

1. Agenda

Documents: [PSHS\\_20151124\\_AG.PDF](#)

2. Complete Packet

Documents: [PSHS\\_20151124\\_PK.PDF](#)



Administrative Offices  
5520 Lacy Road  
Fitchburg, WI 53711-5318  
Phone: (608) 270-4200 Fax: (608) 270-4212  
www.fitchburgwi.gov

**AGENDA  
PUBLIC SAFETY & HUMAN SERVICES COMMITTEE  
TUESDAY, NOVEMBER 24, 2015  
7:00 P.M.  
FITCHBURG CITY HALL**

**NOTICE IS HEREBY GIVEN** that the Fitchburg Public Safety & Human Services Committee will hold a meeting at **7:00 P.M.** on **November 24, 2015** in the Conference Room at the Fitchburg City Hall, 5520 Lacy Rd., Fitchburg, WI for the purpose of:

*(Note: Full coverage of this meeting is available through FACTv and Streaming Video, accessible on the city web site at <http://factv.fitchburgwi.gov/Cablecast/Public/Main.aspx?ChannelID=3>)*

1. **Call to Order**
2. **Approval of Minutes – October 27, 2015**
3. **Public Appearances – Non-Agenda Items**
4. **Consideration of the Following Fermented Malt Beverage and Intoxicating Liquor Licenses: (Issuance Contingent upon Payment of all Fees owed to The City of Fitchburg) All are new applications.**

**CLASS “B” FERMENTED MALT BEVERAGE**

SoHo Gourmet Cuisines, LLC, 2990 Cahill Main – DBA SoHo Gourmet Cuisines – Pak Ho So, Agent

**“CLASS C” RETAILERS’ LICENSE FOR THE SALE OF WINE**

SoHo Gourmet Cuisines, LLC, 2990 Cahill Main – DBA SoHo Gourmet Cuisines – Pak Ho So, Agent

**“CLASS A” CIDER LICENSE**

Speedway, LLC, 2810 Fish Hatchery Road – DBA Speedway #4170 – Kevin N Scheckel, Agent

5. **Temporary Operator Licenses: (Issuance Contingent upon Payment of all Fees Owed to City of Fitchburg)**
  - a. Margaret Groves, Sarah Lange, Steven Leverentz – Get Festive with Agora
6. **Consideration of the Following Application for Temporary Class “B”/“Class B” Retailers License “Picnic License” (Issuance Contingent upon Payment of all Fees Owed to City of Fitchburg) – For Sale of Fermented Malt Beverages and Wine**
  - a. Fitchburg Lions Club, 2523 Targhee Street, Fitchburg, WI for Get Festive with Agora event on Thursday, December 3, 2015 at the Agora, 5500 East Cheryl Parkway, Fitchburg, WI from 4:00 p.m. to 8:00 p.m.

- 7. Operator Licenses needing special attention (Issuance Contingent upon Payment of all Fees Owed to City of Fitchburg – Notes: N = New, All Others = Renewal)**  
Joshua Loret – N; Alan Puskarich – N
- 8. Staff Report- Operator license update**
- 9. Announcements**
  - a. Next meeting date is December 8, 2015
- 10. Adjournment**

Note: It is possible that members of and possibly a quorum of members of other government bodies of the municipality may be in attendance at the above stated meeting to gather information. No action will be taken by any governmental body at the above stated meeting other than the governmental body specifically referred to above in this notice. Please note that, upon reasonable notice, efforts will be made to accommodate the needs of disabled individuals through appropriate aids and services. For additional information or to request this service, contact Fitchburg City Hall, 5520 Lacy Road, Fitchburg WI 53711, (608) 270-4200.



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**CLASS “B” FERMENTED MALT BEVERAGE**

SoHo Gourmet Cuisines, LLC, 2990 Cahill Main – DBA SoHo Gourmet Cuisines – Pak Ho So, Agent

**“CLASS C” RETAILERS’ LICENSE FOR THE SALE OF WINE**

SoHo Gourmet Cuisines, LLC, 2990 Cahill Main – DBA SoHo Gourmet Cuisines – Pak Ho So, Agent

**“CLASS A” CIDER LICENSE**

Speedway, LLC, 2810 Fish Hatchery Road – DBA Speedway #4170 – Kevin N Scheckel, Agent

5. **Temporary Operator Licenses: (Issuance Contingent upon Payment of all Fees Owed to City of Fitchburg)**
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Joshua Loret – N; Alan Puskarich – N
8. **Staff Report- Operator license update**
9. **Announcements**
  - a. Next meeting date is December 8, 2015
10. **Adjournment**

Note: It is possible that members of and possibly a quorum of members of other government bodies of the municipality may be in attendance at the above stated meeting to gather information. No action will be taken by any governmental body at the above stated meeting other than the governmental body specifically referred to above in this notice. Please note that, upon reasonable notice, efforts will be made to accommodate the needs of disabled individuals through appropriate aids and services. For additional information or to request this service, contact Fitchburg City Hall, 5520 Lacy Road, Fitchburg WI 53711, (608) 270-4200.



