES GRN 19 HAIR BRN

3 DOB 11/06/1988 9a END NONE

4a ISS 01/17/2024

5 DD OT10D2024011711351373 4b EXP 11/06/2031



Zachary Clark
RECEIVED BY: 11/06/2024 11:35 AM



Alcohol Beverage
Individual QuestionnaireDate
03/19/2025

All individuals involved in the alcohol beverage business must complete this form, including:

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

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

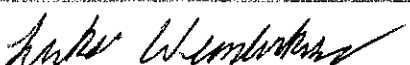
Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor) Sandbox spirits LLC	
2. Business Trade Name or DBA Sandbox	
3. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization	

Part B: Individual Information					
1. Last Name Wendricks		2. First Name Luke		3. M.I. W	
4. Relationship to Business (Title) owner		5. Email wendricksrealty@gmail.com		6. Phone (920) 246-7286	
7. Home Address 4039 Frobisher Fields					
8. City Hobart		9. State WI	10. Zip Code 54155		11. Date of Birth 01/03/94
12. Drivers License/State ID Number W536-8399-4003-07			13. Drivers License/State ID State of Issuance WI		

Part C: Address History							
1. Do you currently reside in Wisconsin? ☒ Yes ☐ No							
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?						Years 11	Months 7
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.							
Previous Address 1 4039 Frobisher Fields		City Hobart		State WI		Zip Code 54155	
Previous Address 2 2570 Willow Grove Ln		City Green Bay		State WI		Zip Code 54311	
Previous Address 3 4033 Frobisher Fields		City Hobart		State WI		Zip Code 54155	
Previous Address 4		City		State		Zip Code	
Previous Address 5		City		State		Zip Code	
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.							
State MN	County Blue Earth	State WI	County Brown	State WI	County	State	County
State	County	State	County	State	County	State	County

Continued →

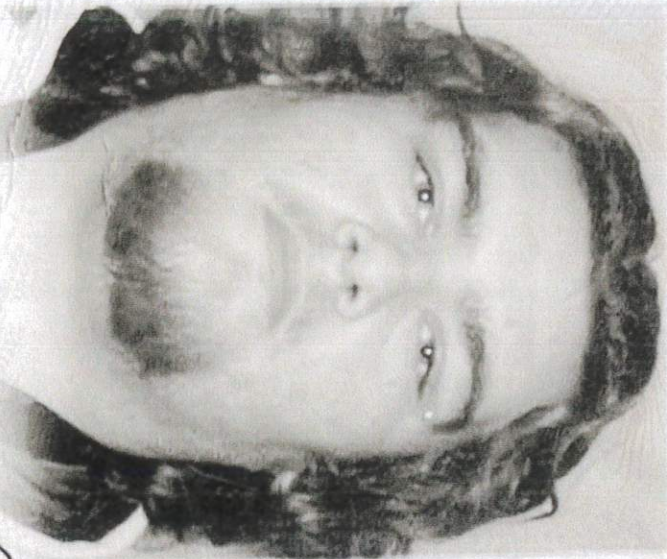
Part D: Criminal History		
1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? ☐ Yes ☒ No If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.		
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ☐ Yes ☒ No If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.		

Part E: Attestation	
READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.	
Signature 	Date 03/19/2025

**DRIVER LICENSE
REGULAR**

WISCONSIN USA

NOT FOR
FEDERAL
PURPOSES



Handwritten signature: Luke Wendricks

4d W536-5399-4003-07

1 WENDRICKS

2 LUKE WALTER

8 4033 FROBISHER FLDS
ONEIDA, WI 54155

15 SEX M

16 HGT 6'-03"

17 WGT 340 lb

18 EYES HAZ

19 HAIR BRO

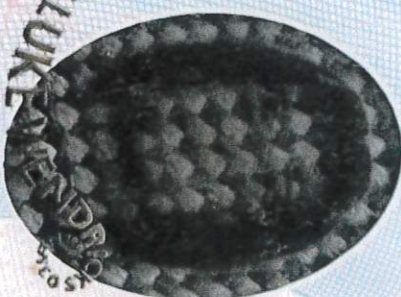
4a ISS 01/06/2021

3 DOB 01/03/1994

4b EXP 01/03/2029

9a END NONE

5 DD OT10DD2021010614032269



(Donor
Sticker
Here)

JAN 94

Alcohol Beverage
Individual Questionnaire

Date

All individuals involved in the alcohol beverage business must complete this form, including:

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

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information

1. Legal Business Name (Individual name if sole proprietor) Sandbox Spirits LLC	
2. Business Trade Name or DBA	
3. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization	

Part B: Individual Information

1. Last Name Ahlborg		2. First Name Michael		3. M.I. D	
4. Relationship to Business (Title) Member		5. Email mahlborg@draco-pm.com		6. Phone (920) 639-6335	
7. Home Address 2911 Big Timber Cir					
8. City Suamico		9. State WI	10. Zip Code 54313	11. Date of Birth 06/12/1993	
12. Drivers License/State ID Number A416-5449-3212-02			13. Drivers License/State ID State of Issuance WI		

Part C: Address History

1. Do you currently live in Wisconsin?						☒ Yes ☐ No	
If yes, provide the month and year when you permanently moved to Wisconsin						(MM/YYYY) 06/1993	
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.							
Previous Address 1 2911 Big Timber Cir		City Suamico		State WI		Zip Code 54313	
Previous Address 2		City		State		Zip Code	
Previous Address 3		City		State		Zip Code	
Previous Address 4		City		State		Zip Code	
Previous Address 5		City		State		Zip Code	
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.							
State WI	County Brown	State WI	County	State	County	State	County
State	County	State	County	State	County	State	County

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date
------------------------	----------	-----------------

Penalty Imposed	Was sentence completed? ☐ Yes ☐ No
-----------------	--

Law/Ordinance Violated	Location	Conviction Date
------------------------	----------	-----------------

Penalty Imposed	Was sentence completed? ☐ Yes ☐ No
-----------------	--

Law/Ordinance Violated	Location	Conviction Date
------------------------	----------	-----------------

Penalty Imposed	Was sentence completed? ☐ Yes ☐ No
-----------------	--

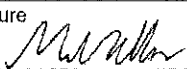
2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature

Date

3-20-2025

DRIVER LICENSE
REGULAR

WISCONSIN USA

NOT FOR
FEDERAL
PURPOSES



4d **A416-5449-3212-02**
1 **AHLBORG**
2 **MICHAEL DOUGLAS**
8 2911 BIG TIMBER CIR
SUAMICO, WI 54313

9 CLASS **DM**



15 SEX **M**
16 HGT **5'-11"**
17 WGT **200 lb**
18 EYES **BLU**
19 HAIR **BLD**
3 DOB **06/12/1993**
9a END **NONE**

4a ISS **12/04/2021** DUP
4b EXP **06/12/2028**
5 DD **OT10DD2021120412280090**

DONOR

JUN 93

Form
AB-101

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)

Sandbox Spirits LLC

2. Business Trade Name or DBA

The Sand Box

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

Barnowsky

2. First Name

Maxwell

3. M.I.

C

4. Email

M-barnowsky-3@yahoo.com

5. Phone

920-323-6575

6. Home Address

1520 S. Ridge rd

7. City

Green Bay

8. State

WI

9. Zip Code

54304

10. Age

31

11. Drivers License/State ID Number

B 652-5439-3186-07

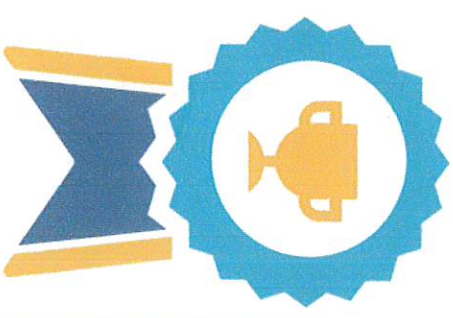
12. Drivers License/State ID State of Issuance

Wisconsin

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? ☒ Yes ☐ No
Submit a completed Form AB-100 with this form.
3. Have you been a Wisconsin resident for at least 90 continuous days? ☒ Yes ☐ No
See instructions for exceptions.

Continued →



Certificate

RESPONSIBLE BEVERAGE SERVER

awarded to

Max Barnowsky

This certificate represents the successful completion of an approved Wisconsin Department of Revenue Responsible Beverage Server Course in compliance with secs. 125.04(5)(a)5., 125.17(6), and 134.66(2m), Wis. Stats.

www.Wisconsin-Bartending.com

Training Provider

05/15/2024

Training Date

Business Security Plan

Business Security Plan

Thank you for your interest in obtaining an alcohol license from the City of Green Bay. Running a tavern or restaurant can be very rewarding, but it also poses unique challenges that are not present in other types of businesses. But you can succeed with the right preparation, plan and attitude. A big factor unique to alcohol licensing is the extra state and local regulations placed upon the business owner.

The City of Green Bay asks licensees to provide a Security Plan to ensure they understand the laws surrounding alcohol licenses and any unique rules that apply to their specific business.

You will also be asked to complete a license stipulation agreement upon meeting with the community police officer. A copy of the License Stipulation sets forth more requirements which are specific to your business. The License Stipulation is a legally binding document which lays out certain duties and restrictions that are particular to your business, and it must be signed by you and your community police officer. The Police Department will be in contact with the agent to set up this meeting upon a licensee submitting a complete application to the Clerk's Office.

The following security plan represents the Licensee's anticipated operations and procedures. It is a collection of guidelines that are not legally binding on the Licensee, but are intended to give the Police Department, Green Bay Common Council and the public a good picture of what the Licensee believes his or her business will look like and how it will operate. While the Licensee will not receive any citations for deviating from this security plan, it is a good idea to follow these guidelines because the Council may consider during renewal time how closely you follow your plan. If you deviate too far from your security plan and fail to update it at renewal time, it could adversely affect your license status.

Sincerely,

Celestine Jeffreys, City Clerk

Business Contact Information

Legal Entity Name*

Sandboxspirits LLC

Agent's Name: *

Maxwell Barnowsky

[enter agent's name or "N/A"]

Agent's Phone Number:*

920-323-6575

Business E-mail:

Sandboxspirts@gmail.com

to setup initial meeting with Police Department

Business Address*

2042 Manitowoc Rd

City

Green Bay

State*

WI

Zip Code*

54302

Address to Mail Legal Documents:*

4012 Velp Avenue

All legal communication and renewal notices will be sent to this address. Renewal notices from Inspections will be mailed in January. Renewal notices from the Clerk's Office will be mailed in March.

City

Green Bay

State

Wisconsin

Zip Code

54313

Address to Mail Liquor License:*

4012 Velp avenue

City

Green Bay

State

Wisconsin

Zip Code

54313

License Type:*

RESERVE-Class "B" Beer and "Class B" Liquor

Own/Lease*

Own

Does the Applicant own or lease the building?

Landlord name and address

Building Capacity:*

99

Enter capacity, determined by fire code.

Parking Capacity/Availability*

50 vehicles. West and south side of building. Private

Enter if private parking lot included in business or if public parking is used; if private, include size, number of spots and location in relation to building; if public, include how Licensee intends to monitor patrons as they leave premises.

Anticipated Opening Date:*

May 8th 2025

Include any improvements to property that are active and needed prior to opening location. A waiver must be requested if anticipated opening date is more than 60 days from granting date.

Outdoor Areas and Fencing Description

Parking lot, outside patio, volleyball courts.

Enter outdoor areas that are part of your license premises including Click n' Collect. Pictures are also required for an out area.

Pictures

IMG.jpeg

If you license premises includes outdoor areas.

INTERNAL OPERATIONS-FOR CLASS B & C LICENSEES ONLY**Are You Part of The Brown County League?**☒ Yes☐ No**Bar Staff Information:**

1-2 bartenders and 1 cook during open hours. Peak hours 5-9pm 3 bartenders, 2 cooks, 2 waitresses. All bartenders will require bartending certificate and license. Weekly staff meetings on when to not serve individuals and when something seems 'off' and to immediately communicate to staff and manager.

Number of staff on hand at certain times of operation; prior staff experience; how many bartenders/bar staff/etc. on during peak hours; staff training; whether requiring NWTC training course or operator's license for all or just some staff; other training focused on catching U/A persons, identifying intoxicated persons, etc.

Security Staff Information

At least one Security on occasional weekend nights. Not needed on regular nights when owners and General Manager are on site. General manager, owner, or security on site after 10pm on weekend nights. Larger events a few times a year will be staffed depending on crowd size. 1 security guard for every 35 patrons for larger events. Weekly and monthly meetings and trainings with staff on when to not serve individuals and to remove from property. Will have card reader on site to identify individuals.

Number of staff on hand at certain times of operation; prior staff experience; how many bouncers/etc. on during peak hours; staff training; whether attending Professional Communications course offered by PD; other training focused on catching U/A persons, identifying intoxicated persons, etc.

Atmosphere

Rock and country music. Fish fry Friday, bar menu other days of week. Live music during later afternoons 1-3 piece musicians. Jukebox and radio when no live music. Occasional DJs for holidays and birthday parties. Focus is day and afternoon happy hour crowd. Birthday and fundraiser events. Volleyball leagues during days and afternoons.

Describe what type of music, food, entertainment, amusement devices, and clientele Licensee will promote or focus on.

Dress Code

The atmosphere won't require a large dress code besides the following: clean clothes, no large chains or medallions, must wear shoes, shirts. No biker patches if it were to become an issue. Individuals not adhering to code will be asked to leave. If refusal to leave, police will be called and individuals banned from property.

Describe dress code, and restrictions on access for those who violate dress code, plan on how to handle anyone who argues about dress code.

% Alcohol

65

% Food

35

% Other

If applicable, describe "Other".

INTERNAL OPERATIONS- FOR CLASS A LICENSEES ONLY**Cigarette License?**

-- Select One --

License Premises:

Where the alcohol will be on the sales floor and how will it be locked up after hours (if applicable).

Operations:

OPERATIONS:

Hours of Operation:

Tuesday-Wednesday 4-midnight. Thursday 4pm-1:30am. Friday/saturday 1pm-2am. Sunday 11am-12pm

Manager, if any:

General manager and owner will be on site majority of operation hours.

COMMUNITY IMPACT

Neighborhood*

Live music on patio weekend afternoons. No music outside after 10pm.

How will this business may impact the neighbors and how does Licensee intend to reduce any negative impact which may result?

Police Services*

Intoxicated or aggressive individuals will be asked to leave, (safe rides for intoxicated patrons) however upon refusal to leave may have to call for police services. Any patrons that were required for police services in negative manor will be barred from property to reduce future issues and calls. Individuals over legal driving limit will be allowed to keep vehicle in parking lot over night.

How will this business may impact police services and how does Licensee intend to reduce any negative impact which may result?

Compliance with Laws*

Regular trainings with staff. Strict policies list to follow all ordinances, statutes, and codes.

How will this business will ensure compliance with city ordinances, state statutes and state administrative code?

REQUIRED CONTACTS AND FILINGS

I understand that liquor/beer license renewal applications are due April 15 of every year, regardless of when license was initially granted. *

- ☒ Yes
☐ No

I understand that prior to appearing before the Protection & Policy Committee Meeting I first must meet Green Bay Police Department to review the business security plan.*

- ☒ Yes
☐ No

I intend to operate under the new alcohol license within 60 days of the Common Council granting this license. If it is more than 60 days, it is my responsibility to reach out to the Clerk's Office to request an extension. *

- ☒ Yes
☐ No

I understand that prior to being issued a liquor license, I must pay the appropriate fees and call (920)448-3300 to schedule and pass an Inspections. *

- ☒ Yes
☐ No

I understand that I should reach out to the Brown County Health Department at (920) 448-6400 and the Green Bay Assessor's Office at (920) 448-3066 or alex.drews@greenbaywi.gov to inform them I am applying for a new liquor license.*

- ☒ Yes
☐ No

Once issued, I understand that any changes to my liquor license should be communicated to the Clerk's Office at (920) 448-3010 or clerk@greenbaywi.gov to determine any additional steps. *

- ☒ Yes
☐ No

(For Class B Reserve Licensees Only) I understand a municipality may not rebate or refund the initial issuance fee of a reserve "Class B" License (including through any grant or tax credit program). The reserve license is also not transferrable and should I surrender my license to another legal entity, the new legal entity must apply for an available or reserve liquor license)

- ☒ Yes
☐ No

By signing below, I agree that the security plan set forth above accurately represents my policies, procedures, and goals in running my business.

SIGNATURE

First Name

Max

Last Name

Barnowsky

Electronic Signature Agreement*

By checking the "I agree" box below, you agree and acknowledge that 1) your application will not be signed in the sense of a traditional paper document, 2) by signing in this alternate manner, you authorize your electronic signature to be valid and binding upon you to the same force and effect as a handwritten signature, and 3) you may still be required to provide a traditional signature at a later date.

☒ I agree.

Electronic Signature*

Max Barnowsky

Stacy Menke

From: noreply@civicplus.com
Sent: Monday, April 28, 2025 1:49 PM
To: ClerksFrontDesk
Subject: Online Form Submittal: Business Security Plan

Business Security Plan

Business Security Plan

Thank you for your interest in obtaining an alcohol license from the City of Green Bay. Running a tavern or restaurant can be very rewarding, but it also poses unique challenges that are not present in other types of businesses. But you can succeed with the right preparation, plan and attitude. A big factor unique to alcohol licensing is the extra state and local regulations placed upon the business owner.

The City of Green Bay asks licensees to provide a Security Plan to ensure they understand the laws surrounding alcohol licenses and any unique rules that apply to their specific business.

You will also be asked to complete a license stipulation agreement upon meeting with the community police officer. A copy of the License Stipulation sets forth more requirements which are specific to your business. The License Stipulation is a legally binding document which lays out certain duties and restrictions that are particular to your business, and it must be signed by you and your community police officer. The Police Department will be in contact with the agent to set up this meeting upon a licensee submitting a complete application to the Clerk's Office.

The following security plan represents the Licensee's anticipated operations and procedures. It is a collection of guidelines that are not legally binding on the Licensee, but are intended to give the Police Department, Green Bay Common Council and the public a good picture of what the Licensee believes his or her business will look like and how it will operate. While the Licensee will not receive any citations for deviating from this security plan, it is a good idea to follow these guidelines because the Council may consider during renewal time how closely you follow your plan. If you deviate too far from your security plan and fail to update it at renewal time, it could adversely affect your license status.

Sincerely,

Celestine Jeffreys, City Clerk

(Section Break)

Business Contact Information

Legal Entity Name	Sandboxspirits LLC
Agent's Name:	Maxwell Barnowsky
Agent's Phone Number:	920-323-6575
Business E-mail:	Sandboxspirits@gmail.com
Business Address	2042 Manitowoc Rd
City	Green Bay
State	WI
Zip Code	54302
Address to Mail Legal Documents:	4012 Velp Avenue
City	Green Bay
State	Wisconsin
Zip Code	54313
Address to Mail Liquor License:	4012 Velp avenue
City	Green Bay
State	Wisconsin
Zip Code	54313
License Type:	RESERVE-Class "B" Beer and "Class B" Liquor
Own/Lease	Own
Landlord name and address	Field not completed.
Building Capacity:	99
Parking Capacity/Availability	50 vehicles. West and south side of building. Private
Anticipated Opening Date:	May 8th 2025
Outdoor Areas and Fencing Description	Parking lot, outside patio, volleyball courts.

Pictures

IMG_4128.jpeg

INTERNAL OPERATIONS-FOR CLASS B & C LICENSEES ONLY

Are You Part of The Brown County League? Yes

Bar Staff Information:

1-2 bartenders and 1 cook during open hours. Peak hours 5-9pm 3 bartenders, 2 cooks, 2 waitresses. All bartenders will require bartending certificate and license. Weekly staff meetings on when to not serve individuals and when something seems 'off' and to immediately communicate to staff and manager.

