



MEMORANDUM

DATE: May 12, 2016
TO: Common Council
FROM: Debbie Galeazzi, Clerk
SUBJECT: Menashafest Inc, d/b/a Festival Foods,
1355 Oneida Street, Menasha

An application for a “Class A” Intoxicating Liquor and Fermented Malt Beverage for the 2015-2016 liquor licensing year has been submitted by Menashafest Inc, d/b/a Festival Foods for the premises at 1355 Oneida Street, Menasha.

In accordance with Section 7-2-8 of the City Code, the Police Department completed a background check and has no objections. The Fire Department, Health Department, and Building Inspectors have inspected the property and have no reason to hold up the liquor license approval. All financial obligations to the City are current.

Staff recommends approving the “Class A” Intoxicating Liquor and Fermented Malt Beverage Application of Menashafest Inc.

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning JUNE 10 20 16 ;
ending JUNE 30 20 16

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

County of CALUMET 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): MENASHAFEST INC

Applicant's WI Seller's Permit No.: 456102912442202		FEIN Number: 47-4526190	
LICENSE REQUESTED ▶			
TYPE		FEE	
<input checked="" type="checkbox"/> Class A beer		\$	
<input type="checkbox"/> Class B beer		\$	
<input type="checkbox"/> Class C wine		\$	
<input checked="" 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>50.00</u>
TOTAL FEE		\$	

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>MARK DAVID SKOGEN</u>	<u>1650 HAWTHORNE HEIGHTS DR DEPERE, WI</u>	<u>54115</u>
Vice President/Member			
Secretary/Member	<u>KIRK ALLAN STOA</u>	<u>N6818 JO JOHNSON RD HOLMEN, WI</u>	<u>54636</u>
Treasurer/Member	<u>KIRK ALLAN STOA</u>	<u>N6818 JO JOHNSON RD HOLMEN, WI</u>	<u>54636</u>
Agent	<u>JASON STINGL</u>	<u>909 EAST KRAMER LANE APPLETON, WI</u>	<u>54915</u>
Directors/Managers	<u>DIRECTOR- MARK SKOGEN</u>	<u>AGENT- JASON STINGL</u>	

3. Trade Name FESTIVAL FOODS Business Phone Number 608-779-2722
4. Address of Premises 1355 ONIEDA STREET Post Office & Zip Code MENASHA, WI 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 WISCONSIN and date 6/25/16 of registration. Yes No
(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.)

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?

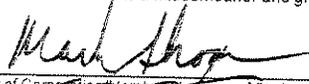
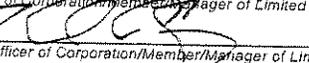
12. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5) before beginning business? [phone 1-800-937-8864] Yes No

13. Does the applicant have a Wisconsin Seller's Permit? [phone (608) 266-2776] Yes No
14. Does the applicant intend to 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 applicant. The applicant agrees to abide by the laws 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 20 day of April, 20 16

(Clerk/Notary Public)
My commission expires Aug 3, 2019


(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	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
<u>4/20/16</u>			
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)	
SKOGEN		MARK	DAVID	
Home Address (street/route)	Post Office	City	State	Zip Code
1650 HAWTHORNE HEIGHTS DR		DE PERE	WI	54115
Home Phone Number	Age	Date of Birth	Place of Birth	
920-309-2200				

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 ManashaFest 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:

- How long have you continuously resided in Wisconsin prior to this date? 4 1/2 years
- 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. See attached list
(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)

6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
Skogen's/Festival Foods	237 2nd Ave S, Onalaska, WI 54650		
Employer's Name	Employer's Address	Employed From	To
	Family Owned Business Since 1946		

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 20 day of April, 20 16

Tanya Miske
(Clerk/Notary Public)

My commission expires Aug 3, 2019

Tanya Miske
Notary Public
State of Wisconsin

Mark Skogen
(Signature of Named Individual)