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Offices  
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Phone: (608) 270-4200 Fax: (608) 270-4212  
www.fitchburgwi.gov

**DRAFT MINUTES  
PUBLIC SAFETY & HUMAN SERVICES COMMITTEE  
TUESDAY, OCTOBER 27, 2015  
7:00 P.M.  
FITCHBURG CITY HALL**

**PRESENT:** Chairperson Carol Poole and Alder Tony Hartmann. Alder Jason Gonzalez – absent. Others present, Patti Anderson, City Clerk.

- 1. Call to Order** 7:04 p.m.
- 2. Approval of Minutes – Motion** by Hartmann to **approve** the **October 13, 2015** minutes. Motion carried.
- 3. Public Appearances – Non-Agenda Items**
- 4.** Motion by Hartmann to **approve** the Following Fermented Malt Beverage and Intoxicating Liquor Licenses: (Issuance Contingent upon Payment of all Fees owed to The City of Fitchburg) All are renewal applications.

**“CLASS A” CIDER LICENSE**

Stop-N-Go of Madison, Inc., 2932 Fish Hatchery Road – DBA Stop-N-Go #285 – Andrew J. Bowman, Agent

Motion carried.

- 5.** Motion by Hartmann to **approve** Operator License needing special attention where applicant must be present: (Issuance Contingent upon Payment of all Fees Owed to City of Fitchburg – Notes: N = New, All Others = Renewal) Imani Satterfield - N

Imani Satterfield was present and spoke regarding her application. She stated that she had been contacted by the Clerk’s office to come in and update her application, but had forgotten until she was notified to appear before the Committee. Satterfield updated her application with the missing information.

Motion carried.

- 6. Staff Report- Operator license update**

Anderson reported that two new licenses were approved.

7. **Announcements**
  - a. Next meeting date is November 10, 2015
8. Motion by Hartmann to **adjourn**. Motion carried.  
Time: 7:18 p.m.

Note: It is possible that members of and possibly a quorum of members of other government bodies of the municipality may be in attendance at the above stated meeting to gather information. No action will be taken by any governmental body at the above stated meeting other than the governmental body specifically referred to above in this notice. Please note that, upon reasonable notice, efforts will be made to accommodate the needs of disabled individuals through appropriate aids and services. For additional information or to request this service, contact Fitchburg City Hall, 5520 Lacy Road, Fitchburg WI 53711, (608) 270-4200.

**CITY OF FITCHBURG  
LIQUOR LICENSE APPLICATIONS  
November 24, 2015  
7:00 P.M.**

**NOTICE IS HEREBY GIVEN** that the following applications have been filed in the Office of the City Clerk of Fitchburg for the sale of beer and/or liquor in said City for such premises as indicated. The applications will be considered by the Public Safety and Human Services Committee at 7:00 p.m. on Tuesday, November 24, 2015 at the Fitchburg City Hall, 5520 Lacy Road, Fitchburg, WI The Common Council will take action on these applications the same night at 7:30 p.m.

**CLASS "B" FERMENTED MALT BEVERAGE**

SoHo Gourmet Cuisines, LLC, 2990 Cahill Main – DBA SoHo Gourmet Cuisines – Pak Ho So, Agent

**"CLASS C" RETAILERS' LICENSE FOR THE SALE OF WINE**

SoHo Gourmet Cuisines, LLC, 2990 Cahill Main – DBA SoHo Gourmet Cuisines – Pak Ho So, Agent

**"CLASS A" CIDER LICENSE**

Speedway, LLC, 2810 Fish Hatchery Road – DBA Speedway #4170 – Kevin N Scheckel, Agent

Patti Anderson  
City Clerk

Publish: November 16, 17, 18

# ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning October 10, 2015 20 15 ;  
ending June 30 20 16

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

County of Dane Aldermanic Dist. No. 2 (if required by ordinance)

1. The named  INDIVIDUAL  PARTNERSHIP  LIMITED LIABILITY COMPANY  
 CORPORATION/NONPROFIT ORGANIZATION

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

2. Name (individual/partners give last name, first, middle; corporations/limited liability companies give registered name): So Pak Ho, SoHo Gourmet Cuisines 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>owner</u>	<u>Pak Ho So</u>	<u>7222 Arctic Fox Pl. 53719</u>
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent	<u>owner</u>	<u>Pak Ho So</u>	<u>7222 Arctic Fox Pl. 53719</u>
Directors/Managers			

3. Trade Name SoHo Gourmet Cuisines Business Phone Number 608-556-7738  
4. Address of Premises 2720 Cahill Main Post Office & Zip Code 53711

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

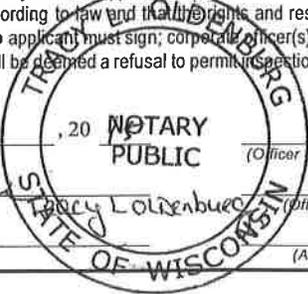
(NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.)

9. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) stored in walk in cooler/counter. served in restaurant (bottles)
10. Legal description (omit if street address is given above): \_\_\_\_\_
11. (a) Was this premises licensed for the sale of liquor or beer during the past license year?  Yes  No  
(b) If yes, under what name was license issued? \_\_\_\_\_
12. 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
13. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776].  Yes  No
14. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No

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 12 day of October, 2015  
Tracy L. Oldenburg (Clerk/Notary Public)  
Tracy L. Oldenburg (Officer of Corporation/Member/Manager of Limited Liability Company/Partner)  
My commission expires Dec 18, 2016  
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)



TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>10-12-15</u>	Date reported to council/board <u>11-24-15</u>	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

76  
10-16-15

Applicant's WI Seller's Permit No. FEI <u>456-1023558391-07</u>	
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100</u>
<input checked="" type="checkbox"/> Class C wine	\$ <u>100</u>
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>100.00</u>
<b>TOTAL FEE</b>	\$ <u>300.00</u>

Rec #  
1-1042

# AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name) <b>SO</b>		(first name) <b>PAK HO</b>		(middle name)	
Home Address (street/route) <b>7222 Arctic Fox Dr.</b>		Post Office	City <b>Madison</b>	State <b>WI</b>	Zip Code <b>53719</b>
Home Phone Number <b>608-556-7738</b>		Age <b>29</b>	Date of Birth <b>[REDACTED]</b>	Place of Birth <b>Hung Kong</b>	

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

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

which is making application for an alcohol beverage license.

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

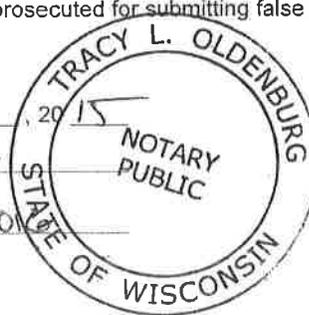
- How long have you continuously resided in Wisconsin prior to this date? 19 years, 3 years, 19 years before that
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality?  Yes  No  
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality?  Yes  No  
If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit?  Yes  No  
If yes, identify. \_\_\_\_\_  
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin?  Yes  No  
If yes, identify. \_\_\_\_\_  
(Name of Wholesale Licensee or Permittee) (Address By City and County)
- Named individual must list in chronological order last two employers.

Employer's Name <b>Soho Gourmet Cuisines</b>	Employer's Address <b>7222 Arctic Fox Dr.</b>	Employed From <b>2012</b>	To <b>2015</b>
Employer's Name <b>Korea Ministry of Education</b>	Employer's Address <b>Korea</b>	Employed From <b>2008</b>	To <b>2011</b>

The undersigned, being first duly sworn on oath, deposes and says 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.

Subscribed and sworn to before me

this 12th day of October  
Tracy L. Oldenburg  
(Clerk/Notary Public)



[Signature]  
(Signature of Named Individual)

My commission expires Dec 18, 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  City of Fitchburg County of Dane

The undersigned duly authorized officer(s)/members/managers of SoHo Gourmet Cuisines 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 SoHo Gourmet Cuisines

located at 2990 Cahill Main Fitchburg, WI 53711  
(street name)

appoints Pak Ho So  
(name of appointed agent)  
7222 Arctic Fox Dr. Madison, WI 53719  
(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? 3 years

Place of residence last year 7222 Arctic Fox Dr. Madison WI 53719

For: SoHo Gourmet Cuisines  
(name of corporation/organization/limited liability company)

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

And: \_\_\_\_\_  
(signature of Officer/Member/Manager)

**ACCEPTANCE BY AGENT**

I, Pak Ho So, hereby accept this appointment as agent for the  
(print/type agent's name)

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

[Signature] 10/12/15 Agent's age 29  
(signature of agent) (date)  
7222 Arctic Fox Dr. Madison, WI 53719 Date of birth 1/1  
(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 10-16-15 by [Signature] Title Police Chief  
(date) (signature of proper local official) (town chair, village president, police chief)

**AGENT AUTHORIZATION LETTER**

Date: 10/12/15

I, Pak Ho So, officer for

Soho Gourmet Cuisines LLC, Soho Gourmet Cuisines  
(Corporation or LLC Name) (D/B/A)

authorize and appoint Pak Ho So as liquor/beer agent for  
(Agent Name)

the premise located at 2996 Cahill Main Fitchburg, WI 53711.  
(Address of Licensed Premise)

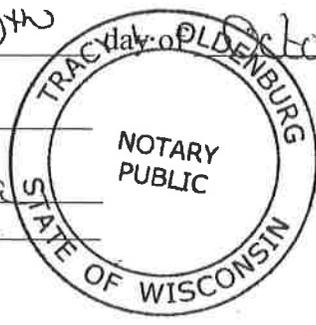
\_\_\_\_\_  
Officer of Corporation or LLC

Subscribed and sworn to before me this 12th day of October 2015

Tracy L. Oldenburg  
Notary Public Tracy L. Oldenburg

State of WI, County of Dane

My Commission Expires: Dec. 18. 2016



APPOINTMENT OF LIQUOR/BEER AGENT

Date: 10/11/18

State of Wisconsin

County of Dane

I, Pak Ho So, appointed liquor/beer agent, for Soho Gourmet CUISINES, being first duly sworn say that I have vested in me, by properly authorized and executed written delegation, full authority and control of the premise described in the license of such corporation, and I am involved in the actual conduct of the business (employee) or have a direct financial interest in the business of the licensee therein relating to the intoxicating liquor/fermented malt beverage. The interest I have in the business is: Soho Gourmet CUISINES.

