

**LICENSE REVIEW COMMITTEE
SPECIAL MEETING
THURSDAY – MAY 20, 2021
MONONA PUBLIC LIBRARY MUNICIPAL ROOM
4:00 P.M.**

1. Call To Order
2. Roll Call
3. Approval of Minutes of May 11, 2021
4. Appearances
5. Unfinished Business
6. New Business
 - A. Consideration Of 2021/2023 Operator License Application For Jaime L. Koenig, 200 North Rutland Avenue, Brooklyn, Wisconsin 53521
 - B. Consideration Of Applications For 2020/2021 “Class B” Liquor and Class “B” Fermented Malt Beverage Licenses For Salvatore’s Tomato Pies 2, LLC, d/b/a Salvatore’s Tomato Pies, 5507 and 5511 Monona Drive, Monona, Wisconsin, 53716
 - C. Consideration Of Renewal Applications For 2021/2022 “Class B” Liquor and Class “B” Fermented Malt Beverage Licenses For Salvatore’s Tomato Pies 2, LLC, d/b/a Salvatore’s Tomato Pies, 5507 and 5511 Monona Drive, Monona, Wisconsin, 53716
 - D. Consideration Of Application For 2021/2022 Patio Permit For Salvatore’s Tomato Pies 2, LLC, d/b/a Salvatore’s Tomato Pies, 5507 and 5511 Monona Drive, Monona, Wisconsin, 53716
 - E. Consideration Of Application For 2020/2021 Massage Establishment License For Yang Wang, Sunny Massage, 105 River Place, Monona, Wisconsin, 53716
 - F. Consideration Of Application For 2021/2022 Class "A" Fermented Malt Beverage License For La Rosita Mexican Store LLC, d/b/a La Rosita Mexican Store, 6001 and 6005 Monona Drive
 - G. Adjournment.

NOTE: Upon reasonable notice, the City of Monona will accommodate the needs of disabled individuals through auxiliary aids or services. For additional information or to request this service, contact Joan Andrusz at (608) 222-2525 (not a TDD telephone number), FAX: (608) 222-9225, or through the City Police Department TDD telephone number 441-0399.

The public is notified that any final action taken at a previous meeting may be reconsidered pursuant to the City of Monona ordinances. A suspension of the rules may allow for final action to be taken on an item of New Business.

It is possible that members of and a possible quorum of members of other governmental bodies of the municipality may be in attendance at the above stated meeting to gather information or speak about a subject, over which they have decision-making responsibility. Any governmental body at the above stated meeting will take no action other than the governmental body specifically referred to above in this notice. JA

LICENSE REVIEW COMMITTEE MINUTES
May 11, 2021

The regular meeting of the License Review Committee for the City of Monona was called to order by Chairman Wood at 4:00 p.m.

Present: Chairman Doug Wood, Wayne Kimmell, Jill Mueller, Joe Forward, and John Klinzing

Also Present: Community Resource Officer Nathan Reynolds, Andrew Nyenhuis and Buck & Honey's Bar Manager Josue Miranda, Xiao Liu and World Buffet Manager Qiu Fang Chan, Kayla Ball, Yang Wang, Tim Trpkosh and Ryan Ley from Breakwater, and City Clerk Joan Andrusz

ROLL CALL

APPROVAL OF MINUTES

A motion by Ms. Mueller, seconded by Mr. Forward to approve the minutes of the April 13, 2021 License Review Committee meeting, was carried.

APPEARANCES and UNFINISHED BUSINESS

There were no Appearances or Unfinished Business.

NEW BUSINESS

Chairman Wood explained the Committee review process to those present.

Community Resource Officer Reynolds, Mr. Nyenhuis and Mr. Miranda provided information and answered member's questions regarding Mr. Nyenhuis's Operator License application. After discussion:

A motion by Mr. Klinzing, seconded by Mr. Kimmell to approve the 2020/2022 Operator License Application For Andrew R. Nyenhuis, 5171 Kittycrest Drive, Fitchburg, Wisconsin 53711, was carried.

Community Resource Officer Reynolds, Mr. Liu, and Ms. Chan provided information and answered member's questions regarding Mr. Liu's Operator License application. City Clerk Andrusz noted Mr. Liu has been removed as the Agent on the World Buffet liquor license application. After discussion:

A motion by Mr. Forward, seconded by Ms. Mueller to approve the 2021/2023 Operator License Application For Xiao Liu, 3400 Brugger Place, McFarland, Wisconsin 53558, was carried.

Community Resource Officer Reynolds and Ms. Ball provided information and answered member's questions regarding Ms. Ball's Operator License application. City Clerk Andrusz informed Ms. Ball that new management at The East Side Club is not aware of her employment there. After discussion:

A motion by Mr. Forward, seconded by Mr. Klinzing to approve the 2020/2022 Operator License Application For Kayla A. J. Ball, 1519 Hommen Road, Deerfield, Wisconsin 53531, was carried.

