



ADMINISTRATIVE COMMITTEE AGENDA

Date and Time: Friday, June 17, 2022 at 12:00PM
Location: City Hall, 101 South Boulevard, Baraboo, WI 53913
Room: C205 *Dennis O Thurow* Committee Room

Notices:

Members Noticed: Alderpersons: Kathleen Thurow, Heather Kierzek & Bryant Hazard
Citizen or other notices: Mayor Rob Nelson, City Administrator Casey Bradley; Interim Police Chief Rob Sinden; Finance Director Julie Ostrander; City Engineer Tom Pinion; Clerk Brenda Zeman; Storm Larson, Boardman & Clark LLP; Library for subsequent posting, and Media

- 1) Call to Order:
 - a) Roll call of members
 - b) Note Compliance with Open Meeting Law.
 - c) Approve minutes – June 7, 2022.
 - d) Approve agenda.
- 2) Action Item(s):
 - a) Review and recommendation to the Common Council for a Class “A” Fermented Malt Beverage License for Emma’s Mexican Market, 507 South Blvd.
 - b) Review and recommendation to the Common Council for a “Class B” Combination Liquor and Fermented Malt Beverage License for Old Baraboo Inn, LLC, 135 Walnut Street.
- 3) Information Item(s):
 - a) Date and time of next meeting: Tuesday, July 5, 2022 at 8:00AM
- 4) Adjournment:

For more information about the City of Baraboo, visit our website at www.cityofbaraboo.com.

Agenda prepared by Brenda Zeman, (608) 355-2700

Agenda posted by Kris Denzer on June 16, 2022

Any person, who has a qualifying disability as defined by the Americans with Disabilities Act and requires the meeting or materials at the meeting to be in an accessible location or format, should contact the Baraboo City Clerk at 101 South Boulevard, Baraboo, Wisconsin or by phone (608) 355-2700 during regular business hours at least 48 hours before the meeting to ensure reasonable arrangements are made to accommodate each request.

57M

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 7/1/22 ending: 6/30/23
(mm dd/yyyy) (mm dd/yyyy)

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

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

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

Applicant's Wisconsin Seller's Permit Number <u>456-1030860522-02</u>	
FEIN Number <u>38-4119778</u>	
TYPE OF LICENSE REQUESTED	FEE
<input checked="" type="checkbox"/> Class A beer	\$ <u>250-</u>
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>35-</u>
TOTAL FEE	\$ <u>285-</u> PAID

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)
Emma's Mexican Market cost JUN 07 2022

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

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Ortiz Modesto</u>	<u>Abraham</u>		<u>25 fawn dr. Baraboo WI 53913</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Noñez Ruiz</u>	<u>Yajaira</u>		<u>25 fawn dr. Baraboo WI 53913</u>
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Noñez Ruiz</u>	<u>Yajaira</u>		<u>25 fawn dr. Baraboo WI 53913</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name Emma's Mexican Market Business Phone Number 608-581-8108
2. Address of Premises 507 South Blvd Post Office & Zip Code Baraboo WI 53913

3. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)
Retail grocery store that has a office room and storage room behind.

4. Legal description (omit if street address is given above): _____
5. (a) Was this premises licensed for the sale of liquor or beer during the past license year? Yes No
(b) If yes, under what name was license issued? _____

6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? **If yes, explain** Yes No
7. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? Yes No
If yes, explain.
8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? **If yes, explain** Yes No
9. (a) **Corporate/limited liability company applicants only:** Insert state Wj. and date 03/2019 of registration.
- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? **If yes, explain** Yes No
- (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? **If yes, explain.** Yes No
10. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277] Yes No
11. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] Yes No
12. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

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

Contact Person's Name (Last, First, M.I.) <u>Noñez Roíz Yajaira</u>	Title/Member <u>Manager</u>	Date <u>07/06/2022</u>
Signature <u>Yajaira Roíz</u>	Phone Number	Email Address

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>6-7-22</u>	Date reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 7/1/22 ending: 6/30/23
(mm dd yyyy) (mm dd yyyy)

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

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

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

Applicant's Wisconsin Seller's Permit Number <u>456-000053851203</u>	
FEIN Number <u>39-2030501</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100.00
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ 500.00
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 15.00
TOTAL FEE	\$ 615.00

B7M

Name (Individual / partners give last name, first, middle; corporations / limited liability companies give registered name)
OLD BARABOO INN L.L.C.

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

President / Member Last Name <u>Kau</u>	(First) <u>Matthew</u>	(Middle Name) <u>Mark</u>	Home Address (Street, City or Post Office, & Zip Code) <u>6384TH AVE Baraboo, WI 53913</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Agent Last Name <u>SAME</u>	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name OLD BARABOO INN Business Phone Number 608-356-2529
 2. Address of Premises 135 WALNUT ST Post Office & Zip Code BARABOO, 53913

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

4. Legal description (omit if street address is given above): _____
 5. (a) Was this premises licensed for the sale of liquor or beer during the past license year? Yes No
 (b) If yes, under what name was license issued? OLD BARABOO INN L.L.C.

6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? **If yes, explain** Yes No
7. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? Yes No
If yes, explain.
8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? **If yes, explain** Yes No
9. (a) **Corporate/limited liability company applicants only:** Insert state _____ and date _____ of registration.
- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? **If yes, explain** Yes No
- (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? **If yes, explain.** Yes No
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Contact Person's Name (Last, First, M.I.) <i>MATHEW MARK RAU</i>	Title/Member <i>Member</i>	Date <i>6-7-22</i>
Signature <i>Matthew M Rau</i>	Phone Number	Email Address

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <i>6-7-22</i>	Date reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	