[Signature]  
Signature of Agent

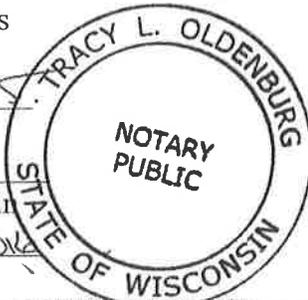
Identify the registered agent for purposes of service of process pursuant to §180.0504, Wis. Stats. for Corporations and 101.0105(8) Wis. Stats. as it pertains to Limited Liability Companies.

Pak Ho So 7222 Arctic Fox Dr.  
Name Mailing Address  
Madison WI 53719  
City State Zip

Subscribed and sworn to before me this

12th day of October 2018.

Tracy L. Oldenburg  
Notary Public, Dane County, Wisconsin  
My commission expires: Dec 18, 2022



PUBLIC SAFETY & HUMANS SERVICES COMMITTEE AND COUNCIL APPROVAL REQUIRED FOR ALL AGENT CHANGES.



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November 13, 2015

SoHo Gourmet Cuisines  
Pak Ho So  
7222 Artic Fox Drive  
Madison, WI 53719

Dear Rocky,

This is a reminder to attend the Public Safety & Human Services Committee Meeting for Tuesday, November 24, 2015 at 7:00 P.M. in the Conference Room at City Hall, 5520 Lacy Road, Fitchburg, WI.

**It will be necessary for you, or someone representing your organization, to attend** this meeting as you will need to be available to answer any questions the committee may have in regards to your application. Please arrive no later than 7:00 p.m.

If you have any questions, please give us a call at 270-4200. Thank you.

Sincerely,

Tracy Oldenburg  
Deputy City Clerk  
City of Fitchburg

Rec # 1-16506

T.O 11-2-15

# ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning \_\_\_\_\_ 20\_\_\_\_; ending JUNE 30 20 16

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

County of DANE Aldermanic Dist. No. \_\_\_\_\_ (if required by ordinance)

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

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

- 2. Name (individual/partners give last name, first, middle; corporations/limited liability companies give registered name): ▶ SPEEDWAY LLC

Applicant's WI Seller's Permit No. 45600004854803		FFIM Number	
<b>LICENSE REQUESTED</b>			
TYPE		FEE	
<input type="checkbox"/> Class A beer		\$	
<input type="checkbox"/> Class B beer		\$	
<input type="checkbox"/> Class C wine		\$	
<input type="checkbox"/> Class A liquor		\$	
<input 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		\$	55
<b>TOTAL FEE</b>		\$	55

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>PRES - ANTHONY RAYMOND KENNEY</u>	<u>10623 SUNDERLAND WOODS CT., CENTERVILLE, OH</u>	
Vice President/Member	<u>V.P. - GLENN MICHAEL PLUMBY</u>	<u>281 SOUTHWOOD TRAIL, BEAVERCREEK, OH</u>	<u>45440</u>
Secretary/Member	<u>SECRETARY - DAVID EUGENE BALL</u>	<u>5560 ENON-XENIA PIKE, FAIRBORN, OH</u>	<u>45324</u>
Treasurer/Member	<u>TREASURER - 221 OLD SPRINGFIELD ROAD, S. CHARLESTON, OH</u>	<u>45368</u>	
Agent	<u>▶ AGENT - KEVIN N SCHECKEL</u>	<u>409 E MADISON STREET, CAMBRIDGE, WI</u>	<u>53523</u>
Directors/Managers	<u>N/A</u>		

- 3. Trade Name ▶ SPEEDWAY 4170 Business Phone Number (608) 271-9779
- 4. Address of Premises ▶ 2810 FISH HATCHERY RD Post Office & Zip Code ▶ FITCHBURG, WI
- 5. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period?  Yes  No
- 6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant?  Yes  No
- 7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business?  Yes  No
- 8. (a) **Corporate/limited liability company applicants only:** Insert state DELAWARE and date 07/18/97 of registration.  
 (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company?  Yes  No  
 (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin?  Yes  No  
 (NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.)
- 9. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) GEN SALES AREA, WALK IN COOLER, MAIN BEER SALES AREA,
- 10. Legal description (omit if street address is given above): ONE STOREROOM
- 11. (a) Was this premises licensed for the sale of liquor or beer during the past license year?  Yes  No  
 (b) If yes, under what name was license issued? SPEEDWAY LLC (SPEEDWAY #4170)
- 12. 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
- 13. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Yes  No
- 14. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No

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 26th day of October, 202015

Katherine S. Borgers  
(Clerk/Notary Public)

David E. Ball David E. Ball, Secretary  
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

Ronald L. Edmiston Ronald L. Edmiston, Treasurer  
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner)

