

Date: Tuesday, June 21, 2016
Time: 7:05 pm
Place: City Hall

LICENSE COMMITTEE

A. ROLL CALL

B. CORRECTION OF MINUTES

C. BUSINESS

1. TEMPORARY "CLASS B" FERMENTED MALT BEVERAGE AND WINE LICENSE APPLICATION FROM HABITAT FOR HUMANITY OF GREEN COUNTY FOR OUTDOOR BEER GARDEN IN CONJUNCTION WITH MAIN STREET MONROE CONCERTS ON THE SQUARE

Review and possibly recommend to Council for approval

Individual Requesting Item	City Clerk/DOGG
Expected Length of Discussion	5 min.

Documents: [SKMBT_C35160613075100.pdf](#)

2. TEMPORARY CLASS "B" FERMENTED MALT BEVERAGE LICENSE APPLICATION FROM MONROE YOUTH HOCKEY ASSOCIATION FOR OUTDOOR BEER GARDEN IN CONJUNCTION WITH SWISS VALLEY HARLEY DAVIDSON OPEN HOUSE

Review and possibly recommend to Council for approval

Individual Requesting Item	City Clerk/DOGG
Expected Length of Discussion	5 min.

Documents: [SKMBT_C35160613074900.pdf](#)

3. "CLASS A" FERMENTED MALT BEVERAGE AND CIDER ONLY LICENSE APPLICATION FROM SHOPKO HOLDING COMPANY, LLC

Review and possibly recommend to Council for approval

Individual Requesting Item	City Clerk/DOGG
Expected Length of Discussion	5 min.

Documents: [Shopko alcohol license permit.pdf](#)

4. LIQUOR, FERMENTED MALT BEVERAGE, DANCE, OPERATOR, AND OTHER MISCELLANEOUS LICENSE APPLICATIONS AND ANNUAL RENEWALS

Consider and take action on applications (denial or recommendation to Council for approval)

Individual Requesting Item	City Clerk/DOGG
Expected Length of Discussion	10 min.

D. BUSINESS BY MEMBERS

E. ADJOURNMENT

This Committee may take any action it considers appropriate related to any item on this agenda.

Request from persons with disabilities who need assistance to participate in this meeting, including need for an interpreter, materials in alternate formats, or other accommodations, should be made to the Office of the City Clerk at (608) 329-2564 with as much advance notice as possible so that proper arrangements can be made.

Members: Chairperson Richard Thoman, Michael Boyce, Chris Beer, Alt. Tom Miller

CITY OF MONROE APPLICATION FOR OUTDOOR BEER GARDEN

To the License Committee and the Common Council of the City of Monroe:

I/we hereby submit application for approval of an outdoor beer garden in conjunction with a temporary alcohol beverage license or as an extension of the licensed premises of a current regular alcohol beverage license holder as follows, and hereby agree to abide by the attached regulations and standards and to comply with all federal, state, and local laws, resolutions, and ordinances governing beer gardens and alcoholic beverages:

pd
to
6-4-16

Name of Applicant: Habitat for Humanity of Green County

Current Regular alcohol beverage license holder? No

Applying for a temporary alcohol beverage license? Yes

Address of Applicant: PO Box 398 Monroe WI 53566

Mailing Address of Applicant: Same

Phone Number of Applicant: 608-328-5821 (Melissa Leverington)

Requested area is: Permanent Temporary If temporary, please provide dates of operation: July 28, 2016 + 6-29-16

with
city
amended
5-31-16

Beer garden area is to be located on Private Property Public Property or Combination Public/Private

Address and detailed description of premises to be licensed for beer garden - Include dimensions and describe fencing, entrances, exits, and other details: In a temporarily fenced area on the street on Northwest corner of the square. At the intersection 10th Street and 16th Ave.

Occupying approximately an area 16' x 16' adjacent to the Green County Humane Society beer garden. Access will be controlled by a temporary fence on 3 sides with a single 6" entrance on the south side of the garden.

crowd barriers, 3 sides
rope on front south side

Dated this 8 day of March, 2016

Walter Balasie
Signature

Melissa Leverington
Signature

Two signatures of officers required if an organization, corporation, or LLC

Note: Attach a detailed diagram of the proposed beer garden area that specifically describes the dimensions and the relationship to any other licensed area. (required)

Approval:

Police Department
Ryan Kinlase
Building Inspector

[Signature]
Fire Department
Carl J. [Signature]
City Clerk

Approved by License Committee on _____

Approved by Common Council on _____

APPLICATION FOR TEMPORARY CLASS "B"/"CLASS B" RETAILER'S LICENSE

See Additional Information on reverse side. Contact the municipal clerk if you have questions.

FEE \$ _____

Application Date: 02/09/2016

Town Village City of Monroe County of Green

The named organization applies for: (check appropriate box(es).)

- A Temporary Class "B" license to sell fermented malt beverages at picnics or similar gatherings under s. 125.26(6), Wis. Stats.
 A Temporary "Class B" license to sell wine at picnics or similar gatherings under s. 125.51(10), Wis. Stats.

at the premises described below during a special event beginning July 28, 2016 and ending July 28, 2016 and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted. *+ June 27, 2016*

1. ORGANIZATION (check appropriate box) Bona fide Club Church Lodge/Society Veteran's Organization Fair Association

(a) Name Habitat for Humanity of Green County

(b) Address PO Box 398 Monroe WI 53566
(Street)

(c) Date organized _____ Town Village City

(d) If corporation, give date of incorporation _____

(e) If the named organization is not required to hold a Wisconsin seller's permit pursuant to s. 77.54 (7m), Wis. Stats., check this box:

(f) Names and addresses of all officers:

President Bill Balasia W865 Taylor Trail Brodhead WI 53520

Vice President Melissa Leverington 915 22nd Street Monroe WI 53566

Secretary Paula Elmer 811 17th Ave Monroe WI 53566

Treasurer Aaron Wipperfurth 1124 23rd Ave Monroe WI 53566

(g) Name and address of manager or person in charge of affair: Michael Jerge W4379 Schrade Road Monroe WI 53566

2. LOCATION OF PREMISES WHERE BEER AND/OR WINE WILL BE SOLD:

(a) Street number On Street at the Corner of 16th Ave and 10th Street - See Attached Map

(b) Lot _____ Block _____

(c) Do premises occupy all or part of building? N/A

(d) If part of building, describe fully all premises covered under this application, which floor or floors, or room or rooms, license is to cover:

3. NAME OF EVENT

(a) List name of the event Main Street Monroe - Concerts on the Square

(b) Dates of event July 28, 2016

DECLARATION

The Officer(s) of the organization, individually and together, declare under penalties of law that the information provided in this application is true and correct to the best of their knowledge and belief.

