

# ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning 20 ;  
ending June 30 20 10

TO THE GOVERNING BODY of the:  Town of }  
 Village of } MENASHA  
 City of }  
County of WINNEBAGO Aldermanic Dist. No. \_\_\_\_\_ (if required by ordinance)

Applicant's Wisconsin Seller's Permit Number:	
Federal Employer Identification Number (FEIN):	
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Wholesale beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class B liquor	\$
<input checked="" type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$ <u>50.00</u>
<b>TOTAL FEE</b>	\$

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): ▶ AMERICANOS DRUM & BUGLE CORPS INC.

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 JEROME KOLOSSO PRES. W6394 MANITOWOC RD APPLETON 54915

Vice President/Member \_\_\_\_\_

Secretary/Member \_\_\_\_\_

Treasurer/Member TREAS SANDRA BARLOW 2801 W PARKMOOR CT APPLETON 54914

Agent ▶ SANDRA BARLOW " " " " "

Directors/Managers \_\_\_\_\_

3. Trade Name ▶ AMERICANOS CENTRE Business Phone Number 920 722-5543

4. Address of Premises ▶ 1615 DRUM CORPS DR Post Office & Zip Code ▶ MENASHA 54952

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 WI 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, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) LARGE HALL, STORAGE ROOM, GARAGE, OFFICE

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 a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown in Section 2, above? [phone (608) 266-2776]  Yes  No

14. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  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 14th day of July, 20 09

William D. Smith  
(Clerk/Notary Public)

My commission expires 12/9/2012

Sandra Barlow  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)

Sandra Barlow  
(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>7/14/09</u>	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

# AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

INDIVIDUAL'S FULL NAME (Please Print) (Last Name)		(First Name)	(Middle Name)	SOCIAL SECURITY NUMBER	
Kolosso		JRome	E		
HOME ADDRESS (Street/Route)		POST OFFICE		STATE	ZIP CODE
W6394 MANITOWOC Rd		APPLETON		WI	54915
HOME PHONE NUMBER		AGE	DATE OF BIRTH	PLACE OF BIRTH	
920 716 3578				WISC.	

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.
- Officer of AMERICANOS DRUM & BUGLE CORPS INC  
(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:

1. How long have you continuously resided in Wisconsin prior to this date? 46 years
2. 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 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.)  
DWI - 2005 - KAUKAUNA DWS Winnebago Co 1992
3. 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 municipality? . . . . Yes  No   
(If yes, describe status of charges pending.)
4. 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.) OWNER LAKE PARK PUB TOWN OF HARRISON  
(NAME, LOCATION AND TYPE OF LICENSE/PERMIT)
5. 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 license, brewery permit or wholesale liquor permit in the State of Wisconsin? . . . . . Yes  No   
(If yes, identify.) \_\_\_\_\_  
(NAME OF WHOLESALE LICENSEE OR PERMITTEE) (ADDRESS BY CITY AND COUNTY)
6. Named Individual must list in chronological order last two employers.  

Employer's Name	Employer's Address	Employed From	To
<u>OWNER LAKE PARK PUB</u>	<u>NS904 LAKE PARK RD, MEN</u>	<u>1998</u>	<u>PRESNT</u>
<u>AMERICANOS</u>	<u>1615 DRUM CORPS DR. MAN.</u>	<u>1991</u>	<u>1998</u>

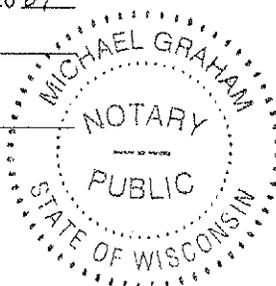
The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that 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 15<sup>th</sup> day of July, 2009  
[Signature]  
(CLERK/NOTARY PUBLIC)

[Signature]  
(SIGNATURE OF NAMED INDIVIDUAL)

My commission expires 5-8-2011



Printed on Recycled Paper  
Wisconsin Department of Revenue

**AUXILIARY QUESTIONNAIRE  
ALCOHOL BEVERAGE LICENSE APPLICATION**

*W. O. H. H.*

Submit to municipal clerk.

INDIVIDUAL'S FULL NAME (Please Print) (Last Name)		(First Name)	(Middle Name)	SOCIAL SECURITY NUMBER	
BARLOW		SANDRA	M		
HOME ADDRESS (Street/Route)		POST OFFICE	STATE	ZIP CODE	
2801 W. PARKMOOR CT		APPLETON	WI	54914	
HOME PHONE NUMBER	AGE	DATE OF BIRTH	PLACE OF BIRTH		
(920) 332-0682			ANTIGO WI		

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.
- OFFICER of AMERICANOS DRUM & BUGLE CORPS INC.  
(Officer/Director/Member/Manager/Agent) (NAME OF CORPORATION, LIMITED LIABILITY COMPANY OR NONPROFIT ORGANIZATION)  
 which is making application for an alcohol beverage license.