Community Resource Officer Reynolds provided information and answered member's questions regarding Ms. Wang's Massage Establishment License application. He received a tip on April 14 that the

establishment was operating. When he arrived, two neon signs were lit; a large "Massage" sign and an "Open" sign. A woman came out from the back and offered, in one word, "Massage?" No one licensed was there. He had them close that night and he met with them the next day. Ms. Wang told him she is working on getting state certification in Wisconsin and that the woman that was there the day before was there to take appointments in case someone wanted a massage. On April 16 Ms. Wang was given a Massage Establishment application form and paid both citations, so there is no court date. He followed up with the landlord, who is across the street, and the landlord was aware of his tenant but not that she wasn't licensed. The business remains closed.

Ms. Wang acknowledged she has no Wisconsin license but showed an Iowa Massage license and passed around a letter from Iowa titled, "Massage and Bodywork Licensing Examination Unofficial Result" and a certificate from the American College Massage School. Ms. Wang stated she has been open since early April. Mr. Forward and Mr. Klinzing stated the Committee can't approve this license until she has a license from the state. City Clerk Andrusz stated Ms. Wang and any staff who provide bodywork services have to have Wisconsin certification. Mr. Klinzing pointed out that an application question regarding past crime conviction was not filled in and asked about the set-up of the business. Ms. Wang stated the woman that was in the business was not her employee, she is just a friend helping her. Ms. Mueller questioned the hours of operation. Ms. Wang responded 9:00 a.m. to 3:00 p.m. most of the time. Mr. Forward stated she has a license in Iowa so it shouldn't be too hard to get one in Wisconsin.

Chair Wood directed City Clerk Andrusz that when Ms. Wang provides her certifications for herself and her workers she will have to come back to the License Review Committee before a license can be issued. The fee paid should be applied to the new application. Community Resource Officer Reynolds stated he will follow up with Ms. Wang and verify with the state that the license she presents is real.

A motion by Mr. Kimmell, seconded by Mr. Klinzing to table 2020/2021 Massage Establishment License Application for Yang Wang, Sunny Massage, 105 Rover Place, Monona, Wisconsin, 53716 until the application is complete, was carried.

A motion by Mr. Kimmell, seconded by Ms. Mueller to approve the following, was carried:

Renewal Applications for 2021/2022 Class "A" Fermented Malt Beverage and "Class A" Liquor (Cider Only) Licenses:

1. Kwik Trip, Inc., P. O. Box 2107, La Crosse, Wisconsin, 54602, d/b/a Kwik Trip 966, 105 East Broadway
2. Speedway LLC, 500 Speedway Drive, Enon, OH, 45323, d/b/a Speedway #4088, 5450 Monona Drive
3. Speedway LLC, 500 Speedway Drive, Enon, OH, 45323, d/b/a Speedway #4533, 2500 Royal Avenue

A motion by Mr. Klinzing, seconded by Mr. Forward to approve the Renewal Application for 2021/2022 "Class A" Liquor License for Fraboni's Italian Specialties, Inc., d/b/a Fraboni's, 108 Owen Road, was carried.

A motion by Mr. Kimmell, seconded by Mr. Forward to approve the following, was carried:

Renewal Applications for 2021/2022 Class "A" Fermented Malt Beverage and "Class A" Liquor Licenses:

1. Fellersen, Inc., 5725 Monona Drive, Monona, Wisconsin, 53716, d/b/a Ken's Meats & Deli, 5725 Monona Drive
2. Maroon Way Holdings Inc, 4967 Highwood Circle, Middleton, Wisconsin, 53562, d/b/a Monona Mart, 1220 East Broadway

3. W.D.S. Inc., 6325 Monona Drive, Monona, Wisconsin, 53716, d/b/a O'Connell's Liquor, 6325 Monona Drive
4. Roundy's Supermarkets, Inc., P. O. Box 305103, Nashville, Tennessee, 37230-5103, d/b/a Ultimate Mart LLC/Pick 'n Save #8181, 6540 Monona Drive
5. Walgreen Co, P. O. Box 901, Deerfield, Illinois, 60015-0901, d/b/a Walgreens #04830, 5300 Monona Drive
6. Wal-Mart Stores East, LP, 702 Southwest 8th Street, Licensing Department 8916, Bentonville, Arkansas, 72716-0500, d/b/a Wal-Mart Supercenter #3857, 2151 Royal Avenue

A motion by Mr. Klinzing, seconded by Ms. Mueller to approve the following, was carried:

Renewal Applications for 2021/2022 Class "B" Fermented Malt Beverage and "Class B" Liquor Licenses:

1. Breakwater Monona, LLC, 7497 Indigo Circle, Middleton, Wisconsin, 53562, d/b/a Breakwater, 6308 Inland Way
2. Birkys LLC, d/b/a Buck and Honey's, 800 West Broadway, Suite 300
3. Blazin Wings, Inc., 5500 Wayzata Boulevard, Suite 1400, Minneapolis, Minnesota, 55416, d/b/a Buffalo Wild Wings, 6544 Monona Drive
4. The East Side Club, Inc., d/b/a The East Side Club, 3735 Monona Drive
5. Mr. Luo LLC Owned by Jun Luo, d/b/a Edo Garden Japanese Restaurant, 6309 Monona Drive
6. Fat Jacks Monona Inc, d/b/a Fat Jack's Barbecue, 6207 Monona Drive
7. Monona Garden Family Restaurant Inc., d/b/a Monona Garden Family Restaurant, 6501 Bridge Road
8. Mr Brews Tap House Monona LLC, d/b/a Mr Brews Tap House Monona, 103 West Broadway, Suite B
9. Red Robin International, Inc., 6312 South Fiddlers Green Circle #200N, Greenwood Village, Colorado, 80111, d/b/a Red Robin Gourmet Burgers, 6522 Monona Drive
10. Valdimark Inc, d/b/a Silver Eagle Bar & Grill, 5805 Monona Drive
11. Snick's Sportsman's Bar, LLC, d/b/a Snick's Sportsman's Bar, 4605 Monona Drive
12. Tasting Room of Monona Inc., d/b/a The Tasting Room, 800 West Broadway, Suite 100
13. Wiltzans LLC, d/b/a Tower Inn, 1008 East Broadway
14. Leskes Inc, d/b/a Tully's II Food & Spirits, 6401 Monona Drive
15. FHMonona LLC, 1402 Neponset Trail, Monona, Wisconsin, 53716, d/b/a Waypoint Public House, 320 West Broadway, Suite E

A motion by Ms. Mueller, seconded by Mr. Forward to approve the following, was carried:

Renewal Applications for 2021/2022 Class "B" Fermented Malt Beverage and "Class C" Wine Licenses:

1. Shrestha Family LLC Owned by Madan Shrestha, 2921 Richardson Street, Fitchburg, Wisconsin, 53711, d/b/a Swad Indian Restaurant, 6007A Monona Drive
2. WB South, LLC, d/b/a World Buffet, 2451 West Broadway

A motion by Mr. Kimmell, seconded by Mr. Klinzing to approve the following, was carried:

Renewal Applications for 2021/2022 Patio Permits:

1. Breakwater Monona, LLC d/b/a Breakwater, Inland Way
2. Birkys LLC, d/b/a Buck and Honey's, 800 West Broadway, Suite 300 (Upper)
3. Birkys LLC, d/b/a Buck and Honey's, 800 West Broadway, Suite 300 (Lower)
4. Mr Brews Tap House Monona LLC, W12674 State Road 188, Lodi, Wisconsin, 53555-9795, d/b/a Mr Brews Tap House Monona, 103 West Broadway, Suite B
5. Valdimark, Inc., d/b/a Silver Eagle Bar & Grill, 5805 Monona Drive
6. Tasting Room of Monona Inc., d/b/a The Tasting Room, 800 West Broadway, Suite 100
7. FHMonona, LLC, 960 John Nolen Drive, Apartment 308, Madison, Wisconsin, 53713-1411, d/b/a Waypoint Public House, 320 West Broadway, Suite E

Community Resource Officer Reynolds reported there have been no issues at any patios, except only one complaint about amplification, and the business complied with reduced volume.

Mr. Trpkosh and Mr. Ley provided information about their request to continue the variance to allow table service in the Beer Garden. Mr. Trpkosh questioned why Buck & Honey's is getting two patios and he has to have a Beer Garden. City Clerk Andrusz stated she didn't know the discussion was going to be about this so didn't provide documents in the meeting packet, but reminded Mr. Trpkosh that the applications he has gotten every year have the Ordinances on them and he could compare the differences. Mr. Kimmell responded there is no direct access to the inside of the establishment; what differentiates a Beer Garden from a patio is that alcohol service can be provided up there in their Beer Garden. Mr. Trpkosh stated he doesn't mind having two types of permits but wanted to understand it. It's safer for people to be outside and it's working well; that is why he'd like the variance to continue.

A motion by Mr. Kimmell, seconded by Mr. Klinzing to approve the Renewal Application for the 2021/2022 Beer Garden for Breakwater Monona, LLC d/b/a Breakwater, 6308 Inland Way with the variance for table service effective until June 30, 2022.

Chair Wood reported the "Land Use Decisions and the Rule of Law" Article provided in the meeting packet is from the League of Wisconsin Municipalities May issue of its "Municipality" magazine. It pertains to any government entity issuing permits. Mr. Kimmell stated the article agreed with his stance that it is not the Committee's purview to hold a license for economic development. Qualifying licenses should be approved and then let the City Council decide if they're issued.

City Clerk Andrusz reported she has a work conflict with the next meeting date. She checked Municipal Room availability for the Re-Schedule of June 8 Meeting. Members consulted their calendars and all agree that the meeting, if needed, will be June 9 at 4:00 p.m. in the Municipal Room. The next meeting is the special meeting on May 20 at 4:00 p.m. in the Municipal Room.

ADJOURNMENT

A motion by Mr. Kimmell, seconded by Ms. Mueller to adjourn, was carried. (5:09 p.m.)

Joan Andrusz
City Clerk

After adjournment, Mr. Klinzing announced he will be resigning from the Committee as he is moving out of the City on June 30. Chair Wood and members expressed congratulations and that he will be missed.