My commission expires 3/16/2019

(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

### TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>11-2-15</u>	Date reported to council/board <u>11-24-15</u>	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

ok 11-5-15

8b. document

**SCHEDULE OF OWNERSHIP**

**SPEEDWAY LLC**

(a Delaware limited liability company; permit holder)

500 Speedway Drive  
Enon, OH 45323

(or)

P.O. Box 1500  
Springfield, OH 45501-1580

President: Anthony R. Kenney  
10623 Sunderland Woods Court  
Centerville, OH 45458

Secretary: David E. Ball  
5560 Enon-Xenia Pike  
Fairborn, OH 45324

Ownership interest: -0-

Ownership interest: -0-

**HOLDER OF OWNERSHIP INTERST IN SPEEDWAY LLC:**

MPC INVESTMENT LLC (a Delaware limited liability company)  
539 South Main Street  
Findlay, Ohio 45840  
Ownership interest: 100%

**HOLDER OF OWNERSHIP INTEREST IN MPC INVESTMENT LLC:**

MARATHON PETROLEUM COPORATION (a Delaware corporation)  
539 South Main Street  
Findlay, Ohio 45840  
Ownership interest: 100%

(\*\*\*) Marathon Petroleum Corporation is a publicly-held company whose common stock is traded on the New York Stock Exchange under the symbol MPC.







REC. 1.10511 11-3-15 RB

### 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: 10/19/2015

Town  Village  City of Fitchburg County of Dane

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 Dec 3 and ending Dec 3 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  Veteran's Organization  Fair Association

(a) Name Fitchburg Lions Club

(b) Address 2523 Targhee St.  Town  Village  City  
(Street)

(c) Date organized: 1984

(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 Thomas MI. D. Rasmussen DOB: \_\_\_\_\_

Vice President Sham MI. Platt DOB: \_\_\_\_\_

Secretary Thomas MI. D. Rasmussen DOB: \_\_\_\_\_

Treasurer Roger MI. L. Tesch DOB: \_\_\_\_\_

(g) Name and address of manager or person in charge of affair: Alice Y. MI. Jensen DOB: \_\_\_\_\_  
2523 Targhee St. Fitchburg PHONE: 273-2991 EMAIL: alickjensen6@gmail.com

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

(a) Street number Agora - 5500 East Cheryl Pkwy, Fitchburg, WI 53711

(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: **MUST PROVIDE SKETCH OF SERVING AREA WITH THIS APPLICATION**

3. NAME OF EVENT

(a) List name of the event Get Festive with Agora # Years for Event: 3

(b) Dates of event December 3, 2015 # of Bartender/Server: 6

(c) Times Serving Alcohol 4pm to 8pm

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 [Signature] 11/2/15  
(Signature/date)

Fitchburg Lions Club  
(Name of Organization)

Officer [Signature] 11-3-15  
(Signature/date)

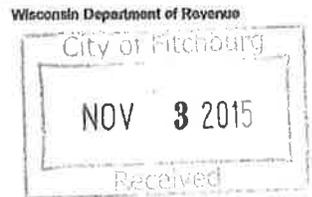
Officer [Signature] 11-3-15  
(Signature/date)

Date Filed with Clerk 11-3-2015

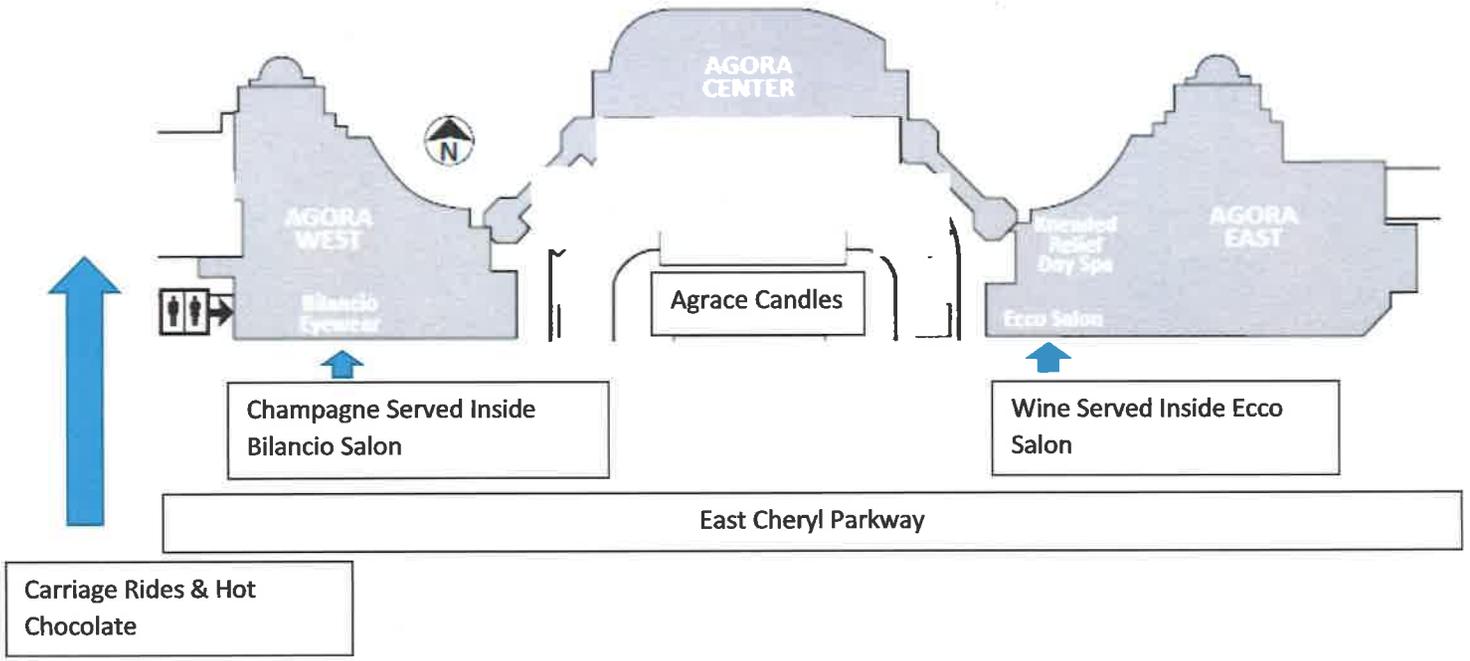
Officer [Signature] 11-3-15  
(Signature/date)  
Date Reported to Council or Board 11-24-2015