Security Staff Information

At least one Security on occasional weekend nights. Not needed on regular nights when owners and General Manager are on site. General manager, owner, or security on site after 10pm on weekend nights. Larger events a few times a year will be staffed depending on crowd size. 1 security guard for every 35 patrons for larger events. Weekly and monthly meetings and trainings with staff on when to not serve individuals and to remove from property. Will have card reader on site to identify individuals.

Atmosphere

Rock and country music. Fish fry Friday, bar menu other days of week. Live music during later afternoons 1-3 piece musicians. Jukebox and radio when no live music. Occasional DJs for holidays and birthday parties. Focus is day and afternoon happy hour crowd. Birthday and fundraiser events. Volleyball leagues during days and afternoons.

Dress Code

The atmosphere won't require a large dress code besides the following: clean clothes, no large chains or medallions, must wear shoes, shirts. No biker patches if it were to become an issue. Individuals not adhering to code will be asked to leave. If refusal to leave, police will be called and individuals banned from property.

% Alcohol 65

% Food 35

% Other *Field not completed.*

INTERNAL OPERATIONS- FOR CLASS A LICENSEES ONLY

Cigarette License? *Field not completed.*

License Premises: *Field not completed.*

Operations:

OPERATIONS:

Hours of Operation: Tuesday-Wednesday 4-midnight. Thursday 4pm-1:30am.
Friday/saturday 1pm-2am. Sunday 11am-12pm

Manager, if any: General manager and owner will be on site majority of operation hours.

COMMUNITY IMPACT

Neighborhood Live music on patio weekend afternoons. No music outside after 10pm.

Police Services Intoxicated or aggressive individuals will be asked to leave, (safe rides for intoxicated patrons) however upon refusal to leave may have to call for police services. Any patrons that were required for police services in negative manor will be barred from property to reduce future issues and calls. Individuals over legal driving limit will be allowed to keep vehicle in parking lot over night.

Compliance with Laws Regular trainings with staff. Strict policies list to follow all ordinances, statutes, and codes.

REQUIRED CONTACTS AND FILINGS

I understand that Yes
liquor/beer license renewal applications are due April 15 of every year, regardless of when license was initially granted.

I understand that prior to Yes
appearing before the Protection & Policy Committee Meeting I first must meet Green Bay Police Department to review the business security plan.

I intend to operate under the Yes
new alcohol license within

60 days of the Common Council granting this license. If it is more than 60 days, it is my responsibility to reach out to the Clerk's Office to request an extension.

I understand that prior to being issued a liquor license, I must pay the appropriate fees and call (920)448-3300 to schedule and pass an inspections. Yes

I understand that I should reach out to the Brown County Health Department at (920) 448-6400 and the Green Bay Assessor's Office at (920) 448-3066 or alex.drews@greenbaywi.gov to inform them I am applying for a new liquor license. Yes

Once issued, I understand that any changes to my liquor license should be communicated to the Clerk's Office at (920) 448-3010 or clerk@greenbaywi.gov to determine any additional steps. Yes

(For Class B Reserve Licensees Only) I understand a municipality may not rebate or refund the initial issuance fee of a reserve "Class B' License (including through any grant or tax credit program). The reserve license is also not transferrable and should I surrender my license to another legal entity, the new Yes

legal entity must apply for
an available or reserve
liquor license)

By signing below, I agree that the security plan set forth above accurately
represents my policies, procedures, and goals in running my business.

SIGNATURE

First Name

Max

Last Name

Barnowsky

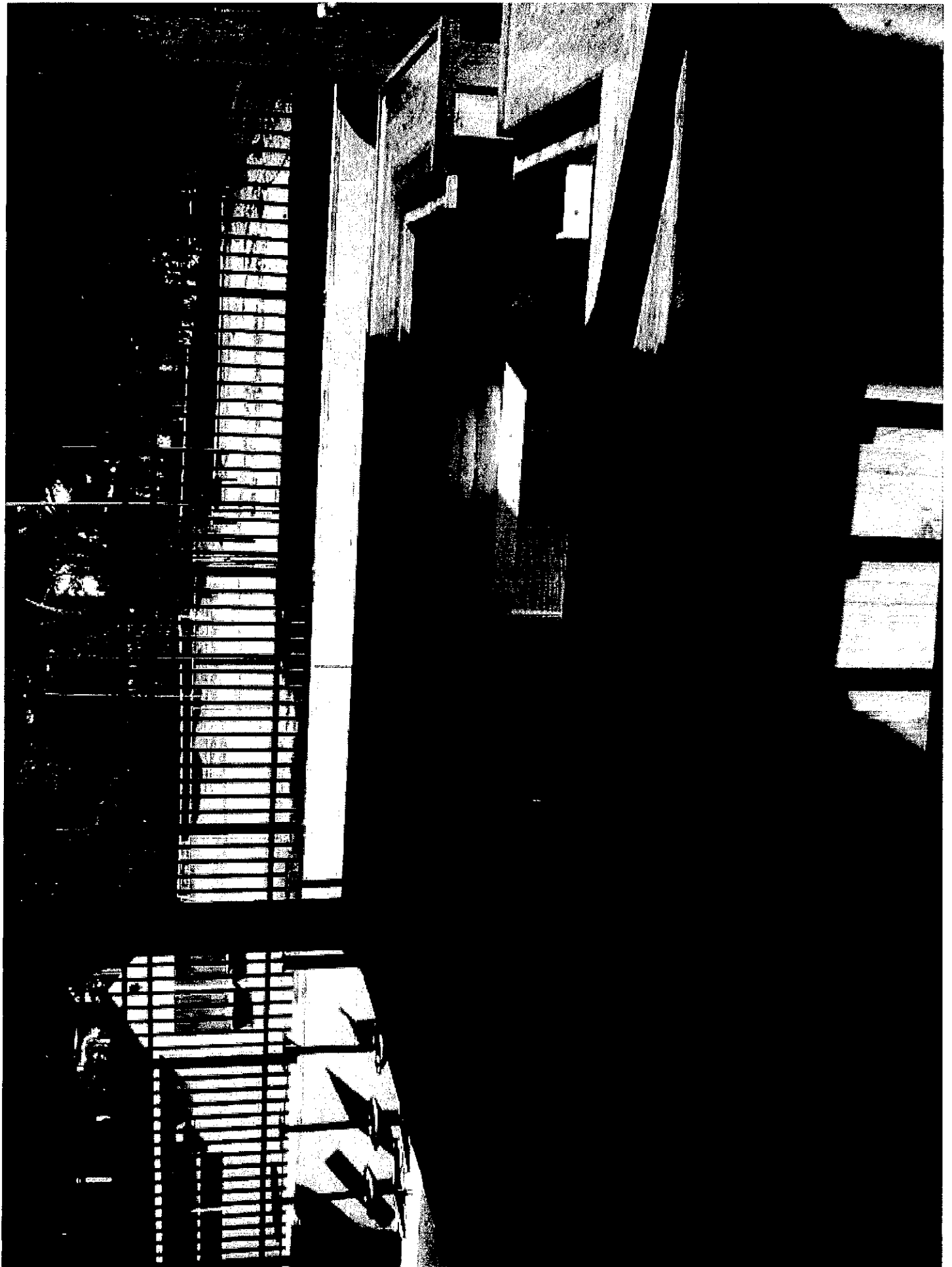
Electronic Signature
Agreement

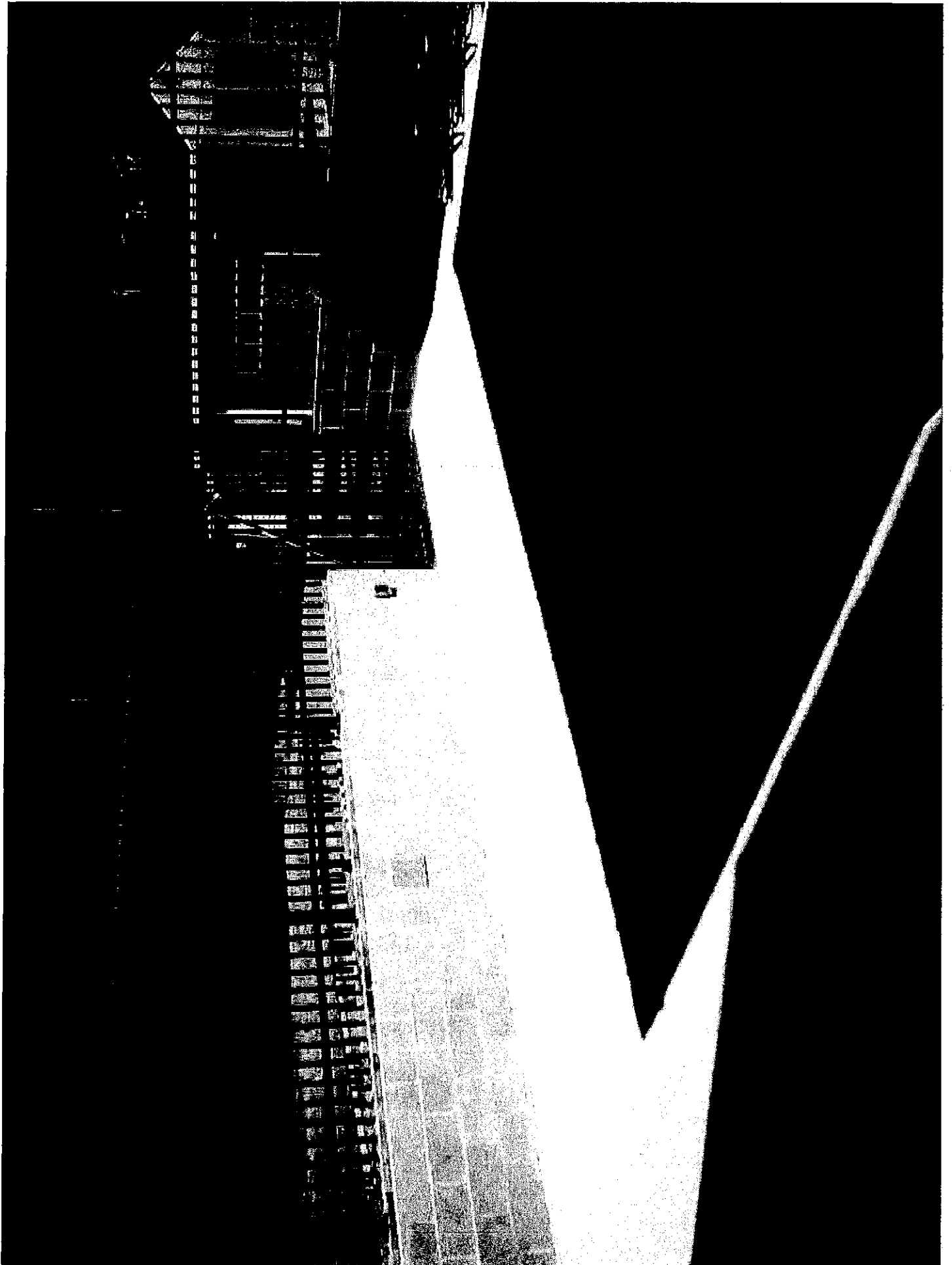
I agree.

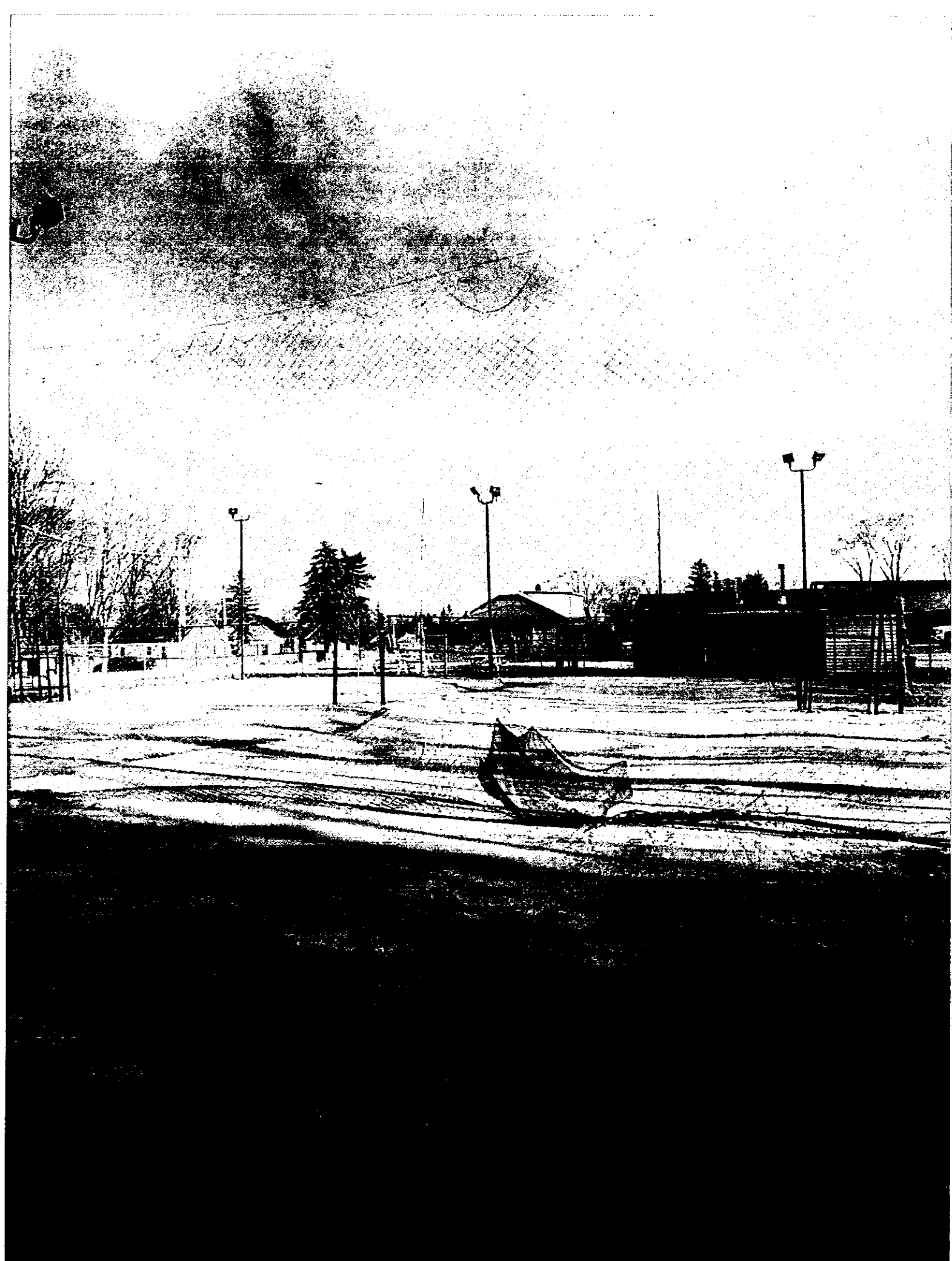
Electronic Signature

Max Barnowsky

Email not displaying correctly? [View it in your browser.](#)











Clerk & Treasurer's Office
100 North Jefferson Street - Room 106
Green Bay, Wisconsin 54301-5026
clerk@greenbaywi.gov
www.greenbaywi.gov

Phone 920.448.3010
Fax 920.448.3016

SURRENDER FORM

Date: 4/18/2025

I, we Mary Watson + Michael Watson, the present holder(s) at
(Individual, Partners, Officer)-License Holder(s)

2042 Manitowoc Rd GB, will surrender ZWB, Inc. d/b/a The SAND BOX
(Address and Name of Business)

My/our license to Max Barnowsky, upon his/her approval by the Common Council.
(Applicant)

Michael Watson
License Holder Signature

Mary Watson
License Holder Signature

Rob A. Henshaw
Witness



Alcohol Beverage License Application - Statement of Intent

INSTRUCTIONS

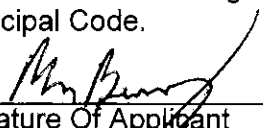
In order to apply for an alcohol beverage license in the City of Green Bay, this licensee or license agent must sign this Statement of Intent. This document allows the City of Green Bay to ensure that your license will be used within 60 days of its granting (or within 60 days of the start of the license year for renewal applications).

If you are applying for a new license and construction or remodeling activities will prevent you from operating within 60 days of the granting of the license, you sign this below and attach written documentation outlining the duration of such activities and the anticipated first date of operation under the license applied for. The Common Council will then review your request for additional time. If granted, the time granted by the Common Council shall be substituted for the 60 days.

STATEMENT OF INTENT

The undersigned applicant for an alcoholic beverage license hereby agrees to begin operation of the proposed establishment pursuant to the alcohol beverage license applied for within 60 calendar days of the start of the license for granted renewal applications. The undersigned agrees that if the alcohol beverage license applied for is not issued or operation under the license does not begin within such time, the license shall be considered surrendered to the City of Green Bay without the need for further action or proceeding. The City of Green Bay may then grant the license to another applicant.

Under penalty proved by law, the signer states that the above statement has been truthfully provided to the best of the knowledge of the signer. Any inaccurate or untruthful answer may be grounds for denial of the application. Signer agrees to operate this business according to the law and observe the provisions of the Green Bay Municipal Code.



Signature Of Applicant

The Sand Box

Name of Establishment

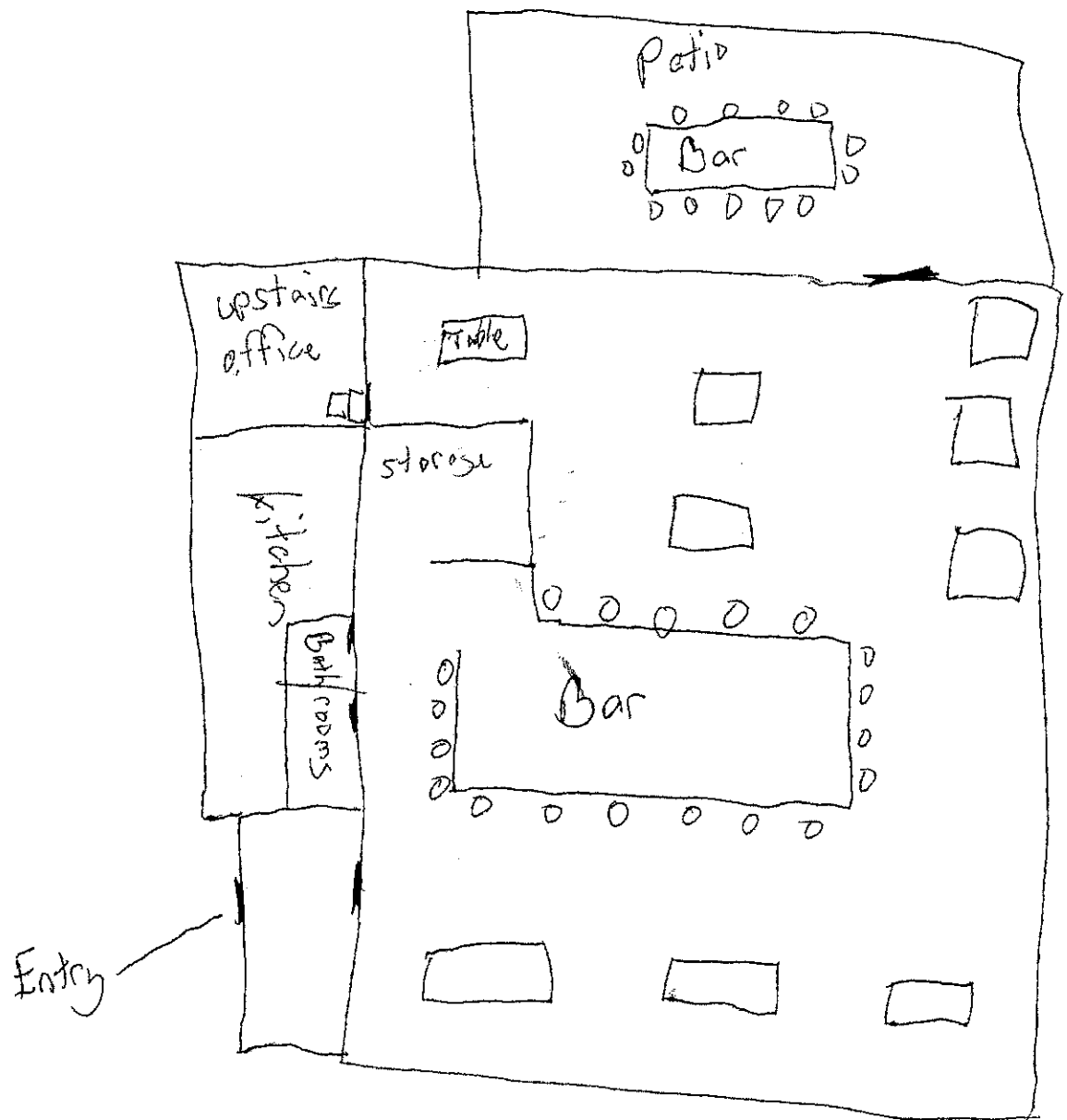
2042 Manitowoc Rd Green Bay, WI 54302

Address of Establishment

3/20/25

Date

Sand Box Floor Plan





WISCONSIN DEPARTMENT OF REVENUE
PO BOX 8902
MADISON, WI 53708-8902

Contact Information:

2135 RIMROCK RD PO BOX 8902
MADISON, WI 53708-8902
ph: 608-266-2776 fax: 608-224-5761
email: DORBusinessTax@wisconsin.gov
website: revenue.wi.gov

000190

Letter ID L0564784304

SANDBOX SPIRITS LLC
4012 VELD AVE
GREEN BAY WI 54313-7103

Wisconsin Department of Revenue Seller's Permit

Legal/real name: SANDBOX SPIRITS LLC

Business name:
2042 MANITOWOC RD
GREEN BAY WI 54302-3726

- This certificate confirms you are registered with the Wisconsin Department of Revenue and authorized in the business of selling tangible personal property and taxable services.
- You may not transfer this permit.
- This permit must be displayed at the place of business and is not valid at any other location.
- If your business is not operated from a fixed location, you must carry or display this permit at all events.