5211 SCHLUTER ROAD ■ MONONA, WI 53716-2598
CITY HALL (608) 222-2525
FAX (608) 222-9225
<http://www.mymonona.com>

May 12, 2021

Jaime L. Koenig
200 North Rutland Avenue
Brooklyn, Wisconsin 53521

Dear Ms. Koenig:

This letter is to inform you that after review by the Monona Police Department, your application for an Operator's license for 2021/2023 is recommended for review because of a prior Operating While Intoxicated conviction within the last 5 years.

The License Review Committee will consider your application at its special meeting, scheduled for Thursday, May 20, 2021 at 4:00 p.m. in the Library Municipal Room, 1000 Nichols Road, Monona, Wisconsin. You are requested to attend and provide information concerning the matters disclosed on your application. Social distancing will be observed and a facial covering is required.

You may wish to have your employer attend the meeting with you. Employer input gives the License Review Committee important information to assist in their review process.

Due to the short timeframe, I contacted you by telephone today. You indicated you will be able to attend the May 20, 2021 License Review Committee meeting. If this has changed, please contact me at (608) 222-2525 by May 18, 2021.

Sincerely,

Joan Andrusz
City Clerk

Cc: License Review Committee
Police Officer Nate Reynolds
Tully's II

M021-03774

CITY OF MONONA - OPERATOR LICENSE APPLICATION

Pursuant to Wisconsin Statutes Section 125.17, subject to limitations imposed by as 125.17 and 125.68(2)

FEES ARE NON-REFUNDABLE

- Operator - One Year - \$40.00
 - Operator - Two Years - \$65.00
 - Operator - One Year - \$40.00
 - Operator - Provisional - \$15.00
 - Operator - 2nd Copy - \$5.00
 - Operator - Temporary - \$10.00
- New License Renewal License This license expires on June 30, 20 23

| | | | | |
|--|----------|-------------------|------|---|
| Full Legal Name of Applicant required below: | | Sex (Circle One): | Male | <input checked="" type="radio"/> Female |
| First: | Jayne | M.I.: | L | Last: Koening |
| Street Address: 200 N. Rutland Ave | | | | |
| City: | Brooklyn | State: | WI | Zip Code: 53521 |
| Date of Birth: | | Telephone Number: | | |
| Drivers License Number and State: | | | | |

Doesn't check W/M

How long have you continuously resided in Wisconsin? 44 years

Place of employment as an Operator: Tully's II Telephone: 608-222-4995

When did you complete the Alcohol Awareness Program? Date Completed: 5/2019
 (New Applicants: Class completion certificate or WI license copy, dated within 2 years, required with application)

- Have you ever been convicted of a misdemeanor or felony in the past 5 years? (Circle One) Yes / No
- If yes, please explain: _____
- Are there any pending criminal charges against you? (Circle One) Yes / No
- If yes, please explain: _____
- Are there any pending drug/alcohol related offenses against you? (Circle One) Yes / No
- If yes, please explain: _____
- Have you been convicted of drug/alcohol related offenses in the last 5 years? (Circle One) Yes / No
- If yes, please explain: OWI - Jan 2017
BAC .10

ANY FALSE OR MISSING INFORMATION ON THIS APPLICATION WILL RESULT IN DENIAL OF YOUR OPERATOR LICENSE. I, the undersigned, affirm that I made complete and true answers to each question, and understand my past record will become a part of this application. I understand that I am subject to a driver license check, a local police records check, and a criminal history background check by the City of Monona Police Department.

With my signature I affirm the statement above and that I have read the instructions provided on the reverse and understand the disclosure requirements:

Signature of Applicant: Jayne Koening

Police Department Review: Recommend Approval Recommend Denial Request Review

Reason for denial/review recommendation: OWI Conviction (1st) 02-07-17

Signature of Police Chief/Officer: M/O Date: _____

Signature of City Clerk: _____ Date: _____

LRC Approval (if required) Date: _____ City Council Approval (if Required) Date: _____

License No. Issued: Provisional # 13 Date Issued: 5/4/21 Operator # _____ Date Issued: _____

4/30/2021

Garrett Gracner
Salvatore's Tomato Pies
5511 Monona Dr
Monona, WI 53716

Monona License Review Committee
City of Monona
5211 Schluter Rd
Monona, WI 53716

608-305-8611
(cell) 608-698-6658
garrett@salstomatopies.com

Enclosure: Class B Liquor License Application

To those it may concern,

As you may know, we are currently developing our restaurant at a parcel on Monona Dr. Originally planned to be fully developed last year, we are very fortunate to be able to continue moving forward (albeit more slowly) through the pandemic. We are now looking to open fully later this year with a finished ~2500 sqft dining area.

We plan on operating in the same demographic as our other Salvatore's locations. Serving as an upscale casual dining for family friendly and greater Monona neighborhood with <99-person indoor capacity. Currently we have received our patio permit, and would like to begin more traditional service, and Class B liquor license.