Officer Bill Balasia 3-8-16
(Signature/date)

Officer [Signature] 3-8-16
(Signature/date)

Date Filed with Clerk _____

Date Granted by Council _____

Main Street Monroe Inc
(Name of Organization)

Officer Paula Elmer 3-8-16
(Signature/date)

Officer Melissa Leverington 3-8-16
(Signature/date)

Date Reported to Council or Board _____

License No. _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/19/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Lockton Affinity, LLC P.O. Box 873401 Kansas City, MO 64187-3401	CONTACT NAME: Lockton Affinity, LLC
	PHONE (A/C, No, Ext): 888-553-9002 FAX (A/C, No): 913-652-3967 E-MAIL ADDRESS:
INSURER(S) AFFORDING COVERAGE	
INSURER A: Ace American Insurance Co.	NAIC # 22667
INSURED Habitat for Humanity of Green County P.O. Box 398 Monroe, WI 53566	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	GL1065912-16	04/01/2016	04/01/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 0 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

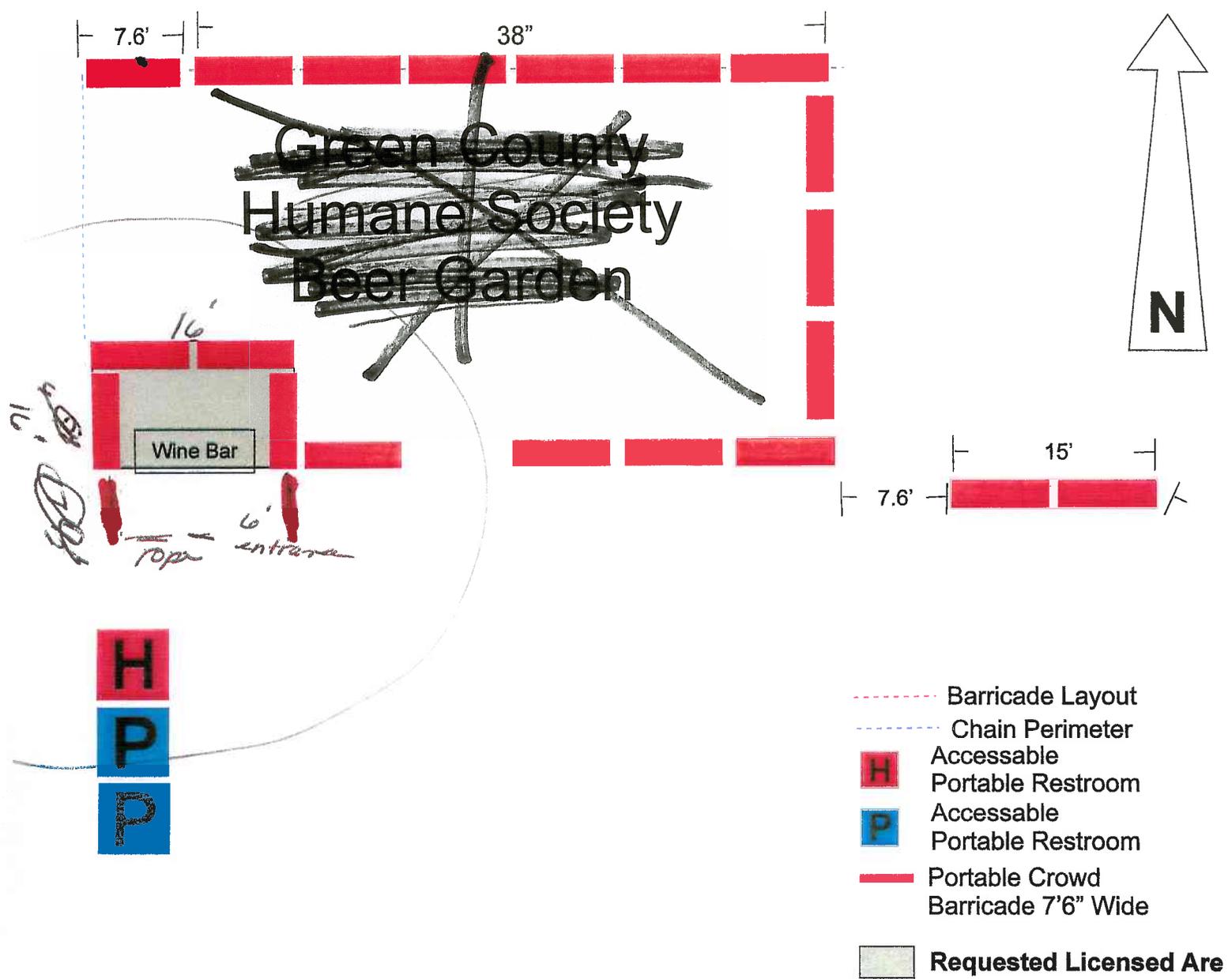
CERTIFICATE HOLDER City of Monroe 1110 18th Avenue Monroe, WI 53566	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE

~~Main Street~~

Habitat for
Humanity

~~Knights of Columbus~~ Wine Sales Area Layout

Approximate Size
16' x ~~10~~ 16'



CITY OF MONROE APPLICATION FOR OUTDOOR BEER GARDEN

To the License Committee and the Common Council of the City of Monroe:

to P.P. 6/10/16

I/we hereby submit application for approval of an outdoor beer garden in conjunction with a temporary alcohol beverage license or as an extension of the licensed premises of a current regular alcohol beverage license holder as follows, and hereby agree to abide by the attached regulations and standards and to comply with all federal, state, and local laws, resolutions, and ordinances governing beer gardens and alcoholic beverages:

Name of Applicant: Monroe Youth Hockey Association / Joel Fonseca
Current Regular alcohol beverage license holder? NO *MVHA President*

Applying for a temporary alcohol beverage license? Yes

Address of Applicant: 1632 4th Avenue West Monroe WI 53566

Mailing Address of Applicant: 115 N. Long St. Warren, IL 61087

Phone Number of Applicant: 815-541-0928

Requested area is: Permanent Temporary If temporary, please provide dates of operation: JUNE 25

Beer garden area is to be located on Private Property Public Property or Combination Public/Private

Address and detailed description of premises to be licensed for beer garden - Include dimensions and describe fencing, entrances, exits, and other details: Kutter HD, 129 N 6th St Monroe, WI 53566

The area for the beer garden will be enclosed with snow fence and one manned exit/entrance will be in place. Approximate dimensions will be 30' x 46'

Dated this 21 day of May, 2016

[Signature]
Signature

Angela Daughenbaugh
Signature

****Two signatures of officers required if an organization, corporation, or LLC****

Note: Attach a detailed diagram of the proposed beer garden area that specifically describes the dimensions and the relationship to any other licensed area. (required)

Approval:

Police Department

[Signature]
Building Inspector

Fire Department

[Signature]
Carl Johnson
City Clerk

Approved by License Committee on _____

Approved by Common Council on _____

Guidelines and Requirements for Outdoor Beer Gardens

An outdoor beer garden is defined as an open air, roofed or unroofed area, where beer and/or other alcoholic beverages are served or consumed, whether permanent or temporary, and whether on private or public property

Application is made to the City Clerk and then also reviewed by the Police, Fire, and Building Inspection Departments. The application is then referred to the License Committee for review taking into consideration recommendations made by City staff. The License Committee will then refer and make recommendations to the Common Council for final approval of the application.