Tax Type	Account Type	Account Number
Sales & Use Tax	Seller's Permit	456-1032073027-04

March 14, 2025

The Sandbox Bar

Attn: Zac Clark

2401 Velp Ave., Green Bay, WI 54303

Dear Zac,

Community First Credit Union ("CFCU") is pleased to propose the following financing terms to you, an operating company to be named, and a real estate holding company to be named ("Borrowers") under the terms and conditions hereinafter stated for the purchase of The Sand Box bar at 2042 Manitowoc Rd., Green Bay, WI as well as furniture, fixtures, and equipment. This is for discussion purposes only and is subject to formal Business Loan Committee approval.

Term Loan: **Conventional Loan Option**

Borrower: LLCs to be formed
Amount: \$348,000
Rate: 6.25% fixed for 3 years or 6.5% fixed for 5 years
Term: Up to 5 years
Amortization: 20 years
Payments: Est. monthly P&I payments in the approx. amount of \$2,544 based on a 3 year rate of 6.25% or \$2,595 based on a 5 year rate of 6.5%
Collateral: 1* Real Estate Mortgage on 2042 Manitowoc Rd., Green Bay, WI
 1* Lien on All Business Assets
 Assignment of Leases & Rents
Guaranty: Unlimited Personal Guaranty of any owners in the real estate holding company or operating company to be formed
Loan Fees: \$1,400 Loan Fee payable at closing (1/4 pt.) plus third party costs
Purpose: Purchase the real estate at 2042 Manitowoc Rd., Green Bay, WI, as well as furniture, fixtures, and equipment. See following Sources & Uses table for estimated project breakdown.
Subject to: 1. CFCU Loan Committee Approval

Conventional Term Loan

Source		Use	
CFCU Loan	\$348,000	Purchase Comm RE	\$435,000
Cash from member	\$ 94,500	Loan Fee	\$ 1,100
		Environmental TSA	\$ 1,200
		Real Estate Appraisal	\$ 2,500
		Equipment Appraisal	\$ 1,500
		Closing Fees, etc. (est)	\$ 1,200
Total	\$442,500		\$442,500

SBA 504 Loan Option (Long-term fixed rate)

Term Loan 1: **CFCU "Front-End" Loan**
Borrower: Real Estate Holding Company LLC to be named
Amount: \$222,500
Rate: 6.5% fixed for the initial 5 years, then adjusting to Prime + 1.0%*
Term: 10 years
Amortization: 20 years
Payments: Est. monthly P&I payments in the approx. amount of \$1,719 for the first 5 years.
Collateral: 1st Real Estate Mortgage on 2042 Manitowoc Rd., Green Bay, WI
 1st Lien on All Business Assets
 Assignment of Leases & Rents
Guaranty: Unlimited Personal Guaranty of all member of the real estate holding company and operating company to be formed.
Loan Fees: \$2,200 Interim Financing Fee payable at closing plus third party costs**
Purpose: Purchase commercial real estate and furniture, fixtures, and equipment for The Sand Box Bar. See following Sources & Uses table for estimated project breakdown.

* SBA requires a 10 year term, so after the initial 5 year rate lock the rate can either float, or we can look to fix for another 5 year lock at the prevailing 5 year market term rate at the expiration of the initial 5 years.

Interim Loan 1: **CFCU – Loan to be taken out by SBA 504 Debenture**
Borrower: Real Estate Holding Company LLC to be named
Amount: \$155,700
Rate: 6.5% fixed (taken out by SBA 504 debenture funding)
Term: 6 months (taken out by SBA 504 debenture funding)
Amortization: N/A
Payments: Monthly payments of interest only.
Collateral: 2nd Real Estate Mortgage on 2042 Manitowoc Rd., Green Bay, WI
 2nd Lien on All Business Assets
 2nd Position Assignment of Leases & Rents
Guaranty: Unlimited Personal Guaranty of all member of the real estate holding company and operating company
Loan Fees: Listed in SBA 504 Term Loan 1 outline
Purpose: Purchase commercial real estate and furniture, fixtures, and equipment for The Sand Box Bar. Interim financing to be taken out by SBA 504 debenture. See following Sources & Uses table for estimated project breakdown.

SBA 504 Commercial Real Estate Purchase Project – Interim Financing

Source		Use	
CFCU Loan 1	\$222,500	Purchase RE	\$435,000
CFCU Loan 2	\$155,700	Real Estate Appraisal	\$ 2,500
Borrower Cash	\$ 66,800	Environmental Report	\$ 1,200
		Equipment Appraisal	\$ 1,500
		Interim Financing Fee*	\$ 2,200
		Closing Fees, etc. (est)	\$ 2,600
Total	\$445,000		\$445,000

*** A portion of the interim financing fee will be paid to WBD/SBA (\$1,113) to cover the required ½% fee the SBA charges CFCU on our permanent portion.

SBA Permanent Financing: **Purchase Commercial Real Estate**
Amount to be taken out by SBA 504 Debenture

Borrower: Real Estate Holding Company LLC to be named
Amount: \$162,000
Rate: To be determined at time of SBA 504 debenture funding. Based off of the U.S. 10-year Treasury Yield + a spread that changes monthly.
Term: 25 years
Amortization: 25 years
Payments: Monthly P&I payments based on a total loan of \$162,000 over 25 years based on a rate fixed at time of debenture funding. Currently, and based on an estimated coupon rate of 4.93% at time of putting a structure sheet together, the P&I payment would be \$940.44. A monthly servicing fee of \$142.56 is added for a total monthly payment of \$1,083.
Collateral: 2nd Real Estate Mortgage on 2042 Manitowoc Rd., Green Bay, WI
2nd Lien on All Business Assets
2nd Position Assignment of Leases & Rents
Guarantees: Unlimited Personal Guaranty of all member of the real estate holding company and operating company
Loan Fees: Included in loan amount. See Sources & Uses for detail.
Purpose: Purchase real estate and equipment. See following Sources & Uses table for estimated project breakdown.

SBA 504 Debenture Funding

Source		Use	
SBA 504 Debenture Loan – Permanent portion	\$162,000	Pay off interim financing at CFCU	\$155,700
		Fees for 504 program	\$ 5,873
		Rounding refund to borrower *	\$ 427
Total	\$162,000		\$162,000

* The SBA 504 Debentures are only funded in even \$1,000 increments, so the difference is refunded back to the borrower after the debenture has funded.

The SBA 504 program details will be explained in a future meeting. If you would like to research the program and its requirements, please go to <https://www.sba.gov/funding-programs/loans/504-loans>.

For the loan listed above, the following will apply:

Deposit Accounts: Deposit Accounts for the borrowing entity is required for membership qualification

Pre-pmt Penalty: If the CFCU loans are refinanced by another financial institution, a 2% pre-payment penalty will apply.

SBA Loan Approval: The SBA 504 structure will be subject to WBD, Inc./SBA approval.

We appreciate the opportunity to provide this financing term sheet to you and look forward to working with you.

Sincerely,



Matthew Wilcox
Vice President – Business Lending
Community First Credit Union



Report to the
Protection and Policy Committee
of the City of Green Bay

MEETING DATE

May 12, 2025

PREPARED BY

AGENDA ITEM # E.10

Consideration with possible action on an application for a new "Class C" wine and Class "B" Beer license for Crepe Bistro & Cafe at 520 N Broadway, Ste 120 with a licensed premises described as "dining, beer and wine stored at table, open kitchen, liquor stored in fridge in kitchen", with approval of the proper parties.

BACKGROUND

RECOMMENDATION

FISCAL IMPACT

ATTACHMENTS

- I. 520 N BROADWAY LIQ

Form
AB-200

Alcohol Beverage License
Application

For Municipal Use Only	
Municipality	C06B
License Period	24-25

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

- ☐ Class "A" Beer \$ _____ ☒ Class "B" Beer \$ 75
- ☐ "Class A" Liquor \$ _____ ☐ "Class B" Liquor \$ _____
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☒ "Class C" Liquor (wine only) \$ 100

Fees	
License Fees	\$
Background Check Fee	\$ 25.00
Publication Fee	\$ 25.00
Total Fees	\$

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) CREPE BISTRO & CAFE			
2. Business Trade Name or DBA CREPE BISTRO & CAFE			
3. FEIN 33-2717018		4. Wisconsin Seller's Permit Number 456-1032023138-04	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization			
6. State of Organization		7. Date of Organization	
8. Wisconsin DFI Registration Number			
9. Premises Address 520 NORTH BROADWAY STE 120.			
10. City GREEN BAY		11. State WI	12. Zip Code 54303
13. County BROWN COUNTY		14. Governing Municipality: ☐ City ☐ Town ☐ Village of:	
15. Aldermanic District		16. Premises Phone	
17. Premises Email crepebistrocafe@gmail.com		18. Website www.CREPEBISTROCAFE.com	
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. Dining, beer and wine served at table, open kitchen, lig stored in fridge in kitchen			
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? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No
If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or 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.

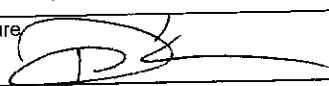
Last Name	First Name	Title	Phone
KAB	dell	OWNER	906-236-0000
BAUMON	JASON	AGENT	920-664-5448

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.
KAB	Dell	
Title	Email	Phone
OWNER	dellkab4@gmail.com	906-236-0000
Signature	Date	
	4-18-25	

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
Individual Questionnaire

Date

All individuals involved in the alcohol beverage business must complete this form, including:

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

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)	CREPE BISTRO & CAFE
2. Business Trade Name or DBA	CREPE BISTRO & CAFE
3. Entity Type (check one)	
☐ Sole Proprietor	☐ Partnership
☒ Limited Liability Company	☐ Corporation
☐ Nonprofit Organization	

Part B: Individual Information

1. Last Name	KAB	2. First Name	DELL	3. M.I.	
4. Relationship to Business (Title)	OWNER	5. Email	dellkab1@gmail.com	6. Phone	906-236-0000
7. Home Address	1120 Kee way dlin ST				
8. City	NE GAUNEE	9. State	MI	10. Zip Code	49866
				11. Date of Birth	03-04-73
12. Drivers License/State ID Number	K 100 029 004 167		13. Drivers License/State ID State of Issuance		

Part C: Address History

1. Do you currently reside in Wisconsin? NO ☐ Yes ☒ No							
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?						Years	Months
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.							
Previous Address 1		City		State		Zip Code	
Previous Address 2		City		State		Zip Code	
Previous Address 3		City		State		Zip Code	
Previous Address 4		City		State		Zip Code	
Previous Address 5		City		State		Zip Code	
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.							
State	County	State	County	State	County	State	County
IN	LAKE COUNTY	MI	GRAND TRAVERS				
State	County	State	County	State	County	State	County

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☒ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☒ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☒ No

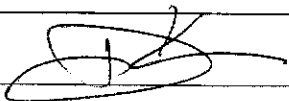
2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature

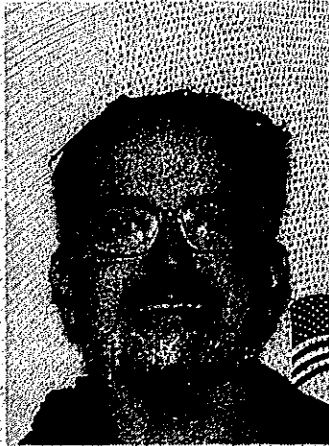


Date

4-18-25

Michigan USA

ENHANCED
DRIVER'S LICENSE



DL # K 100 029 004 167

Iss 12/19/2024

DOB 03/04/1973

Exp 03/04/2029

DELL
KAB

1120 KEEWAYDIN ST
NEGAUNEE, MI 49866-1113

Sex M

Hgt 5'-08"

Eyes GRN

Class

E.O

End

NONE

Rest: Corrective Lens

DONOR ♥

DD 1212149403387

03/04/73



Alcohol Beverage
Individual Questionnaire

Date

All individuals involved in the alcohol beverage business must complete this form, including:

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

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)	
CREPE BISTRO & CAFE	
2. Business Trade Name or DBA	
CREPE BISTRO & CAFE	
3. Entity Type (check one)	
☐ Sole Proprietor	☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

Part B: Individual Information

1. Last Name		2. First Name		3. M.I.
Bauman		Jason		
4. Relationship to Business (Title)	5. Email		6. Phone	
	jason.bauman72@gmail.com			
7. Home Address				
W 7073 County Hwy W				
8. City	9. State	10. Zip Code	11. Date of Birth	
Crivitz	WI	54114	6-28-88	
12. Drivers License/State ID Number		13. Drivers License/State ID State of Issuance		
B550-4328-8228-06				

Part C: Address History

1. Do you currently reside in Wisconsin?				☒ Yes ☐ No	
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?				Years	Months
				14	
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.					
Previous Address 1		City		State	Zip Code
Previous Address 2		City		State	Zip Code
Previous Address 3		City		State	Zip Code
Previous Address 4		City		State	Zip Code
Previous Address 5		City		State	Zip Code
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.					
State	County	State	County	State	County
State	County	State	County	State	County

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? ☐ Yes ☒ No
- If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

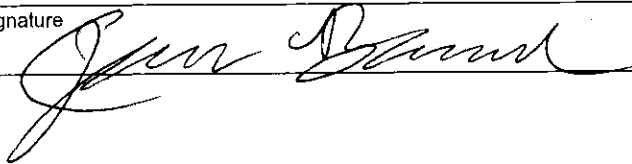
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☒ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☒ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☒ No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ☐ Yes ☒ No
- If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature



Date

4-18-25

DRIVER LICENSE
REGULAR

USA
WISCONSIN
NOT FOR
FEDERAL
PURPOSES

0050-4328-8228-06
BAUMAN
JASON LEE

1500 SHAWANO AVE. APT 100
SHEWAN, WI 54986

SEX M HT 5 FT 00 IN WT 160 LB EYES B HAIR B DOB 06/28/1988 EXP 06/28/2025

JUN 88

END NONE

06/28/2017

06/28/2025

06/28/2017

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)

CREPE BISTRO & CAFE

2. Business Trade Name or DBA

CREPE BISTRO & CAFE

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

Bauman

2. First Name

Jason

3. M.I.

4. Email

jasonbauman72@gmail.com

5. Phone

6. Home Address

W7073 county Hwy W

7. City

Crivitz

8. State

WI

9. Zip Code

54114

10. Age

36

11. Drivers License/State ID Number

B5504328-8228-06

12. Drivers License/State ID State of Issuance

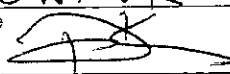
Part C: Agent Questions

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*? ☐ Yes ☐ No
Submit a completed Form AB-100 with this form.3. Have you been a Wisconsin resident for at least 90 continuous days? ☐ Yes ☐ No
See instructions for exceptions.

Continued →

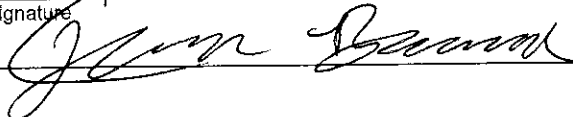
Part D: Business Attestation

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 DELL KAB	First Name Dell	M.I.
Title OWNER	Email dellkab4@gmail.com	Phone 906-236-0000
Signature 	Date 4-18-25	

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 Bayman	First Name Jason	M.I.
Signature 	Date 4-18-25	

Certificate

RESPONSIBLE BEVERAGE SERVER

awarded to

Jason Bauman

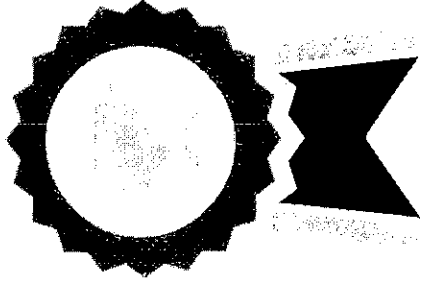
*This certificate represents the successful completion of an approved Wisconsin Department of
Revenue Responsible Beverage Server Course in compliance with secs. 125.04(5)(a)5, 125.17(6),
and 134.66(2m), Wis. Stats.*

www.Wisconsin-Bartending.com

Training Provider

04/21/2025

Training Date



SECURITY PLAN

The following security plan represents the Licensee's anticipated operations and procedures. It is a collection of guidelines that are not legally binding on the Licensee, but are intended to give the Police Department, Green Bay Common Council and the public a good picture of what the Licensee believes his or her business will look like and how it will operate. While the Licensee will not receive any citations for deviating from this security plan, it is a good idea to follow these guidelines because the Council may consider during renewal time how closely you follow your plan. If you deviate too far from your security plan and fail to update it at renewal time, it could adversely affect your license status.

GENERAL

Legal Entity Name: Crepe Bistro & Cafe

Agent's Name: Dell Kab

Agent's Phone Number: 906-236-0000

Business Address: 520 North Broadway STE 120
Green Bay, WI 54303

E-mail: crepebistrocafe@gmail.com

Address to Mail Renewal Application Notice: 520 North Broadway STE120
Green Bay, WI 54303

Address to Mail Liquor License: 520 North Broadway STE 120
Green Bay, WI 54303

License Type: [Class "B" (Beer) or "Class B" Combination (Beer & Liquor)]
[Class "A" (Beer) or "Class A" Liquor & Class "A" Beer]
[Class "B" (Beer) and "Class C" Wine (Restaurants Only)]
["Class B" Liquor Winery Only]
Class "B" Beer License & "Class B" Liquor-Reserve License

LICENSE

Building Owned or Leased: Leased

Landlord name and address: DDL HOLDINGS LLC
340 n Broadway Suite 460
Green Bay, WI 54303

Building Capacity:

Parking Capacity/Availability: private parking of approximately _____

Anticipated Opening Date: 4/28/2025

Outdoor Areas and Fencing outdoor areas is not complete. Not useable at this time.

Description: click n' collect). Pictures are also required for an outdoor areas.

INTERNAL OPERATIONS- FOR CLASS B & C LICENSEES ONLY

Are You Part of the Brown County League: NO

Bar Staff Information: number of staff=

Security Staff Information: number of staff

Atmosphere: Atmosphere is European casual food scene. Soft music and more on the quality of the food and laid back atmosphere.