Date Granted by Council \_\_\_\_\_

License No. \_\_\_\_\_



#11



Champagne Served Inside Bilancio Salon

Wine Served Inside Ecco Salon

East Cheryl Parkway

Carriage Rides & Hot Chocolate

## Tracy Oldenburg

---

**Subject:** FW: Get Festive with Agora

**From:** Chad Brecklin

**Sent:** Tuesday, November 17, 2015 9:13 AM

**To:** Tracy Oldenburg <Tracy.Oldenburg@fitchburgwi.gov>

**Subject:** RE: Get Festive with Agora

The police department has no concerns regarding this event.

Regards,

Chad



Administrative Offices  
5520 Lacy Road  
Fitchburg, WI 53711-5318  
Phone: (608) 270-4200 Fax: (608) 270-4212  
[www.fitchburgwi.gov](http://www.fitchburgwi.gov)

November 13, 2015

Steven Leverentz  
Get Festive with Agora  
5540 Research Park Drive  
Fitchburg, WI 53711

Dear Steven,

This is a reminder to attend the Public Safety & Human Services Committee Meeting for Tuesday, November 24, 2015 at 7:00 P.M. in the Conference Room at City Hall, 5520 Lacy Road, Fitchburg, WI.

**It will be necessary for you, or someone representing your organization, to attend** this meeting as you will need to be available to answer any questions the committee may have in regards to your event. Please arrive no later than 7:00 p.m.

If you have any questions, please give us a call at 270-4200. Thank you.

Sincerely,

Tracy Oldenburg  
Deputy City Clerk  
City of Fitchburg



**CITY OF FITCHBURG**  
**Operator License Application**  
**(2 Year License) - Expires June 30 of every odd year**

#1334-15

<input checked="" type="checkbox"/> <b>New</b>	\$70	Date Rec'd: 10/27/15	Cash <input checked="" type="checkbox"/>	Check # _____
<input type="checkbox"/> <b>Renewal</b>	\$70	Receipt # 10491-RB		
<input type="checkbox"/> <b>Provisional</b>	\$15	Applicant Rec'd City Policy Guidelines: JL		

Note: Application fee will NOT be refunded if denied or withdrawn. A Police check will be completed. Please read carefully and answer honestly. Falsification and/or misrepresentation may be grounds for denial of license/permit. **APPLICANT CANNOT REAPPLY FOR A 6 MONTH PERIOD FROM DATE OF DENIAL**

1. Legal Name: Joshua A Loret Sex  (M)  (F)

Address: 662 South Main St Phone: 608-669-4444

City: Oregon State: WI Zip: 53575 Date of Birth: \_\_\_\_\_

How long have you lived at above address? 8 years in WI 2 years Driver's Lic. # \_\_\_\_\_

Former Names: \_\_\_\_\_ Place of Employment: P.O. 6208 McKee #131

Prior Street Address if Above Address is Less Than 5 Years	City	State	Zip	From	To

2. Have you ever been convicted of a felony? Yes  No

3. Within the past ten (10) years, have you been arrested for, received a summons to appear in court for, or paid a fine for any of the following?

a) Any underage alcohol violation?	YES <input type="radio"/>	NO <input checked="" type="radio"/>
b) Operating a motor vehicle while intoxicated?	YES <input checked="" type="radio"/>	NO <input type="radio"/>
c) Selling or furnishing alcoholic beverages to underage person?	YES <input type="radio"/>	NO <input checked="" type="radio"/>
d) Permitting underage person on licensed premises?	YES <input type="radio"/>	NO <input checked="" type="radio"/>
e) Allowing persons on licensed premises after closing?	YES <input type="radio"/>	NO <input checked="" type="radio"/>
f) Any alcohol related violation other than a, b, c, d, and e?	YES <input type="radio"/>	NO <input checked="" type="radio"/>
g) Sale or possession of drugs of any kind?	YES <input type="radio"/>	NO <input checked="" type="radio"/>
h) Fighting, disorderly conduct, assault, or battery?	YES <input checked="" type="radio"/>	NO <input checked="" type="radio"/>
i) Resisting arrest or obstructing an officer?	YES <input checked="" type="radio"/>	NO <input checked="" type="radio"/>

4. For each YES response in #3, you must identify all violations below. Attach additional sheets if necessary or continue on the back of this application. For OWI charge in the last 2 years, proof of alcohol assessment program required.