Guidelines and Requirements – All:

1. Must attach a detailed diagram of the proposed beer garden area that specifically describes the dimensions and the relationship to any other licensed area.
2. Area must comply with all state and local building and fire codes regarding such things as exits, exit lights and capacity and is subject to inspection by the Fire Inspector.
3. All emergency exits shall have a gate(s) which swing to egress and must swing free and clear of any public sidewalk, unless the special event beer garden or license extension area is temporary and has acceptable, non-gated open exits that have personnel stationed at each. Gates must include approved latch hardware, which shall be mounted only on the inside.
4. Beer garden location must comply with any regulations regarding vision clearance and sight triangles so as not to be a traffic hazard.
5. Beer garden area must be enclosed with no less than 3 feet high chain link, wood, concrete, plastic, rope or wrought iron fencing, or other approved material which forms a barrier that will isolate the alcohol area from non-alcohol areas.
6. Must have adequately displayed signage warning that alcoholic beverages shall not be passed over the area's barrier or be removed from the licensed area.
7. Must have access plan for fire and other emergency services which must be approved by the Fire Chief.
8. License holder is responsible to know the occupancy and capacity limits for the

area and must exhibit a plan with an approved system or device to monitor this.

9. License holder is also responsible to show a plan of responsible service that will prevent service to intoxicated persons as prohibited by Wisconsin Stats 125.07(2).

10. All entry points must be monitored by an adult employee or security personnel. If fire and building code regulations require entry points to be more than (4) feet in width, they must be monitored by at least 2 adult employees or security personnel.

11. Licensed operators must be present at all times to oversee the entire beer garden area. These licensed operators can be stationed inside main bar area of existing premises only if entire beer garden area can at all times be viewed and monitored from this inside area.

12. Other reasonable standards may be required by city officials based on specific situations.

13. Other permits may be required such as dance licenses, amplified sound permits, background music permits, or special event permits. You must submit application for these licenses and permits along with the beer garden application.

Additional Guidelines and Requirements if using Public Property:

1. Must give notice to adjoining property owners located on each side of proposed beer garden and those directly across the street from beer garden location and provide city with proof of notice.

2. Must include a certificate of insurance for \$1,000,000 general liability naming the City of Monroe as additional insured

3. Storm sewer inlets must covered with a permeable material to prevent trash and other materials from falling into the inlet, but allowing for potential precipitation to enter.

4. Must submit fee of \$25.00 per day for use of public property

5. Beer garden area must be no wider than one side (street frontage) of an existing licensed premises if being issued as a temporary extension to a current holder of a regular alcohol beverage license. "L" shaped configurations are discouraged and most likely not approved.

Additional Guidelines and Requirements if Permanent Beer Garden

1. Can only be issued to a current holder of a regular alcohol beverage license

2. Beer garden must be contiguous to currently licensed premises

3. No public property may be utilized unless applying in conjunction with a

sidewalk café permit allowed only in the downtown area.

Additional Guidelines and Requirements if issued in conjunction with a Temporary Class "B"/Class B alcohol beverage retailer's license for picnics or gatherings

1. Must submit application for Temporary Class "B"/Class B' Retailer's license and follow additional guidelines and restrictions (*See Exhibit A*)
2. Must pay fee of \$10.00 per license per event

Additional Guidelines and Requirements if issued to the current holder of a regular alcohol beverage license

1. Must be direct access into existing premises from beer garden area

Ad. 6-7-16

Application for Temporary Class "B" / "Class B" Retailer's License

See Additional Information on reverse side. Contact the municipal clerk if you have questions.

FEE \$ 10.00

Application Date: 5/31/16

Town Village City of Monroe

County of Green

The named organization applies for: (check appropriate box(es).)

- A Temporary Class "B" license to sell fermented malt beverages at picnics or similar gatherings under s. 125.26(6), Wis. Stats.
- A Temporary "Class B" license to sell wine at picnics or similar gatherings under s. 125.51(10), Wis. Stats.

at the premises described below during a special event beginning 6/25/16 and ending 6/25/16 and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

1. **Organization** (check appropriate box) →
- Bona fide Club
 - Church
 - Lodge/Society
 - Chamber of Commerce or similar Civic or Trade Organization
 - Veteran's Organization
 - Fair Association

(a) Name Monroe Youth Hockey Association
 (b) Address 1032 4th Ave W Monroe WI 53566
(Street) Town Village City

- (c) Date organized _____
 (d) If corporation, give date of incorporation 1995
 (e) If the named organization is not required to hold a Wisconsin seller's permit pursuant to s. 77.54 (7m), Wis. Stats., check this box:
 (f) Names and addresses of all officers:
 President Joel Fonseca 115 N Long St Warren IL 61087
 Vice President Andrew Jankovic 52 Highview Ct Orangeville IL 61060
 Secretary Adam Baholter 2415 2nd St Monroe WI 53566
 Treasurer Angie Daughenbaugh 14862 Pembroke Ter Monroe WI 53566
 (g) Name and address of manager or person in charge of affair:
Joel Fonseca 115 N Long Street Warren IL 61087

2. **Location of Premises Where Beer and/or Wine Will Be Sold, Served, Consumed, or Stored, and Areas Where Alcohol Beverage Records Will be Stored:**

- (a) Street number 129 N 6th Street (Kutter Harley Davidson)
 (b) Lot _____ Block _____
 (c) Do premises occupy all or part of building? All
 (d) If part of building, describe fully all premises covered under this application, which floor or floors, or room or rooms, license is to cover: _____

3. **Name of Event**

- (a) List name of the event Kutter Harley Open House
 (b) Dates of event 6/25/16

DECLARATION

The Officer(s) of the organization, individually and together, declare under penalties of law that the information provided in this application is true and correct to the best of their knowledge and belief.

Monroe Youth Hockey Association
(Name of Organization)

Officer [Signature] 6/6/16
(Signature/date)

Officer _____
(Signature/date)

Officer Angela Daughenbaugh 5/31/16
(Signature/date)

Officer _____
(Signature/date)