Dress Code: NO dress code required

Estimated Sales: _____ 10 % Alcohol _____ 65 % Food _____ 25 % Other

If applicable, describe "Other": Selling Merch + rent space for private and business.

INTERNAL OPERATIONS- FOR CLASS A LICENSEES ONLY

Cigarette License: NO

License Premises:

OPERATIONS

Hours of Operation:

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
X	7-4	7-4	7-4	7-4	7-4	7-4.

Manager, if any: Jason Lee Bauman

COMMUNITY IMPACT

Neighborhood: No negative impact on neighborhood

Police Services: This Establishment is casual French Bistro with a focus of the Food and less on the alcohol consumption. Wine and Beer offered as an accompaniment to a good dining experience unlike Bars.

Compliance with Laws: by having all required permits and licenses to operate. Ask questions and reach out to appropriate authorities for guidance.

REQUIRED CONTACTS AND FILINGS

I understand that liquor/beer license renewal applications are due April 15 of every year, regardless of when license was initially granted. ☐ No ☐ Yes

I understand that prior to appearing before the Protection & Policy Committee Meeting I first must meet GPBD to review the business security plan ☐ No ☐ Yes

I intend to operate under the new alcohol license within 60 days of the Common Council granting this license. If it is more than 60 days, it is my responsibility to reach out to the Clerk's Office to request an extension. ☐ No ☐ Yes

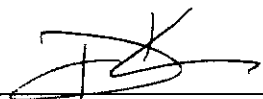
I understand that prior to being issued a liquor license, I must pay the appropriate fees and call (920) 448-3300 to schedule and pass an Inspections. ☐ No ☐ Yes

I understand that I should reach out to the Brown County Health Department at (920) 448-6400 and the Green Bay Assessor's Office at (920) 448-3066 or alex.drews@greenbaywi.gov to inform them I am applying for a new liquor license. ☐ No ☐ Yes

Once issued, I understand that any changes to my liquor license should be communicated to the Clerk's Office at (920) 448-3010 or clerk@greenbaywi.gov to determine any additional steps. ☐ No ☐ Yes

(For Class B Reserve Licensees Only) I understand a municipality may not rebate or refund the initial issuance fee of a reserve "Class B" License (including through any grant or tax credit program). The reserve license is also not transferrable and should I surrender my license to another legal entity, the new legal entity must apply for an available or reserve liquor license) ☐ No ☐ Yes

By signing below, I agree that the security plan set forth above accurately represents my policies, procedures, and goals in running my business.

Licensee:  Date: 4-18-25

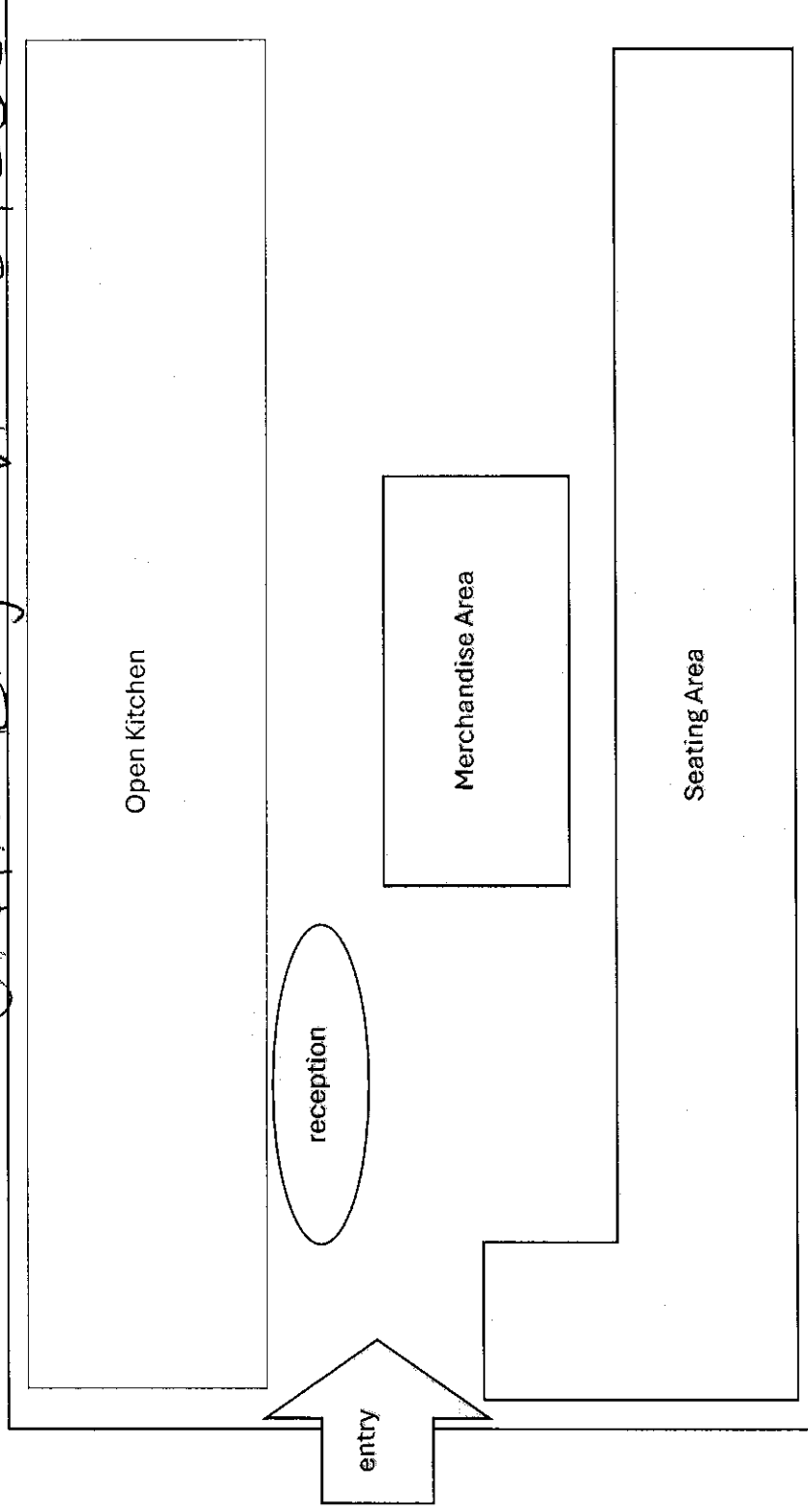
CRêPE BISTRO & CAFÉ

120

520 NORTH BROADWAY

SUITE

GREEN BAY, WI 54303





Alcohol Beverage License Application - Statement of Intent

INSTRUCTIONS

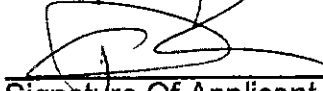
In order to apply for an alcohol beverage license in the City of Green Bay, this licensee or license agent must sign this Statement of Intent. This document allows the City of Green Bay to ensure that your license will be used within 60 days of its granting (or within 60 days of the start of the license year for renewal applications).

If you are applying for a new license and construction or remodeling activities will prevent you from operating within 60 days of the granting of the license, you sign this below and attach written documentation outlining the duration of such activities and the anticipated first date of operation under the license applied for. The Common Council will then review your request for additional time. If granted, the time granted by the Common Council shall be substituted for the 60 days.

STATEMENT OF INTENT

The undersigned applicant for an alcoholic beverage license hereby agrees to begin operation of the proposed establishment pursuant to the alcohol beverage license applied for within 60 calendar days of the start of the license for granted renewal applications. The undersigned agrees that if the alcohol beverage license applied for is not issued or operation under the license does not begin within such time, the license shall be considered surrendered to the City of Green Bay without the need for further action or proceeding. The City of Green Bay may then grant the license to another applicant.

Under penalty proved by law, the signer states that the above statement has been truthfully provided to the best of the knowledge of the signer. Any inaccurate or untruthful answer may be grounds for denial of the application. Signer agrees to operate this business according to the law and observe the provisions of the Green Bay Municipal Code.



Signature Of Applicant

CREPE BISTRO & CAFE

Name of Establishment

520 NORTH BROADWAY STE 120

Address of Establishment

GREEN BAY - WI.

4-14-25

Date

ph: 608-266-2776 fax: 608-327-0235
email: DORBusinessTax@wisconsin.gov
website: revenue.wi.gov

893

Letter ID L1686287536



AB
BISTRO & CAFE LLC
ROADWAY STE 120
BAY WI 54303-3406

Wisconsin Business Tax Registration Certificate

Expiration date: April 30, 2027

Legal/real name: CREPE BISTRO & CAFE LLC

This certificate confirms that you are registered with the Wisconsin Department of Revenue for the taxes shown below.

This registration certificate is not a seller's permit, and should not be used as proof that you hold a seller's permit.

You may not transfer this certificate to any other individual or business.

Type	Account Type	Number
Sales & Use Tax	Sales & Use Tax	456-1032023138-04
Withholding Tax	Withholding Tax	036-1032023138-02

LEASE AGREEMENT

BETWEEN

DDL HOLDINGS, LLC

AND

LE PETIT COIN, LLC

FOR APPROXIMATELY 1,503 RENTABLE SQUARE FEET AND FUTURE PATIO
LOCATED AT
520 NORTH BROADWAY STE 120, CITY OF GREEN BAY
BROWN COUNTY, WISCONSIN

54303

LEASE AGREEMENT

THIS LEASE AGREEMENT ("Lease"), made this ____ day of December, 2024, by and between DDL HOLDINGS, LLC ("Landlord"), having an address at 340 North Broadway, Suite 460, Green Bay, Wisconsin 54303 and LE PETIT COIN, LLC ("Tenant"), having an address at 1120 Keewaydin St. Negaunee, MI 49866.

WITNESSETH:

In consideration of mutual covenants and agreements and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, Landlord and Tenant do hereby agree to the following:

1. Leased Premises.

A. Landlord hereby leases to Tenant and Tenant hereby leases from Landlord, upon the terms and conditions hereinafter set forth, approximately One Thousand Five Hundred and Three (1,503) square feet of leased space and adjoining patio, such premises being illustrated on the floor plan attached as **Exhibit A** and incorporated herein by reference ("Leased Premises"), located on the first (1st) floor of the building known as "Building R" ("Building") located at 520 North Broadway, Green Bay, WI 54303, which is more particularly described on **Exhibit B** attached hereto and incorporated herein by reference ("Property").

B. Landlord shall deliver the Leased Premises to Tenant in an "As Is" condition in accordance with the plans and specifications attached hereto as **Exhibit C** and incorporated herein by reference ("Landlord's Work"). The Landlord's Work shall be performed by Landlord in a good and workmanlike manner and, when completed, shall become a part of the Leased Premises, which Tenant shall lease in accordance with the terms of this Lease for the rent herein specified, and shall become property of the Landlord upon termination of this Lease. Tenant shall, at Tenant's sole expense, make any and all other improvements to the Leased Premises, including, without limitation, the improvements specified in **Exhibit D** attached hereto and incorporated herein by reference and shall be responsible for the purchase and installation of telephone, internet, voice/data cabling, furniture, trade fixtures and equipment (collectively, "Tenant's Improvements"). Any and all Tenant's Improvements shall be made in a good and workmanlike manner and in accordance with and in compliance with all applicable laws, rules, regulations, codes and ordinances. Landlord has not made and is not making, and Tenant, in executing and delivering this Lease, is not relying upon, any warranties or representations with respect to the Leased Premises, except to the extent that the same are expressly set forth in this Lease or in any other written agreement that may be made between the parties

concurrently with the execution and delivery of this Lease and shall expressly refer to this Lease.

2. Term.

A. The term of this Lease shall be for a period of Three (3) years ("Initial Term") and shall commence on the 1st of March, 2025, (the "Commencement Date"), subject to Tenant's option to extend the term as hereafter described. Tenant's obligation to pay all Rent (as defined below), additional rent and any other charges hereunder shall commence on Commencement Date.

B. The Initial Term shall expire on the date which is Three (3) years after the Commencement Date (as hereinabove defined) unless the Initial Term commences on a day other than the first day of the month, in which case the Initial Term shall expire at 12:00 midnight on the day which is Three (3) years after the last day of the month in which the Initial Term shall commence.

C. In the event Tenant is not in default with regard to any terms, conditions or obligations under this Lease, including payment of Rent, Tenant shall have the right and separate option at the end of the Initial Term of this Lease to extend the term of this Lease for Three (3) periods of Three (3) year each ("Extension Term"); provided, however, Tenant gives Landlord written notice of Tenant's exercise of its option no later than one hundred eighty (180) days prior to the expiration of the then Initial Term or the Extension Term, as the case may be. In the event Tenant exercises its option to extend this Lease, as provided for herein, the terms and conditions of this Lease shall continue, except for the Rent amount, which shall be as set forth in Paragraph 3 below.

3. Rent. Tenant shall pay Landlord the rent ("Rent") as set forth below during each year of the term of this Lease, payable in advance at Landlord's address for the giving of notice or such other place as Landlord may designate in writing, in equal monthly installments on or before the first (1st) day of each and every calendar month throughout the Initial Term of this Lease and the Extension Term; provided, however, that if the Commencement Date is on a day other than the first day of a calendar month, then the rental for the first partial calendar month of the term shall be prorated upon a daily basis based upon a thirty (30) day calendar month and paid on the first day of the term. The Rent for each twelve (12) month period of the Initial Term shall be in accordance with the following schedule:

	Annual	Monthly
Year 1 (Months 1-6)	\$0	\$0
Year 1 (Months 7-12)	\$31,000.00	\$2,583.33
Year 2	\$31,900.00	\$2,658.33
Year 3	\$33,827.00	\$2,735.58

Whereas Lessor agrees to grant Lessee Six (6) months of free Rent ("Rent-Free Period") commencing on the Lease Commencement Date. Furthermore, A \$2,500 Real Estate Commission Fee has been amortized over 30 equal payments during the initial Term.

The annual rent for the Extension Terms shall be:

Year 4	\$32,781.81	Annual	\$2,731.82	Monthly
Year 5	\$33,765.26	Annual	\$2,813.77	Monthly
Year 6	\$34,778.22	Annual	\$2,898.19	Monthly
Year 7	\$35,821.57	Annual	\$2,985.13	Monthly
Year 8	\$36,896.22	Annual	\$3,074.68	Monthly
Year 9	\$38,003.10	Annual	\$3,166.93	Monthly
Year 10	\$39,143.20	Annual	\$3,261.93	Monthly
Year 11	\$40,317.49	Annual	\$3,359.79	Monthly
Year 12	\$41,527.02	Annual	\$3,460.58	Monthly

4. Security Deposit. On the execution of this Lease, Tenant shall pay a security deposit equal to Six Hundred and Fifty Dollars (\$2,500.00) to be held by Landlord to secure Tenant's performance of Tenant's obligations and protect Landlord's rights under this Lease.

5. Charge For Late Rent. Any rent not timely paid by or on the first (1st) day of any calendar month shall accrue a late charge of twelve percent (12%) for each month, or portion thereof, that such rent remains unpaid.

6. Operating Expenses. Landlord shall pay all Operating Expenses (as defined below) with the exception of phone, janitorial services, utilities, and maintenance for the Leased Premises (which shall be the sole responsibility of Tenant). The Rent to be paid by Tenant pursuant to this Lease is intended by the parties to be gross rent and inclusive of all Operating Expenses (as defined below), except for those costs and expenses Tenant is expressly liable for as set forth in this Lease.

"Operating Expenses" as used herein shall mean all reasonable sums expended or obligations incurred by Landlord with respect to the Leased Premises, the Building or the Property, whether or not now foreseen, determined on an accrual basis (including reasonably foreseeable expenditures not occurring annually), including, but not limited to; real estate taxes, special and/or area assessments and charges (or any substitutes hereafter collected by any governmental authority in lieu thereof or in addition thereto whether based on the value of the Leased Premises, the Building or the Property, cost of services, rent paid or received or otherwise) and

any costs of seeking or obtaining a reduction or refund thereof; assessments and/or charges under any covenants and/or easements; salaries, fringe benefits and related costs of employees engaged on site in operation, maintenance or security; insurance; license, permit and inspection fees; auditors' fees, accounting fees and legal fees; materials and supplies incurred by Landlord, including, but not limited to, charges for telephone, postage and supplies; repairs and maintenance respecting the Leased Premises, the Building and/or the Property (including the Common Areas as defined below), including, but not limited to, costs of materials, supplies, tools and equipment used in connection therewith and including, but not limited to, snow and ice removal, cleaning, maintenance, repair and upkeep of sidewalks, holiday season decorations, lawn maintenance, upkeep, maintenance and replanting of landscaped areas, repair and/or replacement of Building components and installation, maintenance and repair of common signage for the Leased Premises, the Building and/or the Property; maintenance, repair and upkeep of the parking lot located on the Property, including, but not limited to, line painting, resurfacing, lighting and sealing; waste removal charges; costs incurred in connection with the operation, maintenance, replacement; repair, inspection and servicing (including maintenance contracts) of electrical, plumbing, heating, air conditioning, lighting and mechanical equipment and the cost of materials, supplies, tools and equipment used in connection therewith; and any and all other expenses related to the Common Areas located in or on the Building and/or the Property.

7. Use and Occupancy.

A. The Leased Premises shall be used only for retail crepe shop activities and for no other purposes.

B. At a minimum, business operations shall be conducted by Tenant in the Leased Premises during the hours of 8:30 a.m. to 4:30 p.m., Monday through Friday. Additional reasonable hours of operation may be conducted by Tenant in its discretion.

C. Tenant shall not do or permit anything to be done in or about the Leased Premises, Building or Property which in any way will obstruct or interfere with the rights of any other occupants of the Building, or use or allow the Leased Premises, Building or Property to be used for any improper, immoral, unlawful or objectionable purpose or which could injure the reputation of the Building, its other tenants and/or the Landlord. Tenant shall not cause or maintain or permit any nuisance or commit or suffer the commission of any waste in, on or about the Leased Premises, the Building or the Property.

D. Tenant accepts the Leased Premises, subject to any and all easements, covenants and restrictions affecting the Leased Premises, the Building and/or the Property, including, without limitation, the Declaration of Cross Easements, Covenants and Restrictions Affecting Land, as amended, and any existing and future parking agreements, leases or plans entered into

or made effective by the Landlord, the Landlord's predecessors, successors or assigns.

E. Tenant and Tenant's employees and invitees may use the Common Areas (as defined below) on a non-exclusive basis, with all other tenants of the Building and/or the Property to whom the right to use such Common Areas has been or is hereafter granted, subject to the following conditions: (a) Tenant shall not conduct business in the Common Areas, (b) Tenant shall not make any use of the Common Areas that interferes in any way with the use of the Common Areas by the other parties, (c) Tenant's use of the Common Areas shall be subject to the other provisions of this Lease, including, without limitation, any Building Rules (as defined below) and (d) Tenant's right to use the Common Areas shall terminate upon the expiration or earlier termination of this Lease or Tenant's right to the possession of the Leased Premises. "Common Areas" shall mean areas of the Building or Property made available by Landlord from time to time for the general nonexclusive use or benefit of Tenant and other tenants or occupants of the Building or Property, as such areas currently exist and as they may be created or changed from time to time by Landlord. The Common Areas may, at Landlord's election, include areas in adjoining properties that are or become available to Landlord and tenants or occupants of the Building or Property.

F. Landlord shall administer, operate, clean, maintain and repair the Common Areas, and Tenant shall pay Tenant's pro rata share of Landlord's costs therefor as a part of Operating Expenses. Landlord shall have the right to temporarily close reasonable portions of the Common Areas solely to discourage non-customer parking or prevent a dedication thereof to public use or otherwise prevent the acquisition of public rights in such areas.