We have ample parking and overflow during operating hours, as our commercial neighbors our closing as we approach busier hours. Due to our family focus we don't have hours extending past approximately 10pm. We're also benefiting from replacing a very similar business, The Pizza Oven, at our location. Which should provide a similar competitive experience/support with other restaurants in the area.

We will be staffed with State certified server/operators, as well as hosting supervision of patio and entry. We currently have ample LED lighting for patio service, and have track lighting inside and are continuing remodeling to keep/improve safety and flow of our eventual dining (none currently).

We have maintained a great working relationship with both Monona PD as well as Monona Fire throughout the last year. And look forward to continued partnership.

We appreciate your time and consideration. Please do not hesitate to reach me if you require any addition information or inspection.

Sincerely,

Garrett Gracner

General Manager/Agent
Salvatore's Tomato Pies

M021-03637

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 6/08/2021 ending: 06/30/2022
(mm dd/yyyy) (mm dd/yyyy)

| Applicant's Wisconsin Seller's Permit Number | |
|--|-----------------|
| 456-1030281315-04 | |
| FEIN Number | |
| 85-0934702 | |
| TYPE OF LICENSE REQUESTED | FEE |
| <input type="checkbox"/> Class A beer | \$ |
| <input checked="" type="checkbox"/> Class B beer | \$ 630 |
| <input type="checkbox"/> Class C wine | \$ |
| <input type="checkbox"/> Class A liquor | \$ |
| <input type="checkbox"/> Class A liquor (cider only) | \$ N/A |
| <input checked="" type="checkbox"/> Class B liquor | \$ 31.51 |
| <input type="checkbox"/> Reserve Class B liquor | \$ |
| <input type="checkbox"/> Class B (wine only) winery | \$ |
| Publication fee | \$ 15.00 |
| TOTAL FEE | \$ 52.81 |

To the Governing Body of the: Town of } Monona, WI
 Village of }
 City of }

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

Check one: Individual Limited Liability Company
 Partnership Corporation/Nonprofit Organization

$+600 \div 23 \text{ days} = 37.81$

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)
SALVATORE'S TOMATO PIES 2, LLC

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

| | | | |
|-----------------------------------|----------------|---------------|--|
| President / Member Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| <u>DePULA</u> | <u>PATRICK</u> | <u>M</u> | <u>6101 RIDGEWOOD AVE 53716</u> |
| Vice President / Member Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| <u>DePULA</u> | <u>NICHOLE</u> | <u>L</u> | <u>6101 RIDGEWOOD AVE 53716</u> |
| Secretary / Member Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| | | | |
| Treasurer / Member Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| | | | |
| Agent Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| <u>GRANER</u> | <u>GARRETT</u> | <u>J</u> | <u>1308 BASKERVILLE AVE 53716</u> |
| Directors / Managers Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| | | | |

1. Trade Name SALVATORE'S TOMATO PIES Business Phone Number 608-305-8611
2. Address of Premises 5511 MONONA DRIVE Post Office & Zip Code 53716

3. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)
THE BUILDING/LOCATION INCLUDES BOTH 5507 & 5511 MONONA DR PARCELS BOTH CONNECTED & UNINCUMBERED FOR USE AS ONE LOCATION. USES WILL INCLUDE KITCHEN, SERVICE COUNTERS & BAR, AS WELL AS PATIO. (NO OTHER LIVING QUARTERS) AND STORAGE WILL BE BEHIND BAR OR IN NOW-PUBLIC STORAGE WITHIN BUILDING.

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

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

(b) If yes, under what name was license issued? PREVIOUS TENANT = PIZZA OVEN (2020)

6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? **If yes, explain** Yes No
ALL SERVER/OPERATORS ARE REQUIRED TO COMPLETE W/ ALCOHOL
SERVERING COURSE. WE ALSO REIMBURSE COURSE COSTS AS INCENTIVE TO
COMPLETE.
7. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? Yes No
If yes, explain.
ONLY NAMED PRESIDENT (4 VICE)
8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? **If yes, explain** Yes No
9. (a) **Corporate/limited liability company applicants only:** Insert state WISCONSIN and date 2020 of registration.
- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? **If yes, explain** Yes No
- (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? **If yes, explain.** Yes No
PRESIDENT OPERATES OTHER SALVATORE'S TOMATO PIZZ IN MADISON
AND SUN PRAIRIE
10. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277] Yes No
11. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] Yes No
12. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

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

PD APPROVED *[Signature]* #6407 05-05-21

| | | |
|---|---|--|
| Contact Person's Name (Last, First, M.I.) <u>GIRACNER, GARRETT J</u> | Title/Member <u>GENERAL MANAGER</u> | Date <u>04/20/21</u> |
| Signature <i>[Signature]</i> | Phone Number <u>(608) 698 6658 (C)</u> | Email Address <u>GARRETT@SALSTOMATOPIZZ.COM</u> |

TO BE COMPLETED BY CLERK

| | | | |
|---|--|---|---|
| Date received and filed with municipal clerk <u>5-3-21</u> | Date reported to council / board <u>LRC 5-20-21</u> | Date provisional license issued <u>---</u> | Signature of Clerk / Deputy Clerk <i>[Signature]</i> |
| Date license granted <u>CC 6-7-21</u> | Date license issued <u>6-8-21</u> | License number issued | |

Instructions for Renewal Alcohol Beverage License Application

THIS RENEWAL FORM CANNOT BE USED IF:

1. There is a change in business entity (i.e., individual has changed to partnership or corporation/limited liability company; partnership changed to individual or corporation/limited liability company; corporation changed to individual, partnership or limited liability company) and if limited liability company has been dissolved.
2. Partners are added or dropped.
3. Application is made in a different municipality.

