September 30, 2010

To: Common Council

From: Debbie Galeazzi, Clerk

Subject: Vertigo 1894 LLC, 167 Main Street

A Reserve "Class "B" application to deal in fermented malt beverages and intoxicating liquor for the 2010-2011 licensing year has been filed by Vertigo 1894, LLC for the premises at 167 Main Street.

The Police Dept. has done a background check on Dan Pamenter, member of LLC and has no reason to deny a license based on their findings. The Fire Dept., Health Dept., and Building Inspectors have inspected the property and find it is in compliant with State and local codes.

Based on this, staff is recommending approval of the license.

140 Main Street • Menasha, Wisconsin 54952-3151 • Phone (920) 967-3603 • Fax (920) 967-5273
www.cityofmenasha-wi.gov

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning October 20 10 ;
ending June 30 20 11

TO THE GOVERNING BODY of the: ☐ Town of ☐ Village of ☑ City of } Menasha

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**
☐ Class A beer	$
☐ Class B beer	$
☐ Wholesale beer	$
☐ Class C wine	$
☐ Class A liquor	$
☐ Class B liquor	$
☑ Reserve Class B liquor	$ 10,000.
Publication fee	$ 50.
TOTAL FEE	$

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): ▶ Vertigo 1894 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	Member	Dan Pamenter	2725 W. Capitol Drive	Appleton 54914
Vice President/Member				
Secretary/Member				
Treasurer/Member				
Agent ▶		Dan Pamenter	2725 W. Capitol Drive	Appleton 54914
Directors/Managers				

3. Trade Name ▶ Vertigo 1894 Business Phone Number 730-9100
4. Address of Premises ▶ 167 Main Street 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 _____ 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.) First floor area
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 15th day of September, 20 10

Deborah A. Gallazzi
(Clerk/Notary Public)

My commission expires 8/5/12

Dan Pamenter
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

(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 9/15/10	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	