8. Alterations, Renovations and Improvements. Tenant shall not alter, improve or change the Leased Premises, without the prior written consent of Landlord. All alterations, improvements or changes made by Tenant to the Leased Premises shall be at Tenant's sole expense and shall be completed in a good workmanlike manner in accordance with all applicable laws, rules, regulations and requirements of any governmental or municipal department having jurisdiction thereover. The locating and relocating of moveable partitions, telephone, and electrical outlets, light fixtures, equipment and trade fixtures shall not be deemed alterations, renovations and/or improvements or changes to the Leased Premises; provided, however, such work shall be done at such times and in such manner so that the conduct of such work does not unreasonably interfere with the use and enjoyment of any adjoining premises. All such alterations, renovations and/or improvements or changes to the Leased Premises shall become the property of Landlord upon the termination of this Lease.

Tenant shall not drill into any column, girder, beam, floor, ceiling, load bearing or demising walls for the purpose of attaching machinery, or for any other purpose, without the prior written consent of Landlord.

Landlord shall have the right to make alterations or additions to the Building and to build additional buildings adjoining the same, provided such alterations or additions do not substantially interfere with Tenant's Business and its operations.

9. Maintenance by Landlord.

A. Landlord shall use its best efforts to cause to have the foundation, lateral support, roof, walls, structural parts and all exterior parts of the Leased Premises and the Building maintained and kept in good condition and repair, except for Tenant's signs, the door frames, door checks and windows.

B. Landlord shall use its best efforts to cause to have the plumbing, heating, lighting, electrical, ventilation and air conditioning servicing the Leased Premises and the Building ("Mechanical Systems") maintained and kept in good condition and repair. Landlord shall be responsible for the replacement of any faulty Mechanical Systems.

C. Landlord shall not be required to make any repairs or replacements occasioned by the act, omission or negligence of Tenant, its agents, employees, licensees or invitees, and said repairs or replacements shall be made by Tenant, at its sole cost.

D. Tenant shall give Landlord prompt notice of any defective condition which Landlord is required to have repaired by the terms of this Lease, and within fifteen (15) days thereafter, Landlord shall use its best efforts to cause such repairs to be started and continue the same with due diligence until completed. If Landlord fails to do so, the same may be made or completed by Tenant and the actual expenses thereof shall be billed to Landlord by Tenant, and if Landlord fails to pay the same to Tenant within thirty (30) days of billing, Tenant may offset the same against the rent next falling due until Tenant is reimbursed in full therefor. If by reason of emergency, repairs become necessary for the preservation of the Leased Premises or of Tenant's property, Tenant may make such repairs and charge the cost and expense thereof to Landlord; provided, however, that in the event of such emergency, Tenant shall make a reasonable effort to notify Landlord before proceeding with such repairs.

E. In the event any obligations on the part of Landlord to maintain or make repairs hereunder is covered by any warranty or guarantee for the benefit of Landlord, the same shall be exercised by Landlord, for Tenant's benefit, at no cost to Tenant.

F. Landlord shall use its best efforts to cause to have all Common Areas used in conjunction with the Leased Premises, including, but not by way of limitation, all public restrooms which are part of the Common Areas, walkways, parking and landscaped areas maintained and kept in good condition and repair.

10. Maintenance by Tenant.

A. Tenant shall keep the interior, non-structural portions of the Leased Premises in as good an order and condition as when delivered to it, excepting ordinary wear and tear, damage by fire, elements, or casualty, or any damage not due to the negligence of Tenant, Tenant's servants, employees, customers, guests, invitees or licensees.

B. Tenant shall furnish, maintain and replace all electrical light bulbs, tubes and tube casings and shall be solely responsible for the day-to-day maintenance, janitorial or otherwise, of the Leased Premises.

C. Tenant shall keep the Leased Premises in a clean and attractive appearance at all times. If Tenant erects signs for the exclusive use of Tenant, Tenant shall repair and maintain the same in good appearance at Tenant's sole expense.

Landlord shall give Tenant prompt notice of any default by Tenant under Subparagraphs (A), (B) and (C) above, and within fifteen (15) days thereafter, Tenant shall start repairs and continue the same with due diligence until completed. If Tenant fails to do so, the same may be made or completed by Landlord and the actual expenses shall be billed to Tenant by Landlord, and if Tenant fails to pay the same to Landlord within thirty (30) days of billing, Landlord may add the same to the rent or any other charges under this Lease next falling due until Landlord is reimbursed in full thereof, or Landlord may declare Tenant in default and proceed with its rights and remedies as set forth in Paragraph 25 hereof. If by reason of emergency, repairs become necessary for the preservation of the Leased Premises or of Landlord's property, Landlord may make such repairs and charge the costs and expenses thereof to Tenant; provided, however, that in the event of such emergency, Landlord shall make a reasonable effort to notify Tenant before proceeding with such repairs.

11. Compliance. Tenant shall, at its sole expense, promptly comply with all laws, statutes, ordinances and governmental rules, regulations or requirements now or hereafter in force, and with the requirements of the local Board of Fire Underwriters or any similar body now or hereafter constituted relating to or affecting the condition, use or occupancy of the Leased Premises. All repairs, alterations, additions or improvements made to the Leased Premises by Tenant shall comply with all applicable building codes. Tenant shall not do or permit anything to be done on or about the Leased Premises or bring or keep anything therein which will in any way increase the cost of any insurance now or thereafter carried into the Leased

Premises or any of its contents or that will invalidate any such insurance. Tenant shall also comply with all rules and regulations promulgated to regulate the use, occupancy and operation of the Leased Premises, the Building and the Property which may from time to time be established by Landlord in writing (the "Building Rules"), and any modifications or amendments thereto. Tenant acknowledges and agrees that this Lease and its rights and obligations hereunder are subject to any such Building Rules.

12. Leasehold Improvements, Trade Fixtures And Surrender Of Premises.

All trade fixtures, merchandise, supplies and equipment owned by Tenant or installed in the Leased Premises at Tenant's expense shall be the property of Tenant. At the end of the Initial Term of this Lease, or any final Extension Term, as the case may be, Tenant may remove the same or abandon the same to Landlord, at Tenant's sole option, and without any cost or charge to Landlord; provided, however, the Tenant shall repair any damage to the Leased Premises, the Building or the Property caused by the removal of its property. Thereafter, Tenant shall peaceably yield up the Leased Premises to Landlord in as good repair and condition as when delivered to it, excepting ordinary wear and tear.

13. Abandonment of Personal Property By Tenant. If, at the end of the Initial Term of this Lease, or any Extension Term, as the case may be, Tenant surrenders the Leased Premises and fails to remove personal property, whether owned by Tenant or by a third party, from the Leased Premises, Building and/or Property, said personal property shall be considered abandoned. Landlord will not store said abandoned personal property. Unless the abandoned personal property is prescription medicine, prescription medical equipment, a manufactured home, a mobile home or a titled vehicle, Landlord may dispose of the abandoned personal property in any manner which Landlord, in its sole discretion, deems appropriate. In the event the abandoned personal property is prescription medicine or prescription medical equipment, Landlord shall hold such personal property for seven (7) days before disposing of it and will return such personal property to Tenant if, prior to Landlord's disposal, Tenant so requests. In the event the abandoned personal property is a manufactured home, mobile home or titled vehicle, Landlord shall, prior to disposing of said personal property, give notice of its intent to dispose of said personal property to Tenant and to any secured party then known to Landlord.

14. Tenant's Signs. Tenant may not install any interior or exterior signs without the prior written consent of Landlord. Tenant shall consult with Landlord regarding the location for the installation of Tenant's interior and exterior signs. Any such signs approved by the Landlord shall be installed and maintained at Tenant's sole expense and in compliance with any applicable requirements of any governmental authorities having jurisdiction thereof, and Tenant shall obtain and keep in force any licenses required therefor.

15. Utilities. Landlord shall pay all charges for utility services related to heat, air conditioning, water, gas and electricity used on or in connection with the Leased Premises by Tenant. Tenant shall pay all charges for telephone, internet,

cable, data and any other utilities used in connection with the Leased Premises by Tenant. Notwithstanding anything contained herein to the contrary Landlord shall, at Landlord's sole cost, allow Tenant (and any permitted subtenants) WiFi internet service access on any public unsecured network located in the Building.

16. Liens. Tenant shall not suffer or permit any liens under any construction lien law, or any other law, rule or regulation, to be filed or recorded against the Leased Premises or against the interest of either Landlord or Tenant therein. If any such lien is filed or recorded, Tenant shall immediately cause such lien to be discharged of record. In the event any lien or notice of intent to file a lien is filed against or attached to the Leased Premises, or Tenant's or Landlord's interest therein, at Landlord's option, Tenant shall either (a) pay the amount of said lien in full, or (b) file an undertaking in accordance with Chapter 779 of the Wisconsin Statutes. Tenant shall immediately provide Landlord with copies of any such lien or notice of intent upon receipt by Tenant. Tenant shall immediately pursue, in good faith, Tenant's legal remedies to remove said lien.

17. Access by Landlord.

A. Landlord, at reasonable times and frequency, shall have the right to enter the Leased Premises to examine the same, to enforce its rights and perform its obligations under this Lease, to show the Leased Premises to prospective purchasers, mortgagees or lessees and to make such repairs, alterations, improvements or additions required hereunder without the same constituting an eviction of Tenant in whole or in part. Rent shall not abate while any repairs, alterations, improvements or additions are being made.

B. Landlord shall have the right during the last ninety (90) days of the Initial Term or at any time during an Extension Term of this Lease to post a customary sign on the Leased Premises advertising the Property, the Building or the Leased Premises for lease or sale, as the case may be.

18. Telecommunications Equipment. Tenant shall not be entitled to erect on the Property or on the roof of the Building any telecommunications antennae, dishes or other equipment, without Landlord's prior written consent, which may be unreasonably withheld.

19. Payment of Property Taxes.

A. Landlord shall promptly pay when due all real property taxes and special assessments lawfully levied against the Leased Premises, the Building and the Property.

B. Tenant shall pay promptly all personal property taxes lawfully levied against personal property of any kind owned by Tenant in, upon or about the Leased Premises, the Building and/or the Property.

20. Personal Injury and Property Damage Insurance. Tenant shall indemnify and hold Landlord, Landlord's members, managers, agents and

2/24/25, 3:59 PM

Form 504 - Limited Liability Company Articles of Amendment

Wisconsin.Gov



State of Wisconsin

Department of Financial Institutions

Corporations Bureau

Form 504 - Limited Liability Company Articles of Amendment

Name of Limited Liability Company

Entity Name or Entity Id:

LE PETIT COIN LLC

Entity ID: L083519

Date the Articles of Organization were filed:

12-29-2024

Entity Name Amendment

The text of the amendment to the articles of organization amends the name of limited liability company:

Yes

The Name of the LLC is amended to be:

Crepe Bistro & Cafe LLC

Registered Agent Name Amendment

The text of the amendment to the articles of organization amends the name of the Registered Agent:

No

The Registered Agent name is amended to:

Name of Entity:

Registered Agent Address Amendment

The text of the amendment to the articles of organization amends the street address of the Registered Agent.

Yes

The Registered Agent address is amended to:

Street Address:

520 North Broadway STE 120

Address 2:

City:

Green Bay

State:

WI

Zip Code:

54303

Email:

delikab1@gmail.com

Principal Office Address

The text of the amendment to the articles of organization amends the principal office address:

PIF 2767270-0007

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	CITY OF GREEN BAY
License Period	

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

- ☐ Class "A" Beer \$ 425 ☒ Class "B" Beer \$ 100
☐ "Class A" Liquor \$ 425 ☒ "Class B" Liquor \$ 475
☐ "Class A" Liquor (cider only) \$ 0 ☐ Reserve "Class B" Liquor \$ 10,475
☐ "Class C" Liquor (wine only) \$ 100

Fees	
License Fees	\$ 10,000
Background Check Fee	\$ 25
Publication Fee	\$ 25
Total Fees	\$ 10,050

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) Unity Food Service LLC		
2. Business Trade Name or DBA The Hot		
3. FEIN 99-4169847	4. Wisconsin Seller's Permit Number 456-1031843375-04	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization		
6. State of Organization WISCONSIN	7. Date of Organization 07/26/2014	8. Wisconsin DFI Registration Number
9. Premises Address 2475 W Mason St		
10. City GREEN BAY	11. State WI	12. Zip Code 54303
13. County Brown	14. Governing Municipality: ☒ City ☐ Town ☐ Village of: GREEN BAY	15. Aldermanic District
16. Premises Phone 920-688-1888	17. Premises Email THEHOTGB@GMAIL.COM	18. Website thehotwi.com
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. Entire Restaurant. Stored down at the basement on a shelf. Kitchen, bar and dining		
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? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ 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
Shi	Mingchen	Member	646-620-3252
Zhao	Zhiming	Member	347-446-5257
Gao	Fei	Member	901-299-5466

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 Shi		First Name Mingchen		M.I.
Title Member		Email thehotgh@gmail.com		Phone 646-620-3252
Signature Mingchen Shi			Date 04/08/2025	

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
Individual Questionnaire

Date

All individuals involved in the alcohol beverage business must complete this form, including:

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

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information			
1. Legal Business Name (Individual name if sole proprietor) Unity Food Service LLC			
2. Business Trade Name or DBA The Hot			
3. Entity Type (check one)			
☐ Sole Proprietor	☐ Partnership	☒ Limited Liability Company	☐ Corporation
☐ Nonprofit Organization			

Part B: Individual Information					
1. Last Name Shi		2. First Name Mingchen		3. M.I.	
4. Relationship to Business (Title) Member		5. Email		6. Phone 646-620-3252	
7. Home Address 53-09 Junction Blvd 1					
8. City Elmhurst		9. State NY		10. Zip Code 11373	
				11. Date of Birth 02/20/1989	
12. Drivers License/State ID Number 641-228519			13. Drivers License/State ID State of Issuance New York		

Part C: Address History							
1. Do you currently reside in Wisconsin?						☒ Yes	☐ No
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?						Years	Months 4
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.							
Previous Address 1			City		State	Zip Code	
Previous Address 2			City		State	Zip Code	
Previous Address 3			City		State	Zip Code	
Previous Address 4			City		State	Zip Code	
Previous Address 5			City		State	Zip Code	
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.							
State	County	State	County	State	County	State	County
State	County	State	County	State	County	State	County

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed? ☐ Yes ☐ No	
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed? ☐ Yes ☐ No	
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed? ☐ Yes ☐ No	

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature <i>Mingchen Shi</i>	Date <i>04/08/2025</i>
----------------------------------	---------------------------

NEW YORK STATE USA

DRIVER LICENSE



Mark J. DeSantis
Commissioner of Motor Vehicles



ID **641 228 519**

Class **E**

SHI
MING, CHEN
5309 JUNCTION BLVD 1
ELMHURST, NY 11373

DOB **02/20/1989**
Issued **04/30/2024**
Expires **02/20/2029**

FEB
89

E NONE
R NONE

Sex **M** Height **5'-07"** Eyes **BRO**

MING CHEN SHI

FEB 89

Alcohol Beverage
Individual Questionnaire

Date

All individuals involved in the alcohol beverage business must complete this form, including:

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

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

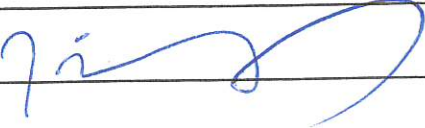
Part A: Business Information				
1. Legal Business Name (individual name if sole proprietor) Unity Food Service LLC				
2. Business Trade Name or DBA The Hot				
3. Entity Type (check one)				
☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization				

Part B: Individual Information				
1. Last Name Zhao		2. First Name Zhiming		3. M.I.
4. Relationship to Business (Title) Member		5. Email zhiming533@gmail.com		6. Phone 347-446-5257
7. Home Address 1006 N Sawyer St				
8. City oshkosh		9. State WI	10. Zip Code 54902	11. Date of Birth 09/15/1997
12. Drivers License/State ID Number 2000-9809-7335-06			13. Drivers License/State ID State of Issuance Wisconsin	

Part C: Address History							
1. Do you currently reside in Wisconsin? ☒ Yes ☐ No							
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?				Years 4			
				Months 6			
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.							
Previous Address 1 621 5th St		City Menasha	State WI	Zip Code 54952			
Previous Address 2 10052 Hemlock St		City Rancho Cucamonga	State CA	Zip Code 91730			
Previous Address 3		City	State	Zip Code			
Previous Address 4		City	State	Zip Code			
Previous Address 5		City	State	Zip Code			
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.							
State	County	State	County	State	County	State	County
State	County	State	County	State	County	State	County

Continued →

Part D: Criminal History			
1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? ☒ Yes ☐ No If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.			
Law/Ordinance Violated <u>125.07(1)(a)1</u>	Location <u>527 W College Ave. Appleton, WI 54911</u> <u>(Sushi Lover)</u>	Conviction Date <u>07/27/2022</u>	
Penalty Imposed <u>Fine</u>		Was sentence completed? ☐ Yes ☐ No	
Law/Ordinance Violated <u>AC 9-51</u>	Location <u>527 W College Ave. Appleton, WI 54911</u> <u>(Sushi Lover)</u>	Conviction Date <u>05/17/2023</u>	
Penalty Imposed <u>Fine</u>		Was sentence completed? ☐ Yes ☐ No	
Law/Ordinance Violated	Location	Conviction Date	
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No	
2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ☐ Yes ☒ No If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.			

Part E: Attestation	
READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.	
Signature 	Date <u>03/09/2025</u>

DRIVER LICENSE
REGULAR

USA
WISCONSIN

NOT FOR
FEDERAL
PURPOSES



4d Z000-9809-7335-06 3 CLASS D

1 ZHAO
2 ZHIMING

8 1006 N SAWYER ST
OSHKOSH, WI 54902

SEP
97

15 SEX M 16 HGT 5-07 17 WGT 170 lb

18 EYES BRO 19 HAIR BLK

3 DOB 09/15/1997 9a END NONE

4a ISS 09/18/2023 DUP

4b EXP 09/15/2029

5 ID# 0TSDW2023091814214746

SEP 97

Alcohol Beverage
Individual Questionnaire

Date

All individuals involved in the alcohol beverage business must complete this form, including:

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

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information

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

Unity Food LLC

2. Business Trade Name or DBA

The Hot

3. Entity Type (check one)

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

Part B: Individual Information

1. Last Name

Gao

2. First Name

Epi

3. M.I.

4. Relationship to Business (Title)

Member

5. Email

6. Phone

901-299-5466

7. Home Address

W25A3 Skyview Ct

8. City

Appleton

9. State

WI

10. Zip Code

54915

11. Date of Birth

12/06/1973

12. Drivers License/State ID Number

G000-2407-3446-06

13. Drivers License/State ID State of Issuance

Part C: Address History

1. Do you currently reside in Wisconsin? ☒ Yes ☐ No

If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?

Years

5

Months

6

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address 1

City

State

Zip Code

Previous Address 2

City

State

Zip Code

Previous Address 3

City

State

Zip Code

Previous Address 4

City

State

Zip Code

Previous Address 5

City

State

Zip Code

3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.

State	County	State	County	State	County	State	County

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature <i>Fei Gao</i>	Date <i>03/09/2025</i>
--------------------------	------------------------

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)
Unity Food Service LLC

2. Business Trade Name or DBA
The Hot

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
Shi

2. First Name
Mingchen

3. M.I.

4. Email
thehotgh@gmail.com

5. Phone
646-620-3252

6. Home Address
53-09 Junction Blvd 1

7. City
Elmhurst

8. State
NY

9. Zip Code
11373

10. Age
36

11. Drivers License/State ID Number
641-228-519

12. Drivers License/State ID State of Issuance
New York

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement?
Submit proof of completion. ☒ Yes ☐ No

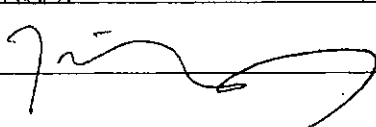
2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire?
Submit a completed Form AB-100 with this form. ☒ Yes ☐ No

3. Have you been a Wisconsin resident for at least 90 continuous days?
See instructions for exceptions. ☒ Yes ☐ No

Continued →

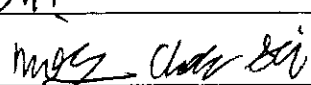
Part D: Business Attestation

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 Zhao		First Name Zhiming		M.I.
Title Member	Email thehotgh@gmail.com		Phone 347-446-5257	
Signature 			Date 04/10/2025	

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 Shi		First Name Ming chen		M.I.
Signature 			Date 04/10/2025	



ServSafe® CERTIFICATION

MINGCHEN SHI

for successfully completing the standards set forth for the ServSafe® Food Protection Manager Certification Examination, which is accredited by the ANSI (American National Standards Institute) National Accreditation Board (ANAB) - Conference for Food Protection (CFP)

26453944

CERTIFICATE NUMBER

10/31/2024

DATE OF EXAMINATION

Local laws apply. Check with your local regulatory agency for recertification requirements.