PARTNERSHIPS:

Indicate full name and home address of each partner. One partner must sign application. **Reminder:** If partners have been added or dropped since your last application, you must use Form AT-106 (Original Beverage License Application).

CORPORATIONS:

One officer must sign application. Be sure to answer Question No. 7 by indicating any change of officers, directors, and/or changes in home address. If there are any changes in officers and/or directors each must complete Form AT-103 (Auxiliary Questionnaire). If there has been a change in agent since your last approved agent, he/she must complete Forms AT-104 (Schedule for Appointment of Agent) AND AT-103 (Auxiliary Questionnaire) in addition to this (AT-115) form.

LIMITED LIABILITY COMPANY:

One member/manager must sign application. Follow procedure under Corporations for any change of members or agent.

NOTE: Use ink or typewriter when filling in applications. Be sure to answer all questions fully and accurately. Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

DISCRIMINATION CLAUSE – (City of Milwaukee only)

The applicant shall not willfully refuse to provide those services offered under this license or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry, the applicant shall not seek information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion solely on the basis of such information. The applicant also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

Complete, sign and return this form to the clerk.

If answer to Questions No. 6a and/or 6b on page 2 are "YES," outline details below:

CONVICTIONS

| | |
|--|---|
| 1. NAME <u>Patrick DePula</u> | STATUTE NO./LOCAL ORDINANCE <u>942.01(1)</u> |
| CHARGE <u>Defamation</u> | WHERE CONVICTED <u>Dane County</u> |
| DATE <u>1/21/2005</u> PENALTY <u>Fine/Comm Service</u> | <input checked="" type="checkbox"/> MISDEMEANOR <input type="checkbox"/> FELONY |
| 2. NAME _____ | STATUTE NO./LOCAL ORDINANCE _____ |
| CHARGE _____ | WHERE CONVICTED _____ |
| DATE _____ PENALTY _____ | <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> FELONY |
| 3. NAME _____ | STATUTE NO./LOCAL ORDINANCE _____ |
| CHARGE _____ | WHERE CONVICTED _____ |
| DATE _____ PENALTY _____ | <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> FELONY |

PENDING CHARGE

| | |
|----------------------|-----------------------------------|
| 1. NAME _____ | STATUTE NO./LOCAL ORDINANCE _____ |
| PENDING CHARGE _____ | DATE _____ |

M021-03770

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2021 ending: 06 30 2022
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: Town of } Monona
 Village of }
 City of }

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

Check one: Individual Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
|------------------|---------|---------------|--|
| | | | DOB: _____ |
| | | | DOB: _____ |
| | | | DOB: _____ |

B. LLC or Corporation (and Agent):

| | |
|---|--|
| Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>SALVATORE'S TOMATO PIES 2 LLC</u> | Address of Corporation / Limited Liability Company (if different from licensed premises) <u>5511 MONONA DR, MONONA WI 53716</u> |
|---|--|

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

| | | | |
|-----------------------------------|---------------------------|---------------------------|--|
| Agent Last Name <u>GRANGER</u> | (First) <u>GRANGER</u> | (Middle Name) <u>J</u> | Home Address (Street, City or Post Office, & Zip Code) <u>1308 BASKERVILLE AVE MONONA, WI 53716</u> |
| | | | DOB: _____ |

All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

| | | | |
|--|---------------------------|---------------------------|---|
| President / Member Last Name <u>DEPULA</u> | (First) <u>PATRICK</u> | (Middle Name) <u>M</u> | Home Address (Street, City or Post Office, & Zip Code) <u>6101 RIDGEWOOD AVE MONONA WI 53716</u> |
| | | | DOB: _____ |
| Vice President / Member Last Name <u>DEPULA</u> | (First) <u>NICHOLS</u> | (Middle Name) <u>L</u> | Home Address (Street, City or Post Office, & Zip Code) <u>6101 RIDGEWOOD AVE MONONA WI 53716</u> |
| | | | DOB: _____ |
| Secretary / Member Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| | | | DOB: _____ |
| Treasurer / Member Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| | | | DOB: _____ |
| Directors / Managers Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| | | | DOB: _____ |
| Directors / Managers Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| | | | DOB: _____ |

C. Business Information

1. Trade Name SALVATORE'S TOMATO PIES Business Phone Number (608) 305-8611
 2. Address of Premises 5511 MONONA DR, MONONA Post Office & Zip Code 53716