Date Filed with Clerk 6-7-16

Date Reported to Council or Board _____

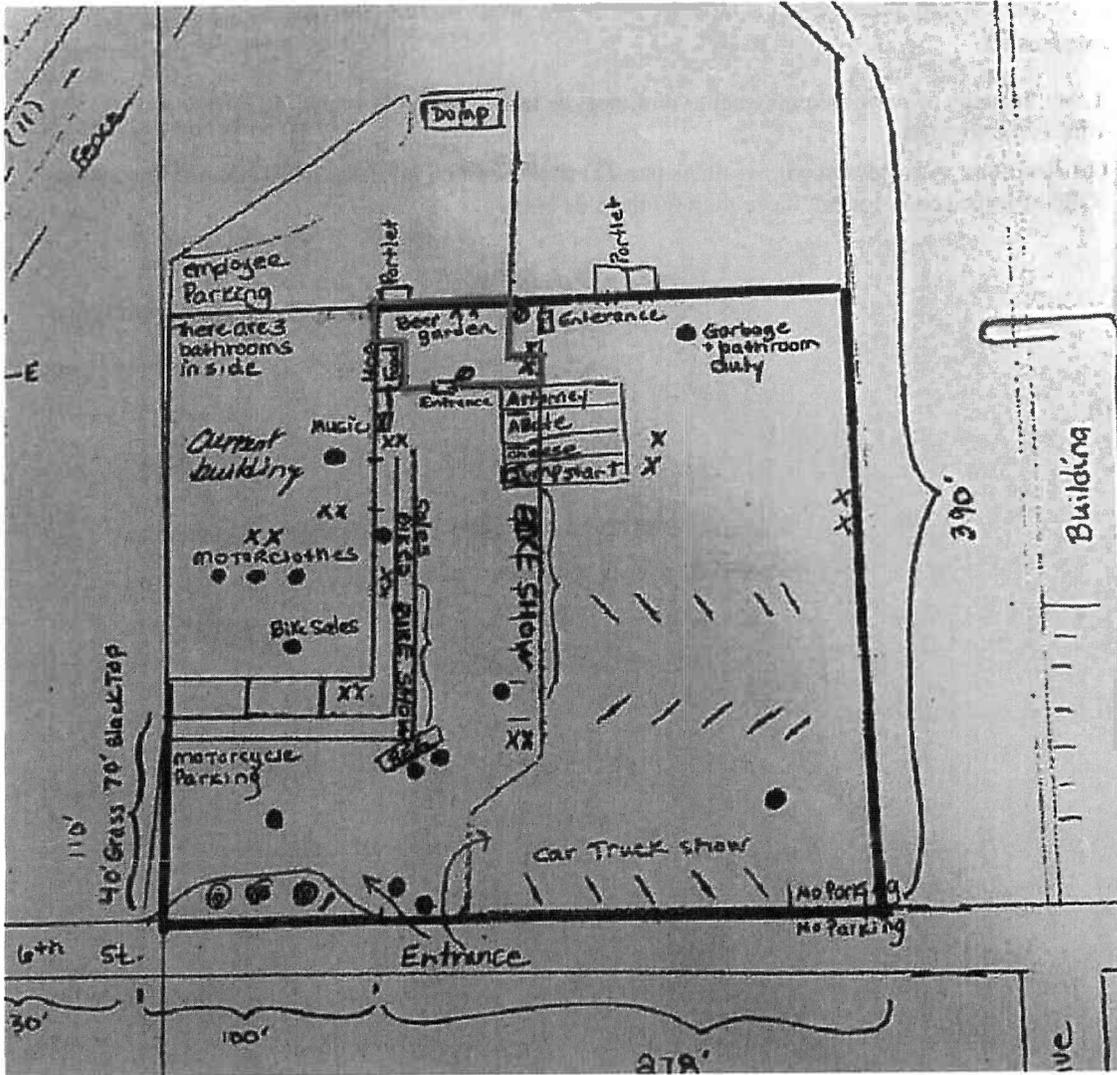
Date Granted by Council _____

License No. _____

Monroe Youth Hockey Association Beer Tent Permit Submittal

Event Date – June 25, 2016 – 11:00 am – 4:00 pm

Location – Kutter Harley Davidson 129 6th Street, Monroe, WI. 53566



- Access plan for fire and other emergencies – Emergency crew members will access the beer garden through the one gate that will be manned by MYHA personnel. The door will be approximately 3' in width.

*Licensed Bartenders -
(onsite for entire event)*

*Joel Fonseca
Jeff Kurschner*

- Signs will be displayed stating that "Alcohol may not leave the fenced area".
- Gate personnel will track the number of occupants with a sheet of paper and make tally marks for each person that enter the beer garden or remove a tally mark for each person that leave the beer garden.
- 1 licensed operator will be on-site in the beer garden through the duration of the event.
- Intoxicated individuals will be removed from the beer garden and a ride will be contacted for the individual.

1. No person may procure for, sell, dispense or give away alcohol beverages to a person who is intoxicated.

2. No licensee or permittee may sell, vend, deal or traffic in alcohol beverages to or with a person who is intoxicated.

(b) Penalties. Any person who violates par. (a) shall be fined not less than \$100 nor more than \$500 or imprisoned for not more than 60 days or both.

Carol Stamm

From: Joel Fonseca <hockeyfonz@gmail.com>
Sent: Thursday, June 9, 2016 9:50 AM
To: Carol Stamm
Cc: Angie D
Subject: MYHA/ Swiss Valley HD Beer Tent
Attachments: HD Area Layout.jpg

Hi Carol,

I received an email from Angie Daughenbaugh in regards to your questions about the Monroe Youth Hockey beer tent at the Swiss Valley HD open house. Please see my responses below and let me know what else we need to do to finalize this application. I appreciate your time. Thanks!

Joel Fonseca

MYHA President

815-541-0928

However, the names of the licensed bartenders that you provided are not licensed. Jeff Kurschner has complete the course but needs to come see you to finalize. I will be through the course today and will also need to finalize with you. Can you tell me what else we will need to do to receive our license? Thanks!

Also, please submit a detailed diagram of the proposed beer garden, not a sketch of the whole special event area. The dimensions must be labeled on the diagram and indicated where there entrance/exit is and how wide it is. Please indicate what is abutting the beer garden. I have attached a drawing of the beer garden. Please let me know if you need any other information on this drawing. Thanks!

Next, AT-315, question 2c indicates that you are licensing the whole Kutter building, but I thought this was for an outdoor beer garden outside on the Kutter property. Please explain. This will just be for the submitted beer garden as shown in the image and no beer will be allowed outside of our designated fence. Thanks!

Angie,

I received the AT-315 form and the \$10 fee.

However, the names of the licensed bartenders that you provided are not licensed.

Also, please submit a detailed diagram of the proposed beer garden, not a sketch of the whole special event area. The dimensions must be labeled on the diagram and indicated where there entrance/exit is and how wide it is. Please indicate what is abutting the beer garden.

Next, AT-315, question 2c indicates that you are licensing the whole Kutter building, but I thought this was for an outdoor beer garden outside on the Kutter property. Please explain.

Respectfully,

Carol J. Stamm

City Clerk/Director of General Government

City of Monroe

1110 18th Ave.