Type of Arrest, Summons, Violation or Charge	Month/Year	City	State
<u>OWI</u>	<u>12/14</u>	<u>Oregon</u>	<u>WI</u>
<u>Dis con Act</u>	<u>12/16/08</u>	<u>FITCHBURG</u>	<u>WI</u>
<u>Obstructing</u>	<u>10/8/08</u>	<u>FITCHBURG</u>	<u>WI</u>
<u>Obstructing</u>	<u>9/10/10</u>	<u>FITCHBURG</u>	<u>WI</u>

5. Within the last two (2) years, did you have or complete one of the following:

<input type="checkbox"/> Successfully completed a Responsible Alcohol Servers Course	<input type="checkbox"/> An alcohol agent for a retail alcohol license
<input checked="" type="checkbox"/> Held an Operator's License issued in Wisconsin	<input type="checkbox"/> The sole proprietor of retail alcohol license

6. **CERTIFICATION:** I do hereby swear, under penalty of perjury, that I am the person who made and signed the foregoing application for an operator's license, and that all statements herein are complete, true and correct. I further understand a full background investigation may be conducted by the Fitchburg Police Department prior to consideration of this application. Additionally, I understand that this application may be denied if it contains any falsification and that I will not be able to renew my application, if it was previously falsified, for a 6 month period. I do further agree to comply with all laws, resolutions, ordinances, and regulations, federal, state or local - affecting the sale of fermented malt beverages and intoxicating liquors.

Signature: Joshua A Loret

Printed Name: Joshua A Loret Date: 10/27/15

INVESTIGATION: Case # 15-17451 Date: 11-05-15

APPROVED / DENIED:

P.O. [Signature]



Administrative Offices  
5520 Lacy Road  
Fitchburg, WI 53711-5318  
Phone: (608) 270-4200 Fax: (608) 270-4212  
[www.city.fitchburg.wi.us](http://www.city.fitchburg.wi.us)

October 29, 2015

JOSHUA A. LORET  
662 SOUTH MAIN ST.  
OREGON WI 53575

Dear Joshua,

This letter is to notify you that your recent application for an Operator's License was returned to our office for omitted information as reported by the Police Department during their background investigation. The City of Fitchburg's Alcohol Policy Guidelines requires applications be approved by the Police Department prior to being submitted for approval to the Public Safety & Human Services Committee.

In addition, our Clerk of Courts notified us that you have an outstanding balance for a citation with the City of Fitchburg, all fines need to be paid before we can issue your Operators License.

The City of Fitchburg would like to allow you the opportunity to include the omitted information, and pay everything so that we can issue your license. Please come to Fitchburg City Hall at 5520 Lacy Road in Fitchburg to make a payment or to set up a payment plan, and include your omitted information on your application. Our office hours are Monday through Friday from 7:30 A.M. to 4:30 P.M.

If you have any questions, please do not hesitate to contact our office at 270-4200.

Sincerely,

Yesenia Arce  
Clerk's Office  
City of Fitchburg

cc: **PDQ #131**



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5520 Lacy Road  
Fitchburg, WI 53711-5318  
Phone: (608) 270-4200 Fax: (608) 270-4212  
[www.fitchburgwi.gov](http://www.fitchburgwi.gov)

November 10, 2015

Joshua A. Loret  
662 South Main St.  
Oregon, WI 53575

Dear Joshua,

This letter is to notify you that your recent application for an Operator's License was approved through the Police Department. However, because your application indicated an OWI charge within the past two (2) years, you will be required to meet with the City of Fitchburg Public Safety and Human Services Committee. In addition, proof of your completed alcohol assessment program is required.

You have been scheduled to meet with the Public Safety and Human Services Committee on Tuesday, November 24, 2015 at 7:00 PM. The meeting will be held in the Conference Room. Please bring a copy of your alcohol assessment program at that time.

If you have any questions, please do not hesitate to contact our office at 270-4200. Thank you.