10885

EXAM FORM NUMBER

10/31/2029

DATE OF EXPIRATION



#0655

Sherman Brown
Executive Vice President, Business Services



G&Z FOOD LLC
2605 JACKSON ST
OSHKOSH, WI 54901

BMO HARRIS BANK

81173

DATE: 12/7/24

\$ 535.42

PAY Five Hundred Thirty-Five and 42/100 Dollars

TO THE MINGCHEN SHI
ORDER 1006 N SAWYER ST
OF OSHKOSH, WI 54902

MEMO: Pay Period: 11/24/24 - 12/07/24

⑈081173⑈ ⑆071025661⑆ 4835808398⑈

G&Z FOOD LLC

81173

Employee
MINGCHEN SHI, 1006 N SAWYER ST, OSHKOSH, WI 54902

SSN
***-**-3208
Pay Period: 11/24/24 - 12/07/24

Pay Date: 12/07/24

Earnings and Hours	Hours	Rate	Current	YTD Amount
Hourly	32.75	2.50	81.88	1,685.02
Tipped			551.20	11,552.71
Tips			134.00	2,721.00
Hourly-OT			0.00	506.25
	32.75		767.08	16,464.98
Taxes				Current YTD Amount
Medicare Employee Addl Tax				0.00
Federal Withholding				-21.00 -1,242.00
Social Security				-47.56 -1,020.83
Medicare				-11.12 -238.74
WI - Withholding				-17.98 -682.07
				-97.66 -3,183.64
Adjustments to Net Pay				Current YTD Amount
Tips (offset)				-134.00 -2,721.00
Net Pay				535.42 10,560.34

G&Z FOOD LLC
2605 JACKSON ST
OSHKOSH, WI 54901

BMO HARRIS BANK

81173

COPY DATE: 12/7/24

\$ 535.42

PAY Five Hundred Thirty-Five and 42/100 Dollars

TO THE MINGCHEN SHI
ORDER 1006 N SAWYER ST
OF OSHKOSH, WI 54902

MEMO: Pay Period: 11/24/24 - 12/07/24

G&Z FOOD LLC

81173

Employee
MINGCHEN SHI, 1006 N SAWYER ST, OSHKOSH, WI 54902

SSN
***-**-3208
Pay Period: 11/24/24 - 12/07/24

Pay Date: 12/07/24

Earnings and Hours	Hours	Rate	Current	YTD Amount
Hourly	32.75	2.50	81.88	1,685.02
Tipped			551.20	11,552.71
Tips			134.00	2,721.00
Hourly-OT			0.00	506.25
	32.75		767.08	16,464.98
Taxes				Current YTD Amount



Alcohol Beverage License Application - Statement of Intent

INSTRUCTIONS

In order to apply for an alcohol beverage license in the City of Green Bay, this licensee or license agent must sign this Statement of Intent. This document allows the City of Green Bay to ensure that your license will be used within 60 days of its granting (or within 60 days of the start of the license year for renewal applications).

If you are applying for a new license and construction or remodeling activities will prevent you from operating within 60 days of the granting of the license, you sign this below and attach written documentation outing the duration of such activities and the anticipated first date of operation under the license applied for. The Common Council will then review your request for additional time. If granted, the time granted by the Common Council shall be substituted for the 60 days.

STATEMENT OF INTENT

The undersigned applicant for an alcoholic beverage license hereby agrees to begin operation of the proposed establishment pursuant to the alcohol beverage license applied for within 60 calendar days of the start of the license for granted renewal applications. The undersigned agrees that if the alcohol beverage license applied for is not issued or operation under the license does not begin within such time, the license shall be considered surrendered to the City of Green Bay without the need for further action or proceeding. The City of Green Bay may then grant the license to another applicant.

Under penalty proved by law, the signer states that the above statement has been truthfully provided to the best of the knowledge of the signer. Any inaccurate or untruthful answer may be grounds for denial of the application. Signer agrees to operate this business according to the law and observe the provisions of the Green Bay Municipal Code.

Mingchen Shi
Signature Of Applicant

Unity Food Service LLC dba The Hot
Name of Establishment

2475 W Mason St, Green Bay, WI, 54303
Address of Establishment

03/09/2015
Date

SECURITY PLAN

The following security plan represents the Licensee's anticipated operations and procedures. It is a collection of guidelines that are not legally binding on the Licensee, but are intended to give the Police Department, Green Bay Common Council and the public a good picture of what the Licensee believes his or her business will look like and how it will operate. While the Licensee will not receive any citations for deviating from this security plan, it is a good idea to follow these guidelines because the Council may consider during renewal time how closely you follow your plan. If you deviate too far from your security plan and fail to update it at renewal time, it could adversely affect your license status.

GENERAL

Legal Entity Name: [Licensee name] **Unity Food Service LLC**

Agent's Name: [enter agent's name or "N/A"] **Mingchen Shi**

Agent's Phone Number: [to setup initial meeting with Police Department] **646-620-3252**

Business Address: [address] **2475 W Mason St.**
[city], WI [ZIP] **Green Bay, WI. 54303**

E-mail: (enter e-mail) **thetotgh@gmail.com**

Address to Mail Renewal Application Notice: [address] **Same as above**
[city], WI [ZIP]

Address to Mail Liquor License: [address] **Same as above**
[city], WI [ZIP]

License Type: [Class "B" (Beer) or "Class B" Combination (Beer & Liquor)]
[Class "A" (Beer) or "Class A" Liquor & Class "A" Beer]
[Class "B" (Beer) and "Class C" Wine (Restaurants Only)]
[Class "B" Liquor Winery Only]
Class "B" Beer License & "Class B" Liquor-Reserve License

LICENSE

Building Owned or Leased: [Leased or Owned] **Leased**

Landlord name and address: [Landlord name or "N/A"] **YSRP Investment Corp**
[Landlord address] **P.O. Box 548**
[Landlord city], [landlord state] [landlord ZIP] **Green Bay, WI 54305**

Building Capacity: [enter capacity, determined by fire code] **200 People**

Parking Capacity/Availability: [enter if private parking lot included in business or if public parking is used; if private, include size, number of spots and location in relation to building; if public, include how Licensee intends to monitor patrons as they leave premises] **Private Parking in front of Restaurant, around 60 spots.**

Anticipated Opening Date:

(Include any improvements to property that are active and needed prior to opening location. A waiver must be requested if anticipated opening date is more than 60 days from granting date.)

04/01/2025

Outdoor Areas and Fencing Description:

(Enter outdoor areas that are part of your license premises including click n' collect). Pictures are also required for an outdoor areas.

INTERNAL OPERATIONS- FOR CLASS B & C LICENSEES ONLY

Are You Part of the Brown County League:

Yes

NO ☒

Bar Staff Information:

[number of staff on hand at certain times of operation; prior staff experience; how many bartenders/bar staff/etc. on during peak hours; staff training; whether requiring NWTC training course or operator's license for all or just some staff; other training focused on catching U/A persons, identifying intoxicated persons, etc.]

Security Staff Information:

[number of staff on hand at certain times of operation; prior staff experience; how many bouncers/etc. on during peak hours; staff training; whether attending Professional Communications course offered by PD; other training focused on catching U/A persons, identifying intoxicated persons, etc.]

Atmosphere:

[describe what type of music, food, entertainment, amusement devices, and clientele Licensee will promote or focus on]

BBQ / Hotpot

Dress Code:

[describe dress code, and restrictions on access for those who violate dress code, plan on how to handle anyone who argues about dress code]

Casual

Estimated Sales:

15 % Alcohol 85 % Food % Other

If applicable, describe "Other":

INTERNAL OPERATIONS- FOR CLASS A LICENSEES ONLY

Cigarette License:

YES

NO ☒

OTC VENDING BOTH

License Premises:

Where the alcohol will be on the sales floor and how will it be locked up after hours (if applicable)

OPERATIONS

Hours of Operation:

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
11AM-10PM	11AM-10PM	11AM-10PM	11AM-10PM	11AM-10PM	11AM-10PM	11AM-10PM

Manager, if any:

[manager name & Phone Number]

Mingchen Shi, 646-620-3252

COMMUNITY IMPACT

Neighborhood: [how will this business may impact the neighbors and how does Licensee intend to reduce any negative impact which may result]

Police Services: [how will this business may impact police services and how does Licensee intend to reduce any negative impact which may result]

Compliance with Laws: [how will this business will ensure compliance with city ordinances, state statutes and state administrative code]

REQUIRED CONTACTS AND FILINGS

I understand that liquor/beer license renewal applications are due April 15 of every year, regardless of when license was initially granted. ☐ No ☒ Yes

I understand that prior to appearing before the Protection & Policy Committee Meeting I first must meet SPBD to review the business security plan ☐ No ☒ Yes

I intend to operate under the new alcohol license within 60 days of the Common Council granting this license. If it is more than 60 days, it is my responsibility to reach out to the Clerk's Office to request an extension. ☐ No ☒ Yes

I understand that prior to being issued a liquor license, I must pay the appropriate fees and call (920) 448-3300 to schedule and pass an Inspections. ☐ No ☒ Yes

I understand that I should reach out to the Brown County Health Department at (920) 448-6400 and the Green Bay Assessor's Office at (920) 448-3066 or alex.drews@greenbaywi.gov to inform them I am applying for a new liquor license. ☐ No ☒ Yes

Once issued, I understand that any changes to my liquor license should be communicated to the Clerk's Office at (920) 448-3010 or clerk@greenbaywi.gov to determine any additional steps. ☐ No ☒ Yes

For Class B Reserve Licensees Only) I understand a municipality may not rebate or refund the initial issuance fee of a reserve "Class B" License (including through any grant or tax credit program). The reserve license is also not transferrable and should I surrender my license to another legal entity, the new legal entity must apply for an available or reserve liquor license) ☐ No ☒ Yes

By signing below, I agree that the security plan set forth above accurately represents my policies, procedures, and goals in running my business.

Licensee: Mingchen Shi Date: 04/08/2025

Neighborhood:

Since our business is not located within a residential area, the impact on neighbors will be minimal. ~~There are no other businesses or residences in the immediate vicinity of the proposed site.~~

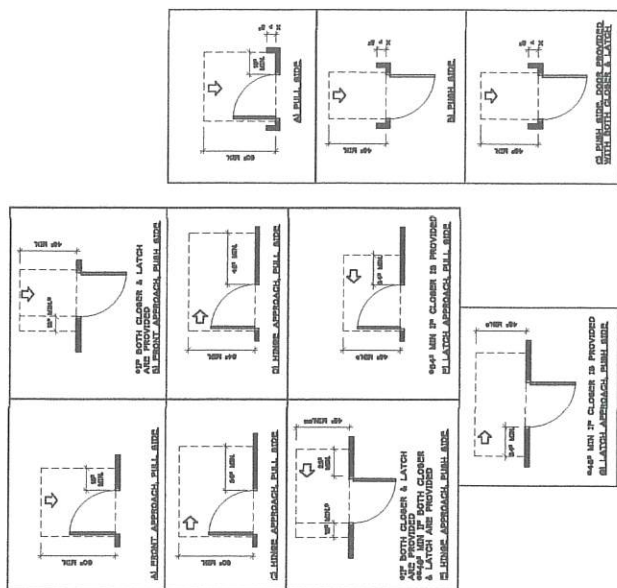
Police Services:

Our business is not expected to significantly impact police services; however, to reduce any potential negative effects, we will ensure responsible alcohol service by trained staff, use security cameras for safety, enforce strict ID checks to prevent underage drinking, and maintain clear communication with local law enforcement if any issues arise.

Compliance with Laws:

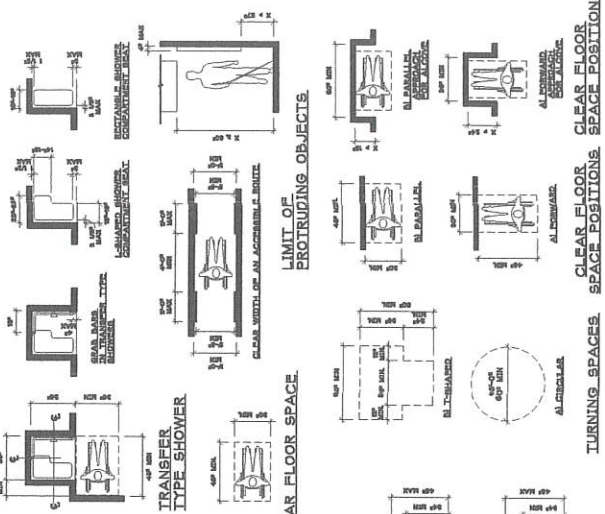
Our business will ensure compliance with city ordinances, state statutes, and state administrative codes by following all licensing requirements, training staff on legal regulations, enforcing responsible service policies, and cooperating with local authorities through regular inspections and adherence to all operational guidelines.

PROPOSED FLOOR PLAN
SCALE: 3/16"=1'-0"

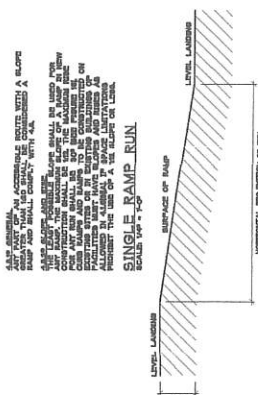


CLEARANCE
AT RECESSED DOORS

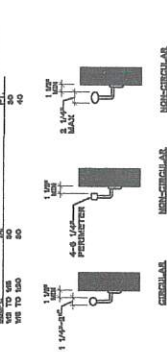
CLEARANCE
AT MANUAL SWING DOORS



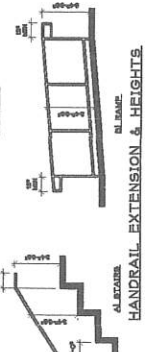
TURNING SPACES	CLEAR FLOOR SPACE POSITIONS	CLEAR FLOOR SPACE POSITIONS



of case	TH	MAXIMUM DEPTH	HORIZONTAL PROJECTION	HORIZONTAL PROJECTION ON RISE
1	1.0	1.0	1.0	1.0
2	1.0	1.0	1.0	1.0
3	1.0	1.0	1.0	1.0
4	1.0	1.0	1.0	1.0
5	1.0	1.0	1.0	1.0
6	1.0	1.0	1.0	1.0
7	1.0	1.0	1.0	1.0
8	1.0	1.0	1.0	1.0
9	1.0	1.0	1.0	1.0
10	1.0	1.0	1.0	1.0
11	1.0	1.0	1.0	1.0
12	1.0	1.0	1.0	1.0
13	1.0	1.0	1.0	1.0
14	1.0	1.0	1.0	1.0
15	1.0	1.0	1.0	1.0
16	1.0	1.0	1.0	1.0
17	1.0	1.0	1.0	1.0
18	1.0	1.0	1.0	1.0
19	1.0	1.0	1.0	1.0
20	1.0	1.0	1.0	1.0
21	1.0	1.0	1.0	1.0
22	1.0	1.0	1.0	1.0
23	1.0	1.0	1.0	1.0
24	1.0	1.0	1.0	1.0
25	1.0	1.0	1.0	1.0
26	1.0	1.0	1.0	1.0
27	1.0	1.0	1.0	1.0
28	1.0	1.0	1.0	1.0
29	1.0	1.0	1.0	1.0
30	1.0	1.0	1.0	1.0
31	1.0	1.0	1.0	1.0
32	1.0	1.0	1.0	1.0
33	1.0	1.0	1.0	1.0
34	1.0	1.0	1.0	1.0
35	1.0	1.0	1.0	1.0
36	1.0	1.0	1.0	1.0
37	1.0	1.0	1.0	1.0
38	1.0	1.0	1.0	1.0
39	1.0	1.0	1.0	1.0
40	1.0	1.0	1.0	1.0
41	1.0	1.0	1.0	1.0
42	1.0	1.0	1.0	1.0
43	1.0	1.0	1.0	1.0
44	1.0	1.0	1.0	1.0
45	1.0	1.0	1.0	1.0
46	1.0	1.0	1.0	1.0
47	1.0	1.0	1.0	1.0
48	1.0	1.0	1.0	1.0
49	1.0	1.0	1.0	1.0
50	1.0	1.0	1.0	1.0
51	1.0	1.0	1.0	1.0
52	1.0	1.0	1.0	1.0
53	1.0	1.0	1.0	1.0
54	1.0	1.0	1.0	1.0
55	1.0	1.0	1.0	1.0
56	1.0	1.0	1.0	1.0
57	1.0	1.0	1.0	1.0
58	1.0	1.0	1.0	1.0
59	1.0	1.0	1.0	1.0
60	1.0	1.0	1.0	1.0
61	1.0	1.0	1.0	1.0
62	1.0	1.0	1.0	1.0
63	1.0	1.0	1.0	1.0
64	1.0	1.0	1.0	1.0
65	1.0	1.0	1.0	1.0
66	1.0	1.0	1.0	1.0
67	1.0	1.0	1.0	1.0
68	1.0	1.0	1.0	1.0
69	1.0	1.0	1.0	1.0
70	1.0	1.0	1.0	1.0
71	1.0	1.0	1.0	1.0
72	1.0	1.0	1.0	1.0
73	1.0	1.0	1.0	1.0
74	1.0	1.0	1.0	1.0
75	1.0	1.0	1.0	1.0
76	1.0	1.0	1.0	1.0
77	1.0	1.0	1.0	1.0
78	1.0	1.0	1.0	1.0
79	1.0	1.0	1.0	1.0
80				

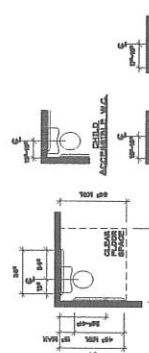


HANDRAIL SECTIONS

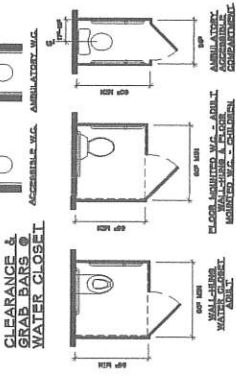


GLASS CLAMP

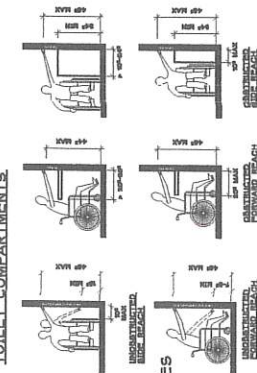
HANDRAIL EXTENSION & HEIGHTS



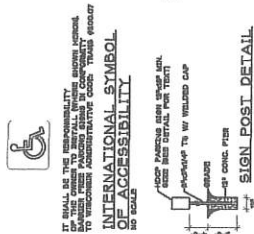
608 mm



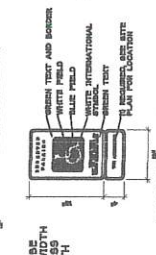
**WHEELCHAIR ACCESSIBLE
TOILET COMPARTMENTS**



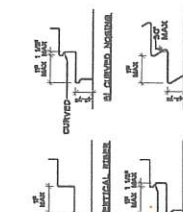
Journal of Management Inquiry



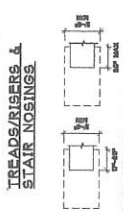
SIGN POST DETAIL



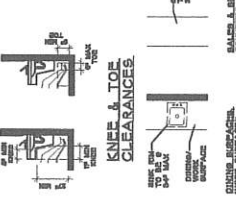
PARKING SIGN DETAIL.