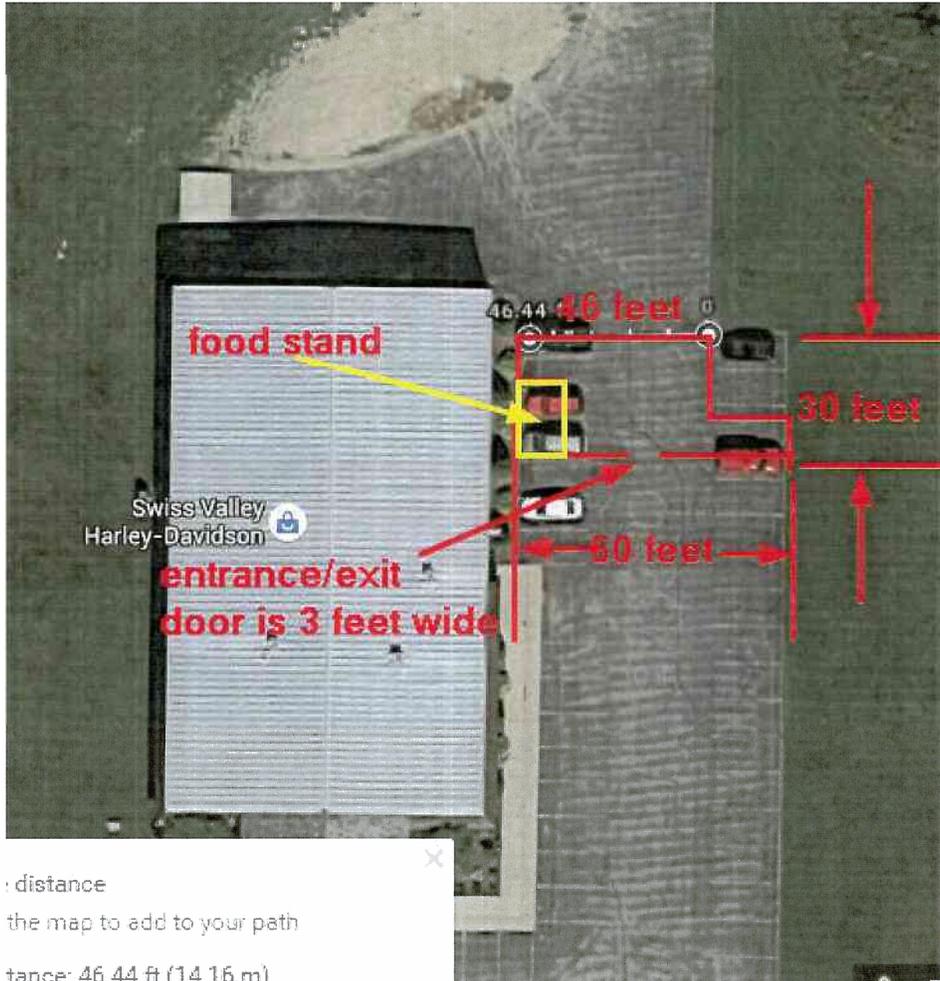
Monroe, WI 53566

population - 10,768

phone: (608) 329-2530

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Pa. 6-6-16

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning JULY 1 20 16 ;
ending JUNE 30 20 17

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

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

- The named INDIVIDUAL PARTNERSHIP LIMITED LIABILITY COMPANY
 CORPORATION/NONPROFIT ORGANIZATION

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

- Name (individual/partners give last name, first, middle; corporations/limited liability companies give registered name): Shopko Holding Company LLC
~~SHOPKO STORES OPERATING CO., LLC~~
An "Auxiliary Questionnaire," Form AT-103, must be completed and attached to this application by each individual applicant, by each member of a partnership, and by each officer, director and agent of a corporation or nonprofit organization, and by each member/manager and agent of a limited liability company. List the name, title, and place of residence of each person.

Title	Name	Home Address	Post Office & Zip Code
President/Member	<u>SEE ATTACHED EXHIBIT A</u>		
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent	<u>DAN LAWRENCE - STORE MANAGER</u>	<u>Melissa IIS Nyman</u>	
Directors/Managers	<u>AGENT - STORE MANAGER</u>		

- Trade Name SHOPKO #120 Business Phone Number 608-328-3300
- Address of Premises 405 W 8TH STREET Post Office & Zip Code MONROE, WI 53566

- Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? Yes No
- Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? Yes No
- Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? Yes No
- (a) Corporate/limited liability company applicants only: Insert state DELAWARE and date 10/11/05 of registration.
(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? Yes No
(c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? Yes No
(NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.)
- 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.) SINGLE STORY, APPROX 73,956 SQ FEET
- Legal description (omit if street address is given above): Beer will displayed and stored on pallets in front walkway.
- (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? _____
- Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5) before beginning business? [phone 1-800-937-8864] Yes No
- Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]. Yes No
- 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 signers. Signers agree 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 and each member of a partnership applicant must sign; corporate officer(s), members/managers 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.

SUBSCRIBED AND SWORN TO BEFORE ME
this 3 day of March, 20 16
Jessie Walsh
(Clerk/Notary Public)
My commission expires 8-24-18

[Signature] Secretary
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)
[Signature] SVP-CFO
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner)
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK			
Date received and filed with municipal clerk <u>6-6-16</u>	Date reported to council/board <u>6-21-16</u>	Date provisional license issued _____	Signature of Clerk / Deputy Clerk <u>[Signature]</u>
Date license granted <u>6/21/16</u>	Date license issued <u>6-28-16</u>	License number issued _____	

Applicant's WI Seller's Permit No.: FEIN Number: 456102016114603 20-3606109	
LICENSE REQUESTED	
TYPE	FEE
<input checked="" type="checkbox"/> Class A beer	\$ 100
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input checked="" type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>20</u>
TOTAL FEE	\$ <u>120</u>

20 350
103.50

SHOPKO STORES OPERATING CO., LLC EXHIBIT A
 EXECUTIVE OFFICERS

FEIN: 20-3666109

* Shopko Stores Operating Co., LLC is a wholly owned subsidiary of Shopko Holding Company, LLC
 Shopko Holding Company, LLC is the sole member/manager of Shopko Stores Operating Co., LLC.
 Officers do not hold any membership interest.

NAME	POSITION	M/F	WORK ADDRESS	WORK PHONE	HOME ADDRESS	HOME PHONE	DATE OF BIRTH	SOCIAL SECURITY NUMBER
PETER KENNETH MCMAHON	CHIEF EXECUTIVE OFFICER	M	700 PILGRIM WAY GREEN BAY, WI 54304	920 / 429-2211	4550 ALGONQUIN TRAIL GREEN BAY, WI 54313	920 / 204-9633	07/02/1955	021-61-5984
RUSSELL L. STEINHORST	SENIOR VICE PRESIDENT CHIEF FINANCE OFFICER	M	700 PILGRIM WAY GREEN BAY, WI 54304	920 / 429-2211	408 E. SONGBIRD LANE APPLETON, WI 54913	920 / 257-4231	07/29/1971	389-96-5538
PETER GERARD VANDENHOUTEN	SENIOR VICE PRESIDENT GENERAL COUNSEL CORPORATE SECRETARY	M	700 PILGRIM WAY GREEN BAY, WI 54304	920 / 429-2211	121 ROSELAWN BLVD GREEN BAY, WI 54301	920 / 338-8104	06/14/1967	393-80-5577
GARY LEE GIBSON	VICE PRESIDENT TREASURER	M	700 PILGRIM WAY GREEN BAY, WI 54304	920 / 429-2211	1721 W. CRUSADE LANE GREEN BAY, WI 54313	920 / 497-4947	06/06/1967	310-86-6871
JAMES M. DEPAUL	SENIOR VICE PRESIDENT CHIEF ADMINISTRATIVE OFFICER	M	700 PILGRIM WAY GREEN BAY, WI 54304	920 / 429-2211	501 KADINGER WAY LITTLE CHUTE, WI 54140	920 / 788-3852	09/20/1971	594-44-2027
WILLIAM SCOTT BRESNEHAN	SENIOR VICE PRESIDENT SHOPKO STORES	M	700 PILGRIM WAY GREEN BAY, WI 54304	920 / 429-2211	2240 ONTARIO ROAD GREEN BAY, WI 54311	920 / 465-6020	02/22/1962	393-44-9524

Attachment 1

Explanation of "Yes" Answers to the following questions:

8 (b) ShopKo Stores Operating Co., LLC is a wholly owned subsidiary of ShopKo Holding Co., LLC

8 (c) ShopKo Stores Operating Co., LLC holds Class A licenses for multiple locations in Wisconsin. Please see Exhibit B.