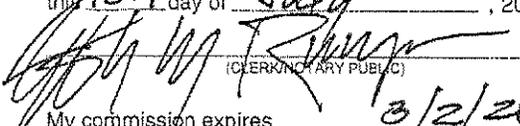
The above named individual provides the following information to the licensing authority:

1. How long have you continuously resided in Wisconsin prior to this date? 51 years
2. 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 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.)
3. 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 municipality? . . . . Yes  No   
 (If yes, describe status of charges pending.)
4. 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)
5. 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 license, brewery permit or wholesale liquor permit in the State of Wisconsin? . . . . . Yes  No   
 (If yes, identify.) \_\_\_\_\_  
(NAME OF WHOLESALE LICENSEE OR PERMITTEE) (ADDRESS BY CITY AND COUNTY)
6. Named individual must list in chronological order last two employers.  

Employer's Name	Employer's Address	From	To
SPURLOCK RUNYAN MILLER	1121 W VALLEY RD MENASHA	10/07	PRESENT
SPEEDY CLEAN DRAIN & SEWER	BUCHANAN ST APPLETON	2/07	10/07

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 13<sup>th</sup> day of JULY, 2009  
  
(CLERK/NOTARY PUBLIC)  
 My commission expires 3/2/2011

Sandra Barlow  
(SIGNATURE OF NAMED INDIVIDUAL)

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 MENASHA County of WINNEBAGO

The undersigned duly authorized officer(s)/members/managers of AMERICANOS DRUM & BUGLE CORPS INC (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

AMERICANOS CENTRE (trade name)

located at 1615 DRUM CORPS DR MENASHA WI

appoints SANDRA BARLOW (name of appointed agent)

2801 W PARKMOOR CT APPLETON WI (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 [X] 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 [X] No

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 51 yrs

Place of residence last year 2801 W. PARKMOOR CT. APPLETON WI

For: AMERICANOS DRUM & BUGLE CORPS INC (name of corporation/organization/limited liability company)

By: (signature of Officer/Member/Manager)

And: (signature of Officer/Member/Manager)

ACCEPTANCE BY AGENT

I, SANDRA BARLOW (print/type agent's name) hereby accept this appointment as agent for the

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.

Sandra Barlow (signature of agent)

(date)

Agent's age

2801 W. PARKMOOR CT APPLETON WI (home address of agent)

Date of birth

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 07/28/2009 (date) by

(signature of proper local official)

Title Chief of Police (town chair, village president, police chief)



## **Memorandum**

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TO: Debbie Galeazzi, City of Menasha Clerk

FROM: Assistant Chief/Fire Marshall Al Auxier

DATE: July 27, 2009

RE: Liquor License for Americanos Drum and Bugle Corps. Inc. 1615 Drum Corps. Drive

Neenah-Menasha Fire Rescue, NMFR, did a Liquor License inspection of the 1615 Drum Corps Drive property on 7/27/09 and found fire violations that would not prevent the approval of the Liquor License for Americanos Drum and Bugle Corps. Inc. Therefore, NMFR would recommend approval of the Liquor License for this property.

Call or email me with any questions or concerns.

Al Auxier  
Assistant Chief/Fire Marshall  
Neenah-Menasha Fire Rescue  
aauxier@nmfire.org  
(920)886-6203, office  
(920)209-9509, cell



**Date:** July 27, 2009

**To:** City of Menasha Common Council

**From:** Todd Drew, R.S. – Sanitarian   
City of Menasha Health Department

**Re: Liquor License Application – Americanos Centre**

An inspection was conducted at the Americanos Centre who submitted a liquor license application for the July 1, 2009 - June 30, 2010 license year.

The health inspection conducted in these establishments included standard sanitation, equipment condition, food safety, plumbing, employee hygiene, toilet and hand washing facilities, insect and rodent control and general condition using Wisconsin Administrative Code and the Wisconsin Food Code (Food Establishment Code) as a basis for inspection procedures.

The inspection conducted in this establishment did not cite any health violations which would necessitate a recommendation to hold the license application.

If you should have any questions regarding this information, please do not hesitate to contact me.



Menasha

City of Menasha • Department of Community Development

To: Debbie Galeazzi  
From: Building Inspection Department  
Date: 7/29/09

RE: Liquor License Inspection

*Americanos Drum & Bugle Club*

Address: 1615 Drum Corp. Drive

The premise at the above address has been inspected for compliance with State and Local Building Codes and found to be:

COMPLIANT

NON - COMPLIANT  
Recommend delaying license approval until all  
Violations are corrected.

Respectfully submitted

City of Menasha Building Inspector

Dan Coffey

  
City of Menasha Building Inspector