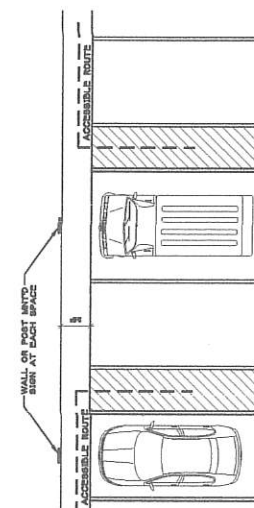
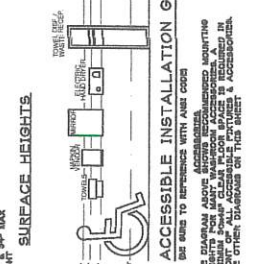
ED NORTH



**FRONT APPROACH
KICK CLEARANCE**



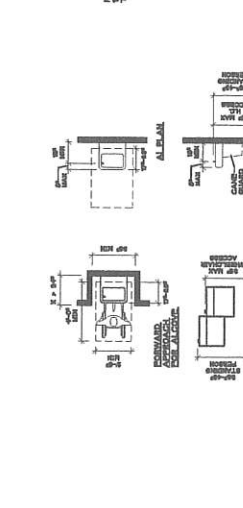
**ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 08-22-2001 BY 60322 UCBAW**



1

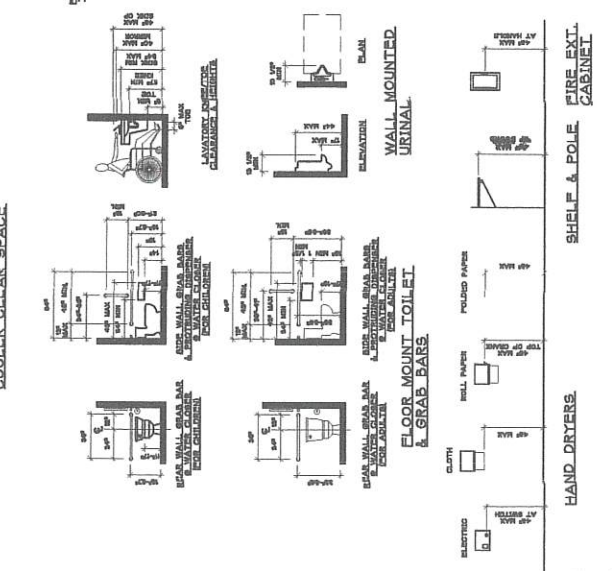
VEHICLE PARKING SPACE SIZE & ACCESS AISLE

THE MAXIMUM SLOPE AT PARKING SPACES IS 1:50 [4.6.2]



7

ELECTRIC WATER
COOLERS CLEAR SPACE





WISCONSIN DEPARTMENT OF REVENUE
PO BOX 8902
MADISON, WI 53708-8902

Contact Information:

2135 RIMROCK RD PO BOX 8902
MADISON, WI 53708-8902
ph: 608-266-2776 fax: 608-224-5761
email: DORBusinessTax@wisconsin.gov
website: revenue.wi.gov

000091

Letter ID L1982688048

UNITY FOOD SERVICE LLC
2475 W MASON ST
GREEN BAY WI 54303-4718

Wisconsin Department of Revenue Seller's Permit

Legal/real name: UNITY FOOD SERVICE LLC

Business name: THE HOT
2475 W MASON ST
GREEN BAY WI 54303-4718

- This certificate confirms you are registered with the Wisconsin Department of Revenue and authorized in the business of selling tangible personal property and taxable services.
- You may not transfer this permit.
- This permit must be displayed at the place of business and is not valid at any other location.
- If your business is not operated from a fixed location, you must carry or display this permit at all events.

Tax Type	Account Type	Account Number
Sales & Use Tax	Seller's Permit	456-1031843375-04

LEASE

THIS INDENTURE OF LEASE, entered into this 1st day of August 2024 by and between Unity Food Service LLC, (Lessee) and YSRP Investment Corporation (Lessor).

RECITATIONS

WHEREAS, the Lessor is the owner of a building and property located at 2475 W Mason St. Green Bay, Wisconsin, Brown County, Wisconsin 54303.

NOW, THEREFORE, in consideration of the agreements set forth, the Lessor does hereby agree to lease unto the Lessee, the entire building and property located at 2475 W Mason St. (parcel #6H-1111-A), Green Bay, Wisconsin, Brown County, Wisconsin 54303 (the Leased Premises).

TERMS AND CONDITIONS

A. TERMS OF LEASE

Term. The initial term of this Lease shall be for 5 years commencing August 1st, 2024, and ending at midnight on July 31st, 2029, (the "Initial Term".) Furthermore, Lessor to grant Lessee one (1) option period, for one (5)- year period. Lessee to give Lessor 90-day notice to exercise either Lease Option Period; otherwise, the Lease may be terminated at the Lessor's option. Time is of the essence.

B. RENTAL

1. The first 180 days base rent is reduced to \$ 0.00 per month. Thereafter, for the remainder of the first 5-year period beginning Feb 1, 2025, base rent will be **\$10,000** per month include taxes.

2. Lessee shall pay Lessor, without notice or demand and without abatement, deduction or setoff, in lawful money, rent which is due and payable by the 1st of each month beginning on Feb 1st, 2025 and monthly thereafter. A late fee of \$50 per day will be charged for any rent not received or postmarked by the 5th of the month. This late fee will automatically accrue on any balance not paid by the 5th of the month.

C. USE OF PREMISES

1. Lessee shall use the Leased Premises for the following and for no other purposes without the consent of Lessor, which consent will not be unreasonably withheld: restaurant.

2. The use of the Leased Premises shall be in full compliance with all laws, ordinances, rules and regulations of all public authorities having jurisdiction over the Leased Premises and no part of the Leased Premises shall be occupied or used for any purpose or in any manner so as to increase the insurance risk or prevent the obtaining of insurance or so that, in accordance with any requirements of the law or any public authority, Lessor shall not be obligated to make additional alterations beyond those already installed for said business purposes.

D. REPAIRS, MAINTENANCE AND TAXES

1. Lessee shall: (i) keep the Leased Premises and fixtures in good order; (ii) make repairs and replacements to the Leased Premises or building needed because of Lessee¹'s, its employees',

**** SIGNATURES FOLLOW BELOW ****

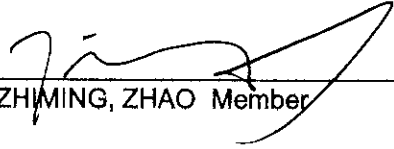
IN WITNESS WHEREOF the Lessor, YSRP INVESTMENT CORPORATION has caused these presents to be signed by its duly authorized officers or agents and the Lessee, UNITY FOOD SERVICE LLC has caused these present to be signed by its duly authorized officers or agents.

In Presence of:

(LESSOR) **YSRP INVESTMENT CORPORATION**

Date: 07/15/2024 By: 
ZHENZHEN, SUN

(LESSEE) **UNITY FOOD SERVICE LLC**

Date: 07/15/2024 By: 
ZHIMING, ZHAO Member



Report to the
Protection and Policy Committee
of the City of Green Bay

MEETING DATE

May 12, 2025

PREPARED BY

AGENDA ITEM # E.12

Consideration with possible action on the listed renewal alcohol beverage license applications, pending the approval of the proper parties (see attached).

BACKGROUND

RECOMMENDATION

FISCAL IMPACT

ATTACHMENTS

- I. 5_12 P&P Liquor Licenses for Approval

<u>Address</u>	<u>Company Name</u>	<u>Trade Name</u>	<u>Agent Name</u>	<u>Notes</u>
----------------	---------------------	-------------------	-------------------	--------------

Class "A" Beer				
1209 E MASON ST	ANTONIO SOTO	SUPERMERCADO EL LOCAL #1		
1615 UNIVERSITY AV	ANTONIO SOTO	SUPERMERCADO EL LOCAL #2		
2030 E MASON ST, SUITE B	ISAIAS I ALVAREZ	LA GUADALUPANA #2		

Class "A" Beer + Cigarette				
1606 MAIN ST	LA ESPIGA,LLC	LA ESPIGA	RUBEN MOSQUEDA	
401 MATHER ST	AARAVIS MINI MART	AARAVIS MINI MART	PRAKASH RAWAL	
510 S MONROE AV	BEHL 2, LLC	SHELL	JITENDER BEHL	
515 W WALNUT ST	KWIK TRIP, INC	KWIK TRIP 115	DALLAS MAAS (1/16/2024)	

Class A Combo				
1560 WESTERN AV	ALDI, INC	ALDI #32	BENJAMIN LEE DIERS	
1561 W MASON ST	WISCONSIN CVS PHARMACY LLC	CVS/PHARMACY #8541	BRAD STAUDENMAIER	
1638 UNIVERSITY AV	TAPATIO JALISCO, LLC	EL TAPATIO BAKERY	ADRIANA MORA	
2370 W MASON ST	ONEIDA NATION	ONEIDA ONE STOP WESTWIND	DEBRA POWLESS	
2440 E MASON ST	ALDI, INC	ALDI #30	MATTHEW NOBLE	
2450 UNIVERSITY AV	RIVIERA LANES LTD	RIVIERA LANES	LARRY EHLINGER	
2469 W MASON ST	EL AZTECA OF GREEN BAY, LLC	EL AZTECA	GERONIMO CORTEZ	
2470 W MASON ST	SAM'S EAST, INC	SAM'S CLUB #8149	KAI BJERKE	
2597 W MASON ST	ONEIDA NATION	FOUR PATHS	DEBRA POWLESS	
321 S WASHINGTON ST	SAINAAM LLC	QUALITY INN & SUITES	MITUL PATEL	
335 N BROADWAY	TRAVELING CHEF, LLC	THE TRAVELING CHEF	CHRISTOPHER MANGLESS	
501 PACKERLAND DR	ONEIDA TRIBE OF INDIANS OF WI	ONEIDA ONE STOP - LARSEN	DEBRA POWLESS	
930 MAIN ST	WISCONSIN CVS PHARMACY LLC	CVS/PHARMACY #2237	ABRAHAM GOMEZ BARAJAS	

Class A Combo + Cigarette				
1020 N IRWIN AV	SIMER LIQUOR & GROCERY LLC	I.G LIQUOR & BEER MART	SIMERDEEP S. GREWAL	
1053 VELP AV	TRUE NORTH ENERGY, LLC	TRUE NORTH #829	MICHELLE KNOX	
1117 W MASON ST	MASON BEVERAGES LLC	NEO'S DISCOUNT TOBACCO & LIQUORS #3	TARK OJHA	
1121 RADISSON ST	TRUE NORTH ENERGY, LLC	TRUE NORTH #820	MICHELLE KNOX	
1180 E MASON ST	KRIST OIL CO	KRIST FOOD MART #90	JENNIFER LEYVA-QUINONES	
1215 E MASON ST	NEO BEVERAGES LLC	NEO DISCOUNT TOBACCO & LIQUORS	TARK RAJ OJHA	
1233 VELP AV	SAIRAMA LLC	U PUMP	MITUL PATEL	
1244 VELP AV	GERCZAK'S LIQUOR & CATERING, LLC	GERCZAK'S LIQUOR & CATERING	KIMBERLY AGOSTINE	
130 S MILITARY AV	NCG, INC	SUPERIOR DISCOUNT LIQUOR	NAUDINE GUSKE	
1300 S MILITARY AV	SARPANCH INC.	MILITARY MARATHON	GURPAL DHALIWAL	
1333 CEDAR ST	MI TIERRA FOOD MARKET, INC	MI TIERRA FOOD MARKET	HECTOR GONZALEZ	
1335 MAIN ST	SARPANCH 3, INC.	MAIN STREET BP	SANDEEP SINGH	
1465 UNIVERSITY AV	BADIMAALIKA, LLC	GREEN BAY MOBIL	JAYASARA UPADHYAYA SHARMA	
1480 LIME KILN RD	J & B GAS, INC	WILLOW CREEK BP	KALWINDER KAUR	
1698 MAIN ST	JR SMITH LLC	MAIN STREET MINI MART	CANDICE BEECHTREE	
1712 E MASON ST	KWIK TRIP, INC	KWIK TRIP #420	SARAH J THIBODEAU	
1751 UNIVERSITY AV	HERALYS BEVERAGES LLC	HERALYS BEVERAGES	KEVIN HERALY	
1792 MAIN ST	SAI KRUPA LLC	MAIN STREET MOBIL	MITUL PATEL	
1871 SHAWANO AV	KWIK TRIP, INC	KWIK TRIP #700	AMY L. FOLEY	
1908 E MASON ST	MI FAVORITA SUPERMARKET LLC	MI FAVORITA SUPERMARKET	NORA GRAJEDA	

1970 UNIVERSITY AV	PROSPERITY LIQUOR INC	PROSPERITY LIQUOR	GURJIT RANDHAWA	
2030 UNIVERSITY AV	TOWNHUB LLC	UNIVERSITY SHELL	UPADHYAAYA SHARMA	
2042 MAIN ST, SUITE 102	NEO BEVERAGES LLC	NEO DISCOUNT TOBACCO & LIQUORS	TARK OJHA	
2080 UNIVERSITY AV	FOODMEN 3, INC	UNIVERSITY AVENUE MARKET	PAUL FASSBENDER	
2115 MAIN ST	GREEN BAY PETROLEUM AND INVESTMENT LLC	GREEN BAY PETRO	BASUDEV ADHIKARI	
2145 UNIVERSITY AV	TRUE NORTH ENERGY, LLC	TRUE NORTH #819	MICHELLE KNOX	
2250 W MASON ST	SKOGEN'S FOODLINER, INC	FESTIVAL FOODS	SUSAN WAELCHLI (7/30/2024)	
2260 NICOLET DR	NICOLET GAS, INC	UNIVERSITY MINI MART	JASVEER KAUR	
2278 BAY SETTLEMENT RD	BAS VENTURE LLC	VERDE EXPRESS	SUNIL RASAILY	NEW LICENSE
2295 MANITOWOC RD	NCG INC	SUPERIOR DISCOUNT LIQUORS	NAUDINE GUSKE	
240 S WEBSTER AV	EVERARDO CURIEL	EL RANCHITO		
2400 UNIVERSITY AV	KWIK TRIP, INC	KWIK TRIP 143	NATSTASSIA TAPPA (10/16/2024)	
2430 UNIVERSITY AV	SKOGEN'S FOODLINER, INC	FESTIVAL FOODS	JONATHAN ARLT (JULY 30, 2024)	
2590 UNIVERSITY AV	SEVENTY 9, INC.	PITROW SHELL	JASMEET SHERGILL	
2600 NIAGARA TR	BELGIUM LLC	NIAGARA TRAIL	IMRAN ASAD	
3525 HUMBOLDT RD	KWIK TRIP, INC	KWIK TRIP 1051	STEVE W. WILLIS	
601 N MILITARY AV	CHUKKU LLC	MILITARY CENEX	DEVI ADHIKARI	
606 DOUSMAN ST	DOWNTOWN BP, INC.	DOWNTOWN BP	UPINDERJIT SINGH	
610 E WALNUT ST	RAKHRA CONVENIENCE LLC	MARATHON	FATEAHJEET SINGH	
612 S MILITARY AV	OASIS ENTERPRISE LLC	MILITARY BP	TARK OJHA	
741 ABRAMS ST	ERNESTO PEREZ	EL DORADO LIQUOR STORE		
840 S HURON RD	KWIK TRIP, INC	KWIK TRIP 292	ANTHONY E. HOCK	
923 9TH ST	M.E.J. CORP	MASON BROS. RED OWL	JARED MASON	
952 W MASON	ARZO LLC	ARZO LLC	BIKHENDER SINGH SALH	

"Class A" Liquor Only				
112 N WASHINGTON ST	LOCO WISCO LLC	LOCO WISCO	DENA MOONEY	

Class "B" Beer Only				
108 N OAKLAND AV	JUAN CURIEL	TACO BURRITO MEXICO		
1615 UNIVERSITY AV	ANTONIO SOTO	TAQUERIA EL LOCAL		
1697 E MASON ST	PEDRO CURIEL	TACO BURRITO		
607 BODART ST	LOS ARCOS MEXICAN RESTAURANT LLC	LOS ARCOS	SERGIO PLASCENCIA	
803 KLAUS ST	COCINA LATINA LLC	COCINA LATINA	SAMAR SBAIHI	
810 S HURON RD	SCOTT'S SUB EAST GREEN BAY LLC	SCOTT'S SUB EAST GREEN BAY	MARY ELLEN GRAHAM	

Class "B" Beer, "Class C" Wine				
1456 W MASON ST	HOME TOWN CAFE & CATERING, INC	HOME TOWN CAFE & CATERING	BRENDA HECKER	
1675 E MASON ST	HAPPY JOE'S OF GREEN BAY INC	HAPPY JOE'S PIZZA & ICE CREAM PARLOR	TERRI HANOLD	
520 N BROADWAY STE 120	CREPE BISTRO & CAFÉ	CREPE BISTRO & CAFE	JASON BAUMAN	New; just added 4/2025
800 CEDAR ST	LA CHATA, LLC	LA CHATA	ERIKA DELGADILLO	New; just added 4/2025

Class B Combo				
100 BAY BEACH RD	GREEN BAY YACHTING CLUB INC	GREEN BAY YACHTING CLUB	PATRICK BENDER	
1001 MAIN ST	1001 CLUB LLC	1001 CLUB	KRISHA KING	