S:\TAX\License\LIQUOR LICENSING\WI Application explanation of #5, 6, 7, 8.xls]Post Merger as LLC

Shopko Stores Operating Co., LLC
 Shopko Liquor Licenses
 By State by Location

1 Shopko Stores Licensed to Sell

Store Number	City	State	Licensee		License Issuer	License Class	License Type	License Number	Expiration
			Shopko Stores Operating	Co., LLC					
00001	Green Bay	WI	Shopko Stores Operating	Co., LLC	City 1	Class A Retailer	TBD	6/30/2016	
00003	Manitowoc	WI	Shopko #1 Shopko Stores Operating	Co., LLC	City 1	Class A Retailer	AMM-1523	6/30/2016	
00004	Green Bay	WI	Shopko #3 Shopko Stores Operating	Co., LLC	City 1	Class A Retailer	15-5984	6/30/2016	
00008	Rothschild	WI	Shopko #4 Shopko Stores Operating	Co., LLC	City 1	Class A Retailer	1	6/30/2016	
00009	Marshfield	WI	Shopko #8 Shopko Stores Operating	Co., LLC	City 1	Class A Retailer	3933	6/30/2016	
00012	Wisconsin Rapids	WI	Shopko #9 Shopko Stores Operating	Co., LLC	City 1	Class A Retailer	8	6/30/2016	
00014	Beaver Dam	WI	Shopko #12 Shopko Stores Operating	Co., LLC	City 1	Class A Retailer	16	6/30/2016	
00015	Appleton	WI	Shopko #14 Shopko Stores Operating	Co., LLC	City 1	Class A Retailer	TBD	6/30/2016	
00018	West Bend	WI	Shopko #15 Shopko Stores Operating	Co., LLC	City 1	Class A Retailer	TBD	6/30/2016	
00024	Eau Claire	WI	Shopko #18 Shopko Stores Operating	Co., LLC	City 1	Class A Retailer	2016-28	6/30/2016	
00028	Kimberly	WI	Shopko #24 Shopko Stores Operating	Co., LLC	City 1	Class A Retailer	TBD	6/30/2016	
00029	Madison	WI	Shopko #28 Shopko Stores Operating	Co., LLC	City 1	Class A Retailer	TBD	6/30/2016	
			Shopko #29			Class A Retailer	TBD		

1 Shopko Stores Licensed to Sell

Store Number	City	State	Licensee	License Issuer	License Class	License Type	License Number	Expiration
00033	Menasha	WI	Shopko Stores Operating Co., LLC	City 1	Class A Retailer	Beer	15-CAB-2	6/30/2016
00037	Chippewa Falls	WI	Shopko #33 Shopko Stores Operating Co., LLC	City 1	Class A Retailer	Beer	TBD	6/30/2016
00042	Oshkosh	WI	Shopko #37 Shopko Stores Operating Co., LLC	City 1	Class A Retailer	Beer	15-199	6/30/2016
00050	Fond du Lac	WI	Shopko #42 Shopko Stores Operating Co., LLC	City 1	Class A Retailer	Beer	16-00004695	6/30/2016
00079	Wausau	WI	Shopko #50 Shopko Stores Operating Co., LLC	City 1	Class A Retailer	Beer	2015000033	6/30/2016
00080	Madison	WI	Shopko #79 Shopko Stores Operating Co., LLC	City 1	Class A Retailer	Beer	TBD	6/30/2016
00090	Grafton	WI	Shopko #80 Shopko Stores Operating Co., LLC	City 1	Class A Retailer	Beer	TBD	6/30/2016
00099	Onalaska	WI	Shopko #90 Shopko Stores Operating Co., LLC	City 1	Class A Retailer	Beer	1273	6/30/2016
00102	Marinette	WI	Shopko #99 Shopko Stores Operating Co., LLC	City 1	Class A Retailer	Beer	42125	6/30/2016
00130	River Falls	WI	Shopko #102 Shopko Stores Operating Co., LLC	City 1	Class A Retailer	Beer	2015-5	6/30/2016
00501	Ledgeview	WI	Shopko #130 Shopko Stores Operating Co., LLC	City 1	Class A Retailer	Beer and Liquor	2012-003 A/A	6/30/2016
00502	Howard	WI	Shopko Express #501 Shopko Stores Operating Co., LLC	City 1	Class A Retailer	Beer and Liquor	2012-108	6/30/2016

1 Shopko Stores Licensed to Sell

Store Number	City	State	Licensee	License Issuer	License Class	License Type	License Number	Expiration
00503	Port Washington	WI	Shopko Stores Operating Co., LLC d/b/a: Shopko Express #503	City 1	Class A Retailer	Beer and Liquor	2012-13-3	6/30/2016
00504	Buchanan	WI	Shopko Stores Operating Co., LLC d/b/a: Shopko Express #504	City 1	Class A Retailer	Beer and Liquor	2012-04	6/30/2016
00505	Appleton	WI	Shopko Stores Operating Co., LLC d/b/a: Shopko Express #505	City 1	Class A Retailer	Beer and Liquor	10-13	6/30/2016
00512	Ellsworth	WI	Shopko Stores Operating Co., LLC d/b/a: Shopko Express #601	City 1	Class A Retailer	Beer and Liquor	2013-7	6/30/2016
00601	Kewaunee	WI	Shopko Hometown #601 Shopko Stores Operating Co., LLC d/b/a: Shopko Hometown #601	City 1	Class A Retailer	Beer and Liquor	76	6/30/2016
00602	Oconto	WI	Shopko Stores Operating Co., LLC d/b/a: Shopko Hometown #602	City 1	Class A Retailer	Beer and Liquor	00001-2012	6/30/2016
00604	Abbotsford	WI	Shopko Stores Operating Co., LLC d/b/a: Shopko Hometown #604	City 1	Class A Retailer	Beer and Liquor	ALB2012-4	6/30/2016
00608	Brillion	WI	Shopko Stores Operating Co., LLC d/b/a: Shopko Hometown #608	City 1	Class A Retailer	Beer and Liquor	1213-06A	6/30/2016
00609	Kiel	WI	Shopko Stores Operating Co., LLC d/b/a: Shopko Hometown #609	City 1	Class A Retailer	Beer and Liquor	0008-13	6/30/2016
00613	Winneconne	WI	Shopko Stores Operating Co., LLC d/b/a: Shopko Hometown #613	City 1	Class A Retailer	Beer and Liquor	3	6/30/2016
00615	Clintonville	WI	Shopko Stores Operating Co., LLC d/b/a: Shopko Hometown #615	City 1	Class A Retailer	Beer and Liquor	2012-09	6/30/2016
00616	Sister Bay	WI	Shopko Stores Operating Co., LLC d/b/a: Shopko Hometown #616	City 1	Class A Retailer	Beer and Liquor	7AC	6/30/2016