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

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)
THE BUILDING HAS 4
ENTRY/EXITS. FRONT 2 DOORS, SIDE DOORING DOOR, AND KITCHEN EXIT. APPROX
5000 SQ FT TOTAL AREA, HALF IN FOOD/PRODUCTION, THE REST DRY STORAGE. ALCOHOL WILL
BE SERVED IN DINING, PATIO BAR, STORAGE BAR, & COOLER, OTHERWISE IN NON-PUBLIC DRY
STORAGE.

| Applicant's Wisconsin Seller's Permit Number <u>4561030281315-01</u> | |
|---|-----------|
| FEIN Number <u>85-0934702</u> | |
| TYPE OF LICENSE REQUESTED | FEE |
| <input type="checkbox"/> Class A beer | \$ |
| <input checked="" type="checkbox"/> Class B beer | \$ |
| <input type="checkbox"/> Class C wine | \$ |
| <input type="checkbox"/> Class A liquor | \$ |
| <input type="checkbox"/> Class A liquor (elder only) | \$ N/A |
| <input checked="" type="checkbox"/> Class B liquor | \$ |
| <input type="checkbox"/> Reserve Class B liquor | \$ |
| <input type="checkbox"/> Class B (wine only) winery | \$ |
| Publication fee | \$ 15 |
| TOTAL FEE | \$ |

CITY OF MONONA
APPLICATION
MESSAGE ESTABLISHMENT

FEE: \$100.00

License # ~~105712~~

LICENSE PERIOD: May 21, 2021
~~JULY 1, 2020~~ through JUNE 30, 20 21

The undersigned hereby makes application for a Massage Establishment license, as defined in Title 7, Chapter 9 of the Monona Municipal Code, to engage in said business at the premises described below, in the City of Monona, Wisconsin, for the dates prescribed above; subject to the limitations imposed by law, and hereby agrees to comply with all laws, resolutions, ordinances, and regulations and grants permission to the Monona Building Inspector and Monona Police Department and all members thereof to inspect and search the premises described below provided a license be granted to the undersigned. I(We) further understand that this license is not transferable.

Business:

Name: Sunny Massage Telephone: 626-734-9202

Address with Zip Code: 105 River PL Monona, WI 53716

Mailing Address (if different): _____

Applicant (If partnership, please attach a list):

Full Name with Middle Initial: YANG WANG Date of Birth: _____

Residence Address with Zip Code: 325 Wyalusing Dr Madison WI 53718

If Corporation: State Incorporated: _____

Agent (must be a Monona resident):

Full Name with Middle Initial: _____ Date of Birth: _____

Residence Address with Zip Code: _____

For each **Officer, Director, and Shareholder**, please attach a list with the following information:

Full Name with Middle Initial: _____ Date of Birth: _____

Residence Address with Zip Code: _____

Extent of ownership _____

I, the undersigned, do ___ do not ___ hold office or stock in another corporation conducting a similar business in the State of Wisconsin. Under penalty of law, I swear that the information provided in this application is true and correct to the best of my knowledge.

Signature

Has a similar license been revoked or suspended? No X Yes _____

If yes, reason for revocation/suspension? _____

If yes, location of revocation/suspension? _____

Have you been convicted within the preceding five (5) years of any crime or municipal ordinance violation other than traffic offenses? No X Yes _____

If yes, list the crime/ordinance violation(s) and location(s):

List all Massage Therapists or Bodywork Therapists (must be licensed by the State of Wisconsin Department of Safety and Professional Services) employed by the Applicant, including the Applicant if applicable. If more space is needed, please attach a list:

First Name: YANG M.I. _____ Last Name: WANG Birthdate: _____

Home Address: 325 Wyalusing Dr Madison WI Zip Code: 53718

Credential # 15479-146 Expiration Date: _____

First Name: _____ M.I. _____ Last Name: _____ Birthdate: _____

Home Address: _____ Zip Code: _____

Credential # _____ Expiration Date: _____

First Name: _____ M.I. _____ Last Name: _____ Birthdate: _____

Home Address: _____ Zip Code: _____

Credential # _____ Expiration Date: _____

First Name: _____ M.I. _____ Last Name: _____ Birthdate: _____

Home Address: _____ Zip Code: _____

Credential # _____ Expiration Date: _____

Under penalty of law, I swear that the information provided in this application is true and correct to the best of my knowledge.

wang, Yany 04/15/2021
Applicant/Agent Signature Date

Police Department Approval: Recommended: _____ Not Recommended: X - Denial ^{case#} m021-03024

Reason for denial: ORD Violations 296-6I + 296-6A on 04-14-21

M/O #6407 04-20-21
Police Chief Signature Date

Building Inspector Approval: Recommended: _____ Not Recommended: _____

Reason for denial: _____

Building Inspector Signature Date

City Clerk Signature Date Issued License Number

NO. 15479 - 146

EXPIRES:

The State of Wisconsin
Department of Safety and Professional Services
 MESSAGE THERAPY AND BODYWORK THERAPY-AFFILIATED CREDENTIALING BOARD

Herely certifies that

YANG WANG

MASSAGE THERAPIST FOR BODYWORK THERAPIST
 in the State of Wisconsin in accordance with Wisconsin Law
 Chapter SPS 11.01, effective May 15, 2021.