Sincerely,

Yesenia Arce  
Clerk's Office  
City of Fitchburg

cc: PDQ STORE #131



**CITY OF FITCHBURG**  
**Operator License Application**  
**(2 Year License) - Expires June 30 of every odd year**

<input checked="" type="checkbox"/> <b>New</b>	\$70	Date Rec'd: <u>10-27-15</u>	Cash <input type="checkbox"/>	Check # <u>1273</u>
<input type="checkbox"/> <b>Renewal</b>	\$70	Receipt # <u>10493-RB</u>	Lic. # Issued _____	
<input type="checkbox"/> <b>Provisional</b>	\$15	Applicant Rec'd City Policy Guidelines: <u>[Signature]</u>		

Note: Application fee will NOT be refunded if denied or withdrawn. A Police check will be completed. Please read carefully and answer honestly. Falsification and/or misrepresentation may be grounds for denial of license/permit. **APPLICANT CANNOT REAPPLY FOR A 6 MONTH PERIOD FROM DATE OF DENIAL.**

1. Legal Name: Alan James Puskarich Sex M  F

Address: 2524 S Stoughton rd Phone: 608-228-3761

City: Madison State: WI Zip: 53716 Date of Birth: \_\_\_\_\_

How long have you lived at above address? 1 In WI 10 Driver's Lic. # \_\_\_\_\_

Former Names: None Place of Employment: Tuscany Grill

Prior Street Address if Above Address is Less Than 5 Years	City	State	Zip	From	To
<u>317 Village Green Ln W</u>	<u>Madison</u>	<u>WI</u>	<u>53711</u>	<u>2008</u>	<u>2015</u>

2. Have you ever been convicted of a felony? Yes  No

3. Within the past ten (10) years, have you been arrested for, received a summons to appear in court for, or paid a fine for any of the following?

a) Any underage alcohol violation?	YES	NO <input checked="" type="checkbox"/>
b) Operating a motor vehicle while intoxicated?	YES <input checked="" type="checkbox"/>	NO
c) Selling or furnishing alcoholic beverages to underage person?	YES	NO <input checked="" type="checkbox"/>
d) Permitting underage person on licensed premises?	YES	NO <input checked="" type="checkbox"/>
e) Allowing persons on licensed premises after closing?	YES	NO <input checked="" type="checkbox"/>
f) Any alcohol related violation other than a, b, c, d, and e?	YES	NO <input checked="" type="checkbox"/>
g) Sale or possession of drugs of any kind?	YES	NO <input checked="" type="checkbox"/>
h) Fighting, disorderly conduct, assault, or battery?	YES <input checked="" type="checkbox"/>	NO
i) Resisting arrest or obstructing an officer?	YES	NO <input checked="" type="checkbox"/>

4. For each YES response in #3, you must identify all violations below. Attach additional sheets if necessary or continue on the back of this application. For OWI charge in the last 2 years, proof of alcohol assessment program required.

Type of Arrest, Summons, Violation or Charge	Month/Year	City	State
<u>OWI</u>	<u>2014</u>	<u>Madison</u>	<u>WI</u>
<u>Battery</u>	<u>2013</u>	<u>Poynett</u>	<u>WI</u>
<u>OWI</u>	<u>2007</u>	<u>Madison</u>	<u>WI</u>

5. Within the last two (2) years, did you have or complete one of the following:

Successfully completed a Responsible Alcohol Servers Course

Held an Operator's License issued in Wisconsin

Completion of alcohol assessment program - attached

An alcohol agent for a retail alcohol license

The sole proprietor of retail alcohol license

6. **CERTIFICATION:** I do hereby swear, under penalty of perjury, that I am the person who made and signed the foregoing application for an operator's license, and that all statements herein are complete, true and correct. I further understand a full background investigation may be conducted by the Fitchburg Police Department prior to consideration of this application. Additionally, I understand that this application may be denied if it contains any falsification and that I will not be able to renew my application, if it was previously falsified, for a 6 month period. I do further agree to comply with all laws, resolutions, ordinances, and regulations, federal, state or local - affecting the sale of fermented malt beverages and intoxicating liquors.

Signature: [Signature] E-Mail: \_\_\_\_\_

Printed Name: Alan Puskarich Date: 10/16/15

INVESTIGATION: APPROVED DENIED

Case # 15-17893 Date: 11-6-15

Police Department Signature: [Signature] Denied based on guideline # \_\_\_\_\_



Administrative Offices  
5520 Lacy Road  
Fitchburg, WI 53711-5318  
Phone: (608) 270-4200 Fax: (608) 270-4212  
[www.fitchburgwi.gov](http://www.fitchburgwi.gov)

November 12, 2015

Alan James Puskarich  
2524 S. Stoughton Road  
Madison, WI 53716

Dear Alan,

This letter is to notify you that your recent application for an Operator's License was approved through the Police Department. However, because your application indicated an OWI charge within the past two (2) years, you will be required to meet with the City of Fitchburg Public Safety and Human Services Committee. In addition, proof of your completed alcohol assessment program is required.

You have been scheduled to meet with the Public Safety and Human Services Committee on Tuesday, November 24, 2015 at 7:00 PM. The meeting will be held in the Conference Room, just down the hall from the Clerk's Office. Please bring a copy of your alcohol assessment program at that time.

If you have any questions, please do not hesitate to contact our office at 270-4200. Thank you.

Sincerely,

A handwritten signature in cursive script that reads 'Ruth M. Becker'.

Ruth M. Becker  
Clerk's Office  
City of Fitchburg

cc: Manager, Tuscany Grill