1 Shopko Stores Licensed to Sell

Store Number	City	State	Licensee	License Issuer	License Class	License Type	License Number	Expiration
00617	Wautoma	WI	Shopko Stores Operating Co., LLC d/b/a: Shopko Hometown #617	City 1	Class A Retailer	Beer and Liquor	456-1020161146-03	6/30/2016
00618	Reedsburg	WI	Shopko Stores Operating Co., LLC d/b/a: Shopko Hometown #618	City 1	Class A Retailer	Beer and Liquor	2014003042	6/30/2016
00619	Adams	WI	Shopko Stores Operating Co., LLC d/b/a: Shopko Hometown #619	City 1	Class A Retailer	Beer and Liquor	1	6/30/2016
00620	Eagle River	WI	Shopko Stores Operating Co., LLC d/b/a: Shopko Hometown #620	City 1	Class A Retailer	Beer and Liquor	2015-2016 SSOC-SSH620	6/30/2016
00626	Lancaster	WI	Shopko Stores Operating Co., LLC d/b/a: Shopko Hometown #626	City 1	Class A Retailer	Beer and Liquor	2015-05	6/30/2016
00627	Neillsville	WI	Shopko Stores Operating Co., LLC d/b/a: Shopko Hometown #627	City 1	Class A Retailer	Beer and Liquor	5	6/30/2016
00630	Arcadia	WI	Shopko Stores Operating Co., LLC d/b/a: Shopko Hometown #630	City 1	Class A Retailer	Beer and Liquor	10	6/30/2016
00632	Spooner	WI	Shopko Stores Operating Co., LLC d/b/a: Shopko Hometown #632	City 1	Class A Retailer	Beer and Liquor	063015-ALB	6/30/2016
00633	Park Falls	WI	Shopko Stores Operating Co., LLC d/b/a Shopko Hometown #633	City 1	Class A Retailer	Beer and Liquor	8	6/30/2016
00788	Columbus	WI	Shopko Stores Operating Co., LLC d/b/a Shopko #788	State	Class A Retailer	Beer and Liquor	00007-13	6/30/2016
00790	Stanley	WI	Shopko Stores Operating Co., LLC d/b/a Shopko #790	State	Class A Retailer	Beer and Liquor	55	6/30/2016
00792	Tomahawk	WI	Shopko Stores Operating Co., LLC d/b/a Shopko #792	State	Class A Retailer	Beer and Liquor	251	6/30/2016

Shopko Stores Operating Co., LLC
 Shopko Liquor Licenses
 By State by Location

1 Shopko Stores Licensed to Sell

Store Number	City	State	Licenses	Licenses Issuer	Licenses Class	Licenses Type	Licenses Number	Expiration
00793	Mayville	WI	Shopko Stores Operating Co., LLC d/b/a Shopko #793	State	Class A Retailer	Beer	17-2013/2014	6/30/2016

SCHEDULE FOR APPOINTMENT OF AGENT BY CORPORATION/NONPROFIT ORGANIZATION OR LIMITED LIABILITY COMPANY

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by the officer(s) of the corporation/organization or members/managers of a limited liability company and the recommendation made by the proper local official.

To the governing body of: Town Village of Monroe County of Green
 City

The undersigned duly authorized officer(s)/members/managers of Shopko Stores Operating Co., LLC
(registered name of corporation/organization or limited liability company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as Shopko Stores Operating Co., LLC
(trade name)

located at 405 W. 8th Street

appoints Melissa Ils Nyman
(name of appointed agent)

1208 14th Street Brodhead WI 53520
(home address of appointed agent)

to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?

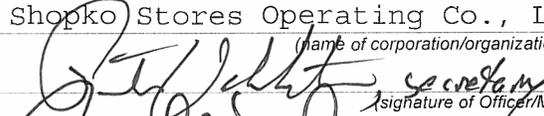
Yes No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).

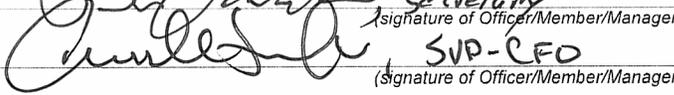
Is applicant agent subject to completion of the responsible beverage server training course? Yes No

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 17 years

Place of residence last year 1208 14th Street Brodhead WI 53520

For: Shopko Stores Operating Co., LLC
(name of corporation/organization/limited liability company)

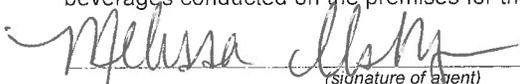
By: 
(signature of Officer/Member/Manager)

And: 
(signature of Officer/Member/Manager)

ACCEPTANCE BY AGENT

I, Melissa Ils Nyman, hereby accept this appointment as agent for the
(print/type agent's name)

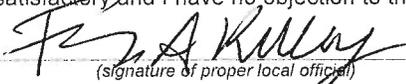
corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

 3/23/16 Agent's age 41
(signature of agent) (date)

1208 14th Street Brodhead WI 53520 Date of birth 01/22/1975
(home address of agent)

**APPROVAL OF AGENT BY MUNICIPAL AUTHORITY
(Clerk cannot sign on behalf of Municipal Official)**

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on 6/9/16 by  Title Police Chief
(date) (signature of proper local official) (town chair, village president, police chief)

WISCONSIN

SELLER / SERVER CERTIFICATION

Trainee Name: Melissa Iis Nyman

School Name: 360training.com, Inc.

Date of Completion: 05/25/2016

Certification # WI-40757



I, _____
certify that the above named person
successfully completed an approved
Learn2Serve Seller/Server course.

COMPLIES WITH WISCONSIN STATUTES 125.04, 125.17, 134.66



Corporate Headquarters
13801 Burnet Rd., Suite 180
Austin, Texas 78727
P: 800-442-1149



CITY OF MONROE

1110 18th Avenue, Monroe, WI 53566
Phone (608) 329-2530 FAX (608) 329-2561

Monroe Alcohol Beverages License Application Supplement

Name of Applicant/Partner/Corporation/LLC: Shopko Stores Operating Co., LLC

Address of licensed premise: 405 W 9th St., Monroe, WI 53566

Telephone number: (608) 328-3300 Anticipated opening date: open

Mailing address: PO box 19060
Green Bay, WI 54307

What type of establishment is contemplated?

Liquor store _____ Grocery store _____ Convenience store – gas pumps _____
Restaurant _____ Bar _____ Sports Bar _____ Other (explain): Retail Store

Describe the type of business you plan to operate if granted a license (attach additional sheets as necessary):

General merchandise retailer offering beer to
our customers as well as other general
merchandise

If applying for a Class B or C license, what type of food service will you have at this location?
(check all that apply) Class A applied for N/A

None _____ Prepackaged Foods _____ Snacks _____
Appetizers _____ Catered Events _____ Full Meals _____

Hours of food service – from _____ to _____
(Attach additional sheets as necessary)

What percentage of your total sales will be from the sales of alcohol beverages? 1 %

Identify the registered agent for your Corporation or LLC. This is your Corporation's agent for service of process, notice or demand required or permitted by law to be served on the Corporation:

Name: CT Corporation System Phone number: (608) 833-4821

Address: 8020 Excelsior Dr., Suite 200, Madison, WI 53717

Who will be conducting the day-to-day operations of the business?

Name: Dan Lawrence Phone number: (608) 328-3300

Address: 405 W 8th St., Monroe, WI 53566

Does anyone else have money invested or any other interest in this business?

Yes No

If yes, explain: n/a

Have you made an agreement with anyone to repay any loan or any other payments based upon income from the business?