The authority granted herein must be renewed as determined by the granting authority.

*Message Therapy and Bodywork Therapy Affiliated Credentialing Board
 has caused this certificate to be issued under
 the seal of the Department of Safety and Professional Services*



[Signature]
 State Secretary

[Signature]
 Chairman

[Signature]
 Secretary

This certificate was printed on the 15th day of May in the year 2021

THE STATE OF WISCONSIN
MESSAGE THERAPY AND BODYWORK THERAPY AFFILIATED CREDENTIALING BOARD

Herby certifies that

YANG WANG

*was granted a license to practice as a
MESSAGE THERAPIST OR BODYWORK THERAPIST
in the State of Wisconsin in accordance with Wisconsin Law
on the 14th day of May in the year 2021.*

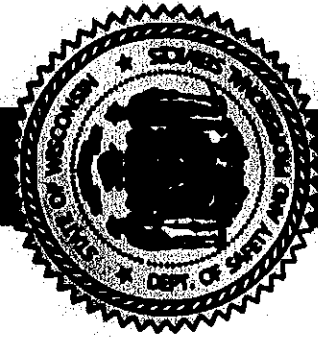
The authority granted herein must be renewed each biennium by the granting authority.

*In witness thereof, the State of Wisconsin
Message Therapy and Bodywork Therapy Affiliated Credentialing Board
has caused this certificate to be issued under
the seal of the Department of Safety and Professional Services*

Dawn B. Crim
Dawn B. Crim, Secretary

Tony Evers
Tony Evers, Governor

This certificate was printed on the 14th day of May in the year 2021



Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2021 ending: 06 30 2022
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: Town of }
 Village of } Monona
 City of }

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

Check one: Individual Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

| | | | |
|----------------------------------|------------------------|---------------|---|
| Full Name (Last) <u>Perez</u> | (First) <u>Juan</u> | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) DOB: <u>N7153 W189-lake Mills-53551</u> |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) DOB: |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) DOB: |

B. LLC or Corporation (and Agent):

| | |
|---|---|
| Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>La Rosita Mexican store LLC</u> | Address of Corporation / Limited Liability Company (if different from licensed premises) <u>6005 Monona dr</u> |
|---|---|

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

| | | | |
|--------------------------------|-------------------------|---------------|--|
| Agent Last Name <u>Juan</u> | (First) <u>Perez</u> | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) DOB: <u>N7153 W189-lake Mills WI 53551</u> |
|--------------------------------|-------------------------|---------------|--|

All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

| | | | |
|-----------------------------------|---------|---------------|--|
| President / Member Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) DOB: |
| Vice President / Member Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) DOB: |
| Secretary / Member Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) DOB: |
| Treasurer / Member Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) DOB: |
| Directors / Managers Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) DOB: |
| Directors / Managers Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) DOB: |

C. Business Information

1. Trade Name La Rosita Mexican store LLC Business Phone Number (608) 221 2203
 2. Address of Premises 6005 Monona dr Post Office & Zip Code 53116

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

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Beer is stored

in cooler in the storage room in basement (4500 sq ft (6005) and 3200 " " (6001) grocery store, beer in wall coolers.

| Applicant's Wisconsin Seller's Permit Number <u>456-1027300909-02</u> | |
|--|------------------|
| FEIN Number <u>32-0505234</u> | |
| TYPE OF LICENSE REQUESTED | FEE |
| <input checked="" type="checkbox"/> Class A beer | \$ <u>500.00</u> |
| <input type="checkbox"/> Class B beer | \$ |
| <input type="checkbox"/> Class C wine | \$ |
| <input type="checkbox"/> Class A liquor | \$ |
| <input type="checkbox"/> Class A liquor (cider only) | \$ N/A |
| <input type="checkbox"/> Class B liquor | \$ |
| <input type="checkbox"/> Reserve Class B liquor | \$ |
| <input type="checkbox"/> Class B (wine only) winery | \$ |
| Publication fee | \$ 15 |
| TOTAL FEE | \$ |

\$615.00 Late fee \$100

5. Legal description (omit if street address is given on previous page): Full description required on Question #4

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** Yes No

b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** Yes No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** Yes No

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** Yes No

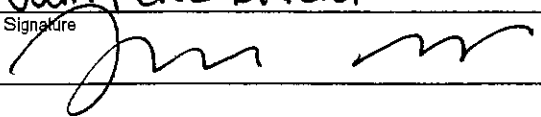
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? Yes No
 [phone (608) 266-2776]

10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No

11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
 (Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

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

| | | |
|--|--------------------------------------|--|
| Contact Person's Name (Last, First, M.I.) Juan Peter Rivera | Title / Member Owner | Date 5-17-21 |
| Signature  | Phone Number (630) 6560689 | Email Address juanrivera@yahoo.com |

TO BE COMPLETED BY CLERK

| | | |
|--|--|---|
| Date received and filed with municipal clerk 5-17-21 | Date reported to council / board license 05/11/2021 Review Committee | Date license granted 06/07/2021 City Council |
| License number issued | Date license issued 06/15/2021 | Signature of Clerk / Deputy Clerk Juan Anderson |