1004 BRETT FAVRE PASS	LEGACY GREEN BAY, LLC	THE LEGACY HOTEL	DENNIS DOUCETTE	
1007 TONY CANADEO RN	K BURKEL, INC	BURKEL'S ONE BLOCK OVER	KEVIN BURKEL	
101 BAY BEACH RD	CAPTAIN JACK'S LLC	CAPTAIN JACK'S @ LOUIES LAGOON	THOMAS JACKSON	
1011 TONY CANADEO RUN	AIMBRIDGE HOSPITALITY, LLC	SPRINGHILL SUITES BY MARRIOT GREEN BAY	KURT LEAHY	
1015 LOMBARDI AV	KNK PLAZA HOTEL OF GREEN BAY	HILTON GARDEN INN-GREEN BAY	ANDREA SCHULZ	
1023 TONY CANADEO RUN	STADIUM VIEW, INC	STADIUM VIEW	AMANDA WATSON	
1025 REAR TONY CANADEO RUN	THE BAR HOLMGREN WAY, INC	THE BAR HOLMGREN WAY	JOSEPH ZEHREN	
1053 VELP AV	LOS MAGUEYES, INC	LOS MAGUEYES	JULIO HERRERA	
1100 MAIN ST	GB ENTERTAINMENT LLC	OVAl OFFICE	KEVIN WEAVER	
1106 MAIN ST	NEUMRITZ, INC	XS NIGHTCLUB	ROBERT NEUMAN	
112 S BROADWAY	SISSYPANTS/JAKES, LLC	JAKE'S PIZZA GREEN BAY	BROOK A SANDERS	
1139 MAIN ST	SORIAN HOSPITALITY LLC	CROWN & COMMON	KAVEH BARAKSHAN	
114 PINE ST	CREAMERY DT LLC	CREAMERY CAFE	SCOTT J VANN	
114 S BROADWAY	SARAI NICOLE BUIE	TASTE OF THE SOUTH ON WHEELZ	SARAI BUIE	
117 N ADAMS ST	ANGELINA, INC	ANGELINA	EDDIE BOYCE	
117 S WASHINGTON ST	MEYER THEATRE CORPORATION	MEYER THEATRE	MATTHEW GOEBEL	
119 1/2 S WASHINGTON ST	VINTAGE WMW, LLC	VINTAGE	WILLIAM SCHLEIS	
119 S WASHINGTON ST	VINTAGE WMW, LLC	VINTAGE CANTINA	WILLIAM SCHLEIS	
1207 E MASON ST	TAQUERIA MICHOACAN & BAR LLC	TAQUERIA MICHOACAN	RICARDA VARGAS	
1208 STATE ST	CHARLIE TUNA'S HAMMER INN LLC	HAMMER INN	KEVIN CHARLES	
121 N ADAMS ST	MANGAIRE LLC	MANGAIRE	PATRICK NEPH	
121 N BROADWAY	LEE & KINGSADA CORP	LITTLE TOKYO JAPANESE REST	XA NAOLHU LEE	
121 S WASHINGTON ST	TPJS, LLC	THE NINES	SHANE TODT	
1212 MARINE ST	EUNOIA STUDIO CAFE, LLC	STUDIO 1212 CAFE & WINE BAR	BETH HRUBESKY	
123 S WASHINGTON ST	STIR-UPS, LLC	STIR-UPS	PAUL THOMPSON	
1234 STATE ST	TOOTHPICKS, LLC	BULLDOGS	ANTHONY BATCHER	
1237 MAIN ST	COCK & BULL INC	COCK & BULL PUB	J DARRELL GREIG JR	
1238 STATE ST	STATE STREET PUB OF GREEN BAY LLC	STATE STREET PUB	TERA HANSEN	
1238-11 MAIN ST	GREEN BAY CASUALS SOCCER PUB LLC	GREEN BAY CASUALS SOCCER PUB	JOSEPH PHILLIPS	
124 S BROADWAY	THAT 70'S BAR, INC	LONESTAR (9/1/2024)	BRIAN BUNKELMAN	
1258 MAIN ST	TEQUILAS MEXICAN BAR & RESTAURANT LLC	TEQUILAS MEXICAN & RESTAURANT	EVERARDO ORTIZ	
1265 LOMBARDI AV	GREEN BAY SPORTSERVICE, INC	LAMBEAU FIELD	THOMAS OLSON	
1277-1281 MAIN ST	BBD ACQUISITION, LLC	MAIN STREET BOURBON ROOM	CHRISTOPHER BONCHER	1279 Main St
128 S BROADWAY	THE SARDINE CAN, INC	THE SARDINE CAN	CHRIS HANSEN	
129 S WASHINGTON ST	129 SOUTH WASHINGTON LLC	KITTNER'S	SHANE TODT	
130 E WALNUT ST	THE DAILY BUZZ @ THE BELLIN LLC	BLACK & TAN GRILLE/NIGHTLY BUZZ/STUDIO B	KRISHA KING	
1301 S BROADWAY	REBEL ONE, LLC	CHEESESTEAK REBELLION	JOLINDA GORZELANCZYK	
1301 S MILITARY AV	OSJ LLC	BAY MOTEL & FAMILY RESTAURANT	JOSH SCOTT OLEJNICZAK	
131 N BROADWAY	AMPHORA WINE BAR, LLC	AMPHORA WINE BAR	TREVOR COMMONS	
1313 S BROADWAY	TUX 2, INC	BLUE COLLAR BAR & GRILL	KIMBERLY GLOVER	
1332 S BROADWAY	LIL JAMAICA LLC	LIL JAMAICA LOUNGE	NEMARD WILSON	
1336 STATE ST	CROPSEY'S ON STATE LLC	CROPSEY'S ON STATE	CHAD ROBERT GEZELLA	
1342 S BROADWAY	OMG-KIM3, INC	PACKER STADIUM LOUNGE	KIMBERLEY GLOVER	
1351 CEDAR ST	LEATHER AND LACE ENT, LLC	NAPALESE LOUNGE	ARNOLD PENDERGAST	
1423 S BROADWAY	BASIL I LLC	OVERTIME GRILL & PUB	THERESA CHERNEY	
1517 UNIVERSITY AV	MARICQUE'S INC	MARICQUE'S	JAMES MARICQUE	
1542 UNIVERSITY AV	TRISTAS JUICE BOX, LLC	THE JUICE BOX	TRISTA WATERMOLEN	
1560 MAIN ST	RIVERSIDE BALLROOM, LLC	RIVERSIDE BALLROOM	JUAN MALDONADO	
1577 MAIN ST	BB'S BAR OF GREEN BAY INC	BB'S BAR	MARY JEWEL KRALOVETZ	
1610 CASS ST	STEVEN R VAN PAY	VPR BAR AND GRILL	STEVEN VAN PAY	NEW LICENSE
1623 CASS ST	WITCHE'S DEN LLC	ROBYN'S NEST	ROBYN SCHADT	
1638 UNIVERSITY AV	TAPATIO JALISCO, LLC	EL TAPATIO RESTAURANT	ADRIANA MORA	
1647 CASS ST	BSCTBC, LLC	THE JOB SITE	STEPHANIE MEDLEY	

1654 CASS ST	COURTHOUSE BAY OF GB LLC	COURT HOUSE BAR & GRILL	CINDY RIVARD	
1654 E MASON ST	TIMSANS, INC	TIMSANS JAPANESE STEAK HOUSE	TIMOTHY LONG	
1657 MAIN ST	CENTRO BOTANERO LA CARRETA LLC	CENTRO BOTANERO LA CARRETA	JUVENCIO A CENDEJAS	
1658 MAIN ST	KROLL'S EAST INC	KROLL'S LUNCH	BENJAMIN SCHAUER	
1679 MAIN ST	ROCKYZ TAQUERIA LLC	ROCKYZ	ROGELIO PEREZ JR.	
1689 E MASON ST	KRISTINE DHEIN	TURN IT UP! TAP		
1698 E MASON ST	CARNITAS EL BAJIO LLC	CARNITAS EL BAJIO	JUAN MOZQUEDA	
1706 MAIN ST	FRITANGA NICA LLC	FRITANGA NICA LLC	ANA REYES SILVA	Was Panaderia; NEW LICENSE
1730 S ASHLAND AV	SA BAI DEE CAFE LLC	SA BAI DEE CAFE LLC	JENNY KONGPHAVANH THAMMAVONG	
1737 MAIN ST	TAQUERIA MALDONADO'S MAIN STREET LLC	TAQUERIA MALDONADO'S	JUAN MALDONADO	
1800 S ASHLAND AV	THE BOOYAH SHED, LLC	THE BOOYAH SHED	DANIEL NITKA	
1803 MAIN ST	PAULY G'S, INC	PAULY G'S	PAUL KOEHN	
1860 UNIVERSITY AV	THE SPICES OF THE GREEN BAY LLC	SPICES RESTAURANT & BAR	BASUDEV ADHIKARI	
1905 N IRWIN AV	EVERARDO CURIEL	MI PUEBLO		
1906 UNIVERSITY AV	ALEJANDRO GONZALEZ-RICO	LAS BRISAS		
1911 UNIVERSITY AV	FIESTA LATINA RESTAURANT BAR LLC	FIESTA LATINA RESTAURANT BAR	JULIO GOVEA	
201 S BROADWAY	WHITE DOG LLC	WHITE DOG	NICOLE WILTGEN	
2035 UNIVERSITY AV	LEGEND LARRY'S LLC	LEGEND LARRY'S	LARRY SCHAEFER	was MO-J Willis, Inc; chgd 12/23/24
2042 MANITOWOC RD	SANDBOX SPIRITS, LLC	THE SAND BOX	MAXWELL BARNOWSKY	NEW LICENSE
2056 MAIN ST	CLN LLC	MAIN STREET PUB & GRILL	COURTNEY NOVAK	was Allegedly
207 COUNTRY CLUB RD	ONEIDA GOLF AND COUNTRY CLUB, INC.	ONEIDA GOLF AND COUNTRY CLUB	KEVIN BETTS	
209 N WASHINGTON ST	NW SPIRITS, LLC	THE RABBIT HOLE	PAUL THOMPSON	
2105 UNIVERSITY AV	NEHVERT VENTURES, LLC	FRETS AND FRIENDS	TREVOR COMMONS	
2148 UNIVERSITY AV	CRA RESTAURANT LLC	FIRST AND GOAL SPORTS BAR AND GRILL	REBECCA MORALES	
217 N WASHINGTON ST	HEIGHTS PROPERTY MANAGEMENT LLC	HEIGHTS PUB & PARLOR	BRYAN BAUMLER	
218 N ADAMS ST	REPUBLIC CHOPHOUSE, INC	REPUBLIC CHOPHOUSE	PATRICK NEPH	
218 S WEBSTER AV	TACO BURRITO MEXICO OF GREEN BAY LLC	TACO BURRITO MEXICO OF GREEN BAY	EVERARDO ORTIZ	
219 N WASHINGTON ST	PLAYER 2, LLC	PLAYER 2 ARCADE BAR	MARISSA JOYCE	
223 N WASHINGTON ST	WASHINGTON STREET PUB LLC	NED KELLY'S	TREVOR COMMONS	
226 S BROADWAY	SERRANO ENTERPRISES LLC	THE ALIBI TAVERN	HUMBERTO SERRANO	

2335 W MASON ST	LOS BANDITOS WEST INC	LOS BANDITOS WEST	STEVEN SVOBODA	
234 S WASHINGTON ST	HARP & EAGLE LTD	ST BRENDAN'S INN	DANIEL ANTON JOPPE	
235 N BROADWAY	A&V CUSTOM CREATIONS LLC	BOARD & BRUSH CREATIVE STUDIO	VANESSA SCHOEN	
2363 W MASON ST	BRINKER RESTAURANT CORPORATION	CHILI'S GRILL & BAR	JOHN W. HEIN	
240 N BROADWAY	THE IRISH TEMPER, LLC	IRISH TEMPER	ANTHONY WILTGEN	
2420 E MASON ST	SBG APPLE NORTH, IV, LLC	APPLEBEE'S NEIGHBORHOOD GRILL & BAR	DAVID ALAN OESTREICH	
2511 W MASON ST	TNT HOLDINGS, LLC	TNTS SPORTS BAR & GRILL	TROY PIONTEK	
2522 W MASON ST	ONEIDA TRIBE OF INDIANS OF WI	WEST MASON CASINO	BRENDA MENDOLLA-BUCKLEY	
2600 LARSEN RD	GREEN BAY BOTANICAL GARDEN INC	GREEN BAY BOTANICAL GARDEN	LAURA NELSON	
2655 W MASON ST	GALLAGHERS ACQUISITION LLC	GALLAGHERS PIZZA	VANESSA MILLER	
2850 HUMBOLDT RD	JALISCO MEXICAN RESTAURANT EAST LLC	JALISCO MEXICAN RESTAURANT	MORIS HERNAN RIVERA PINEDA	
2925 VOYAGER DR	MACKINAWS, LLC	MACKINAW'S GRILL & SPIRITS	KEVIN QUINN	
2928 W MASON ST	DIANE SZCZEPANSKI	RENDEZVOUS		
301 S BROADWAY	CH BAR LLC	OLD SCHOOL	VICENTE HERNANDEZ	
304 N ADAMS ST	304 NORTH ADAMS GREEN BAY LLC	HOTEL NORTHLAND	SCOTT BIGGAR (7/30/2024)	
307 N BROADWAY	PAISLEY ENTERPRISES LLC	CHEFUSION RESTAURANT	HUNTER RUSS	
312 CHERRY ST	BMT LLC	C STREET	WILLIAM DURANCEAU	

313 DOUSMAN ST	COPPER STATE BREWERY, LLC	COPPER STATE BREWING CO	JONATHAN MARTENS	
313 N BROADWAY	SUSHI LOVER BUFFET LLC	SUSHI LOVER	SUO SUO YOU	
316 9TH ST	LORI COOPMAN	SLAMMER		
325 N WASHINGTON ST	HAGEMEISTER PARK, INC	HAGEMEISTER PARK	JESS MILLER	
333 MAIN ST	333 MAIN, LLC	HYATT REGENCY GREEN BAY	JESSICA SHELBY	
348 S WASHINGTON ST	FOX HARBOR, INC	FOX HARBOR	JESSE WOTRUBA	
3551 FINGER RD	PEARLY GATES VENTURE LLC	PEARLY GATES BAR & GRILL	JEFFREY FONFEREK	
3562 FINGER RD	HAMLET CREEK LLC	HAMLET CREEK	PATIENCE EASTMAN	
3605 HUMBOLDT RD	HIGHLAND HOWIE'S, INC	HIGHLAND HOWIE'S PUB & GRILL	HOWARD JOHNSTON	
405 W WALNUT ST	THE TARLTON THEATRE	THE TARLTON THEATRE	MARK R MARIUCCI	
418 S MILITARY AV	JALISCO MEXICAN RESTAURANT LLC	JALISCO MEXICAN RESTAURANT	MORIS RIVERA PINEDA	
431 N BROADWAY	MARTIN LEONHARD & TREENA LEONHARD-PARTNERSHIP	LENNY'S TAP		
500 N BAIRD ST	CUQUIO TOWN BAR, LLC	CUQUIO TOWN BAR	SERGIO PLASCENCIA	
530 ERIE RD	THE WOODS OPERATIONS, LLC	THE WOODS GOLF CLUB	BRITTANY HAUPT	
601 BELLEVUE ST	PARTY LINE, LLC	PARTY LINE	SCOTT DOUGLAS	
606 LIME KILN RD	THE BAR OF GREEN BAY INC	THE BAR	DANIEL TIMMERS	
613 BODART ST	MAY-MARIE, INC	JILL'S	JILL JACOB	
616 LIME KILN RD	RENARD AND TISLER ENTERPRISES, INC	STOP 4-1	BLAKE RENARD	
617 LIME KILN RD	FUNKE'S B.C.'S LLC	FUNKE'S BC'S	CAROL M KRUSE	
618 GRAY ST	CATERING WITH TASTE INC	CATERING WITH TASTE	ROBERT PHILLIPS	
619 LIME KILN RD	CAROL ANN STEIN	STINGER'S PUB		
631 BELLEVUE ST	TITLETOWN COIN LLC	WHISKEY ROSE SALOON	RICK HEYRMAN	
709 BELLEVUE ST	PIZZA PARLOR, INC	CRANKY PATS PIZZA	SARAH VELKDAMP	
715 S BROADWAY	J & M GROUP, LLC	RUM RUNNERS	JEFFREY T HUNTER	
718 BODART ST	VICA ENTERPRISES INC	LA CUEVA(THE CAVE)	VINCENTE HERNANDEZ	
741 ABRAMS ST	EL PASTORCITO MEXICAN RESTAURANT LLC	EL PASTORCITO MEXICAN RESTAURANT	JULIO SALVADOR GOVEA	
813 S BROADWAY	HAPPY HOUR AWT	HAPPY HOUR	DONALD MJELDE	
821 S BROADWAY	SUSAN ROBINSON	BOURBON STREET		
840 S BROADWAY	BEACHME, LLC	RICHARD CRANIUM'S	DONALD MJELDE	
846 LIME KILN RD	BARLEYS PUB AND GRILL, LLC	BARLEY'S PUB & GRILL	DAKOTA WAUTERS	
850 KEPLER DR, SUITE C	PABLO'S MEXICAN GRILL HOUSE LLC	PABLO'S MEXICAN GRILL & CANTINA	PABLO G TORRES	
865 LOMBARDI AV	BAYS TUNDRA HOSPITALITY CORP	TUNDRA LODGE RESORT & WATERPARK	JASON HAGER	
900 KEPLER DR	ANDUZZI'S EAST GREEN BAY, LLC	ANDUZZI'S SPORTS CLUB	ANTHONY SZYMANSKI	
906 E WALNUT ST	URBAN CULTURAL ARTS	URBAN CULTURAL ARTS	LATOSHA GREENLEAF	
923 W MASON ST	EL DORADO LLC	EL DORADO RESTAURANTE	JUAN PEREZ	
925 MAIN ST	SIMONET'S BAR INC	SIMONET'S BAR	MARK SIMONET	
935 LOMBARDI AV	KWIK TRIP, INC	KWIK TRIP 827	PHILLIP L. HELDT	

Class B Combo + Cigarette				
1100 S BROADWAY	RANDAL G TREML	BREWSKI'S ON BROADWAY		
159 N BROADWAY	PROHIBITION CIGAR LLC	PROHIBITION SPIRITS & CIGAR LOUNGE	GLEN SHERMAN	

6-month Class "B" Beer				
1430 E WALNUT	GREEN BAY BLUE RIBBONS BASEBALL	GREEN BAY BLUE RIBBONS BASEBALL	JENNIFER LEO	

Class A Combo with Change of Agent				
2295 MANITOWOC RD	NCG INC	PETRO CENTER	JODI BERGLUND	COA TO KRISTIN GUSKE
2440 W MASON ST	WAL-MART STORES EAST, LP	WAL-MART SUPERCENTER #1453	ROSS ROSENOW	COA TO SHANE FALISH
1819 MAIN ST	ULTIMATE MART, LLC	PICK 'N' SAVE #8186	LORI DEMENY	COA to SHANNON GEYER

Class B Combo with Change of Agent				
2266 MAIN ST	TREL, LLC	EAST TOWN PUB	BERNADETTE KWASNY	COA TO ANGELA JAUQUET
400 S ADAMS ST	AUTOMOBILE GALLERY, INC	THE AUTOMOBILE GALLERY	MEGAN LEHMANN	COA TO JENNA HOMMERDING
419 S WASHINGTON ST	THE AUTOMOBILE GALLERY, INC.	THE AUTOMOBILE GALLERY	NICHOLE GARCIA	COA TO JENNA HOMMERDING

Class "B" Beer Only Change of Agent				
1000 KEPLER DR	MARCUS CINEMAS OF WI, LLC	MARCUS CINEMAS GREEN BAY EAST	MARK A PETERSON SR. (8/22/2023)	COA TO LAMARVON JACKSON
1350 S MILITARY AV	LABOREL, INC	GOLDEN BASKET	CONSTANTINOS BOURANTANIS	COA to GAVIN BAIN

Class "B" Beer & "Class C" Wine Change of Agent				
1247 VELD AV	ALDO'S PIZZA OF GREEN BAY, LLC	ALDO'S PIZZA	JEAN CLEARY	COA to Ami Cleary



Report to the
Protection and Policy Committee
of the City of Green Bay

MEETING DATE

May 12, 2025

PREPARED BY

AGENDA ITEM # E.13

Consideration with possible action on General Ordinance No. 11-25 relating to License Restrictions.

BACKGROUND

RECOMMENDATION

FISCAL IMPACT

ATTACHMENTS

- I. DRAFT G.O. 11-25 Relating to License Restrictions

GENERAL ORDINANCE NO. 11-25

**AN ORDINANCE
AMENDING SECTION 4-10(c),
GREEN BAY MUNICIPAL CODE,
RELATING TO LICENSE RESTRICTIONS**

THE COMMON COUNCIL OF THE CITY OF GREEN BAY DOES ORDAIN AS FOLLOWS:

SECTION 1. Section 4-10(c), Green Bay Municipal Code, is hereby amended to read:

Sec. 4-10(c). License restrictions.

- (c) *Restrictions on location.* The City of Green Bay shall follow Chapter 125 in accordance with issuing a "Class A" or "Class B" less than 300 feet from the main entrance of a public or parochial school, tribal school, as defined in Wis. Stats. § ~~115.002(15m)~~ **115.001(15m)**, hospital, or church.

SECTION 2. All ordinances or parts of ordinances in conflict herewith are hereby repealed.

SECTION 3. Effective date. This ordinance shall take effect on and after its passage and publication.

Dated at Green Bay, Wisconsin, this ____ day of _____, 2025.

APPROVED:

Eric Genrich, Mayor

law
[Date]



Report to the
Protection and Policy Committee
of the City of Green Bay

MEETING DATE

May 12, 2025

PREPARED BY

AGENDA ITEM # F.I

Green Bay Police Department Violation Report for liquor and massage establishments.

BACKGROUND

RECOMMENDATION

FISCAL IMPACT

ATTACHMENTS

1. 24-25LiqVio 05.08.25
2. 24-25MassVio 05.08.25
3. Comm Police P&P 05.08.25