Yes No

If yes, list their name and address: n/a

Private organizations (clubs): Do your membership policies contain any requirement of "Invidious" (likely to give offense) discrimination in regard to race, creed, color, or national origin?

Yes No

Identify the owner of the building where the establishment is located:

Name: Spirit SPE Portfolio 2006-1, LLC

Address: 116767 North Perimeter Dr., Suite #210, Scottsdale, AZ 85260

Phone Number: 480-606-0820

If you lease the building, answer the following questions:

Date lease begins: 5-31-06 Expires: 12-31-35

Monthly rental: \$ part of Master lease

Do you have an option to renew the lease? Yes No

Does your lease allow for the assignment to another party without the consent of the owner?

Yes No

For what length of time have you been guaranteed occupancy? (Number of years)

19 years

In addition to paying monthly rental, will you have to pay anything additional to the owner of the building to guarantee the performance of the lease?

Yes No

If yes, explain: n/a

Does the present owner or occupant object to the granting of your license?

Yes No

If yes, explain: n/a

Is there at least 300 feet between the building and any church, school, library or hospital?

Yes No

Is this premises under construction?

Yes No

If yes, provide estimated completion date: n/a

Is this a franchise? Yes No

Is this premises currently licensed? Yes No

If yes, list type of license: n/a

Is the current licensee operating? Yes No

If no, provide the date closed: n/a

Legal capacity/occupancy of premises (for Class B and C applicants): n/a
(Applicant should check with Fire Inspector if legal capacity is unknown)

Seating capacity of premises (for Class B and C applicants): n/a

Are there any living quarters directly or indirectly accessible and under control of the applicant?
(Please note that alcohol may be sold and stored only on the licensed premise, not in living quarters.)

Yes No

Number of parking stalls on the premises: 20+

(Do not include street parking. If none on the premises, write "0")

Describe parking and how the parking lot is to be monitored: _____

Parking lots monitored 24/7 by Security cameras.

Who is responsible to keep the grounds clean?

Licensee X Building owner _____ Hired maintenance _____

Employees _____ Other: _____

What are your plans to keep the grounds clean of litter/garbage (check all that apply):

Sweep X Pressure wash X Pick up litter X Hired maintenance X

Building owner's responsibility _____ Garbage cans outside _____

Other: _____

How often?

Daily X Weekly _____ Other: _____

How will noise issues be addressed? (Check all that apply)

Security X Manager approaches customer(s) X Call police X

Signs posted X Other: _____

Do you have any future plans for other businesses, licenses or permits at this location?

Yes No

If yes, explain: N/A

How many employees will you have? Part-time 20 Full-time 15

Describe your management experience, staffing levels, duties and employee training:

Manager has multiple years of experience
managing a general merchandise retail store.
All employees are rigorously training including
training related to alcohol sales.

Are you offering any type of entertainment? NO

Yes No

If yes, explain: _____

Do you plan to allow dancing?

Yes No

Do you plan to sell cigarettes?

Yes No

Utilizing your market research, who would you project your target market to be? _____

General families

Describe how you plan to advertise/promote your business. What products will you be

advertising? All general merchandise that is sold
may be advertised including, but not limited
to alcohol.

Please explain anything else you feel we need to know about your business, including:

Uniqueness: n/a

Décor: n/a

Type of food offered and price range: _____

All prepackaged food of different assortments
offered

Other: n/a

HOURS OF OPERATION FOR ALCOHOL BEVERAGE SALES/SERVICE ONLY					
Day of the week	Current Hours of Operation (Does not apply to new applicants)		Proposed Hours of Operation (if same as current hours, write "same")		Number of customers expected each day
	Open	Close	Open	Close	
Sunday	9am	9pm	Same		200+
Monday	9am	9pm	Same		200+
Tuesday	9am	9pm	Same		200+
Wednesday	9am	9pm	Same		200+
Thursday	9am	9pm	Same		200+
Friday	9am	9pm	Same		200+
Saturday	9am	9pm	Same		200+

Provide a detailed written description of the building, including overall dimensions, seating arrangements, capacity, bar size and all areas where alcohol beverages are to be sold or stored. **The licensed premise described below shall not be expanded or changed without the approval of the Common Council.**

Single story building approx 73,956 Sq. ft.
 No Seating available, no bar. Alcohol beverages will be placed on 2-3 pallets in the aisle.

DETAILED FLOOR PLAN: See attached floor plan.

A detailed floor plan must be submitted with this application. Any application submitted without the detailed floor plan (including all required items as listed below) will be returned. Even if the premises has been previously licensed and a floor plan submitted, a new floor plan must be submitted with this application. The floor plan must be filed on 8½ X 11 inch sized paper. A separate sheet of paper must be filed for each floor where alcohol will be stored, displayed, sold, given away and/or consumed. Even if the basement is being used for alcohol storage only, a floor plan is still required for the basement. Handwritten plans are acceptable. Plans do not need to be architectural drawings and need not be to scale.

The floor plan must include all of the following items:

- Dimensions of the premises
- Total square feet of the premises (length x width = square feet)
- Label all entrances and exits

- Label all alcohol storage areas (coolers, etc)
- Provide dimensions of all alcohol storage areas (length x width)
- Label all alcohol display areas (behind the bar, shelves, etc.)
- Provide dimensions of all alcohol display areas (length x width)
- N/q Class B & C Applicants Only: Label all seating areas, bars, and food preparation areas (kitchen)
- N/q Class B & C Applicants Only: Label all outdoor areas used for the sale or service of alcohol beverages (for example, patios, beer gardens, sidewalk cafes)
- N/q Class B & C Applicants Only: Provide dimensions of all outdoor areas used for the sale or service of alcohol beverages (length x width)
- Label all parking areas on the premises (do not include street parking). This is required even if the parking is shared, for example, in a strip mall.
- Provide dimensions of all parking areas available on the premises (length x width). The parking area(s) should be marked on the floor plan for the first floor showing the relation to the building.
- Mark the North direction (N ↑) on each page
- Write the date on each page
- Write the legal entity name (and agent's name if a corporation or LLC) on each page
- Write the trade (business) name on each page
- Write the premises address on each page

For outdoor serving areas, a Beer Garden Application must also be completed.

Read carefully before signing: Under penalty provided by law, the applicant states that the above information has been truthfully completed to the best of the knowledge of the signer. 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. Any lack of access to any portion of a licensed premise during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

[Signature] Secretary
 Officer of Corporation/Member of LLC/Partner/Individual

[Signature] SVP-CFO
 Officer of Corporation/Member of LLC/Partner/Individual

Subscribed and Sworn to before me

this 27 day of May, 2016

[Signature]
 Clerk/Notary Public
 My commission expires 8-24-18

Submit this completed form and all related materials to:
 City Clerk, 1110 18th Avenue, Monroe, WI 53566



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@revenue.wi.gov
 website: revenue.wi.gov

Letter ID L1096297888

SHOPKO HOLDING COMPANY LLC
 PO BOX 19060
 GREEN BAY WI 54307-9060

Wisconsin Department of Revenue Seller's Permit

Legal/real name: SHOPKO HOLDING COMPANY LLC #120
Business name: SHOPKO STORES OPERATING CO LLC
 405 W 8TH ST
 MONROE WI 53566-1063

- 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	456-1020161146-03