Printed on Recycled Paper

Wisconsin Department of Revenue

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
STOA		KIRK		ALLAN	
Home Address (street/route)		Post Office	City	State	Zip Code
N6818 JO JOHNSON RD			HOLMEN	WI	54636
Home Phone Number		Age	Date of Birth	Place of Birth	
608-526-2838					

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 Muneshafest 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:

- How long have you continuously resided in Wisconsin prior to this date? 8 years
- 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. See attached list
(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)

6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
Select Comfort Corp	6105 Trenton Ln, Plymouth, MN 55442	2000	2008
The Pillsbury Co	1 General Mills Blvd, Minneapolis, MN	1996	2000

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 20 day of April, 2016

Misk
(Clerk/Notary Public)

[Signature]
(Signature of Named Individual)

My commission expires Aug 3, 2019

Tanya Miske
Notary Public
State of Wisconsin



AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
STINGL		JASON		STEVEN	
Home Address (street/route)		Post Office	City	State	Zip Code
909 EAST KRAMER LANE			APPLETON	WI	54915
Home Phone Number		Age	Date of Birth	Place of Birth	
715-797-6882					

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.
- Agent of Menashafest 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:

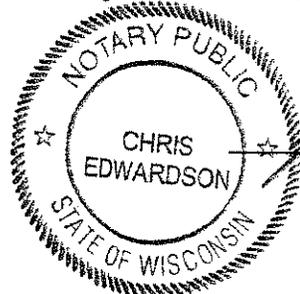
- How long have you continuously resided in Wisconsin prior to this date? 33 years
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? 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. Agent for Albertfest Inc in Appleton, WI
(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	Employer's Address	Employed From	To
Festival has been the only job			

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 27th day of APRIL, 20 16

(Clerk/Notary Public)




(Signature of Named Individual)

My commission expires 12/18/2016



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 of Menasha County of Calumet
 City

The undersigned duly authorized officer(s)/members/managers of Menashafest 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 Festival Foods
(trade name)

located at 1355 Oneida Street, Menasha, WI 54952

appoints Jason Stingl
(name of appointed agent)
909 East Kramer Lane, Appleton, WI 54915
(home address of appointed agent)

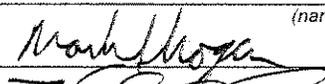
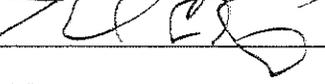
to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/organization/limited liability 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).
Albertfest Inc- Appleton, WI

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? 33 years

Place of residence last year 909 East Kramer Lane, Appleton, WI 54915

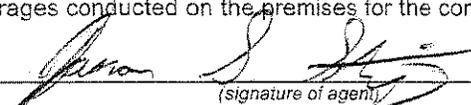
For: Menashafest Inc
(name of corporation/organization/limited liability company)
By: 
(signature of Officer/Member/Manager)
And: 
(signature of Officer/Member/Manager)

ACCEPTANCE BY AGENT

I, Jason Stingl, 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.

 4/20/16 Agent's age _____
(signature of agent) (date)
909 East Kramer Lane, Appleton, WI 54915 Date of birth _____
(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 5/12/16 by Ronald Bouchard Title lt - Police Dept
(date) (signature of proper local official) (town chair, village president, police chief)



Store #	Store Name	Address	City	State	ZIP	Phone	Fax	Store Director	Store Dir. Ext.	VP Store Ops / Scheduling Operations	Open Date
2715	Copeland	30 Copeland Avenue	La Crosse	WI	54603	608-785-1000	608-785-1021	Keith Buswell	1580	Steve Burkhardt	3/21/2006
2716	Darby	W3195 Van Roy Road	Appleton	WI	54915	920-968-2200	920-968-2203	Steve Chagdes	1697	Steve Burkhardt	11/8/2006
2721	De Pere	1001 Main Avenue	De Pere	WI	54115	920-336-6520	920-336-3855	Rick Tegarden	2180	Frank Abnet	8/9/2001
2722	Eau Claire	3007 Mall Drive	Eau Claire	WI	54701	715-838-1000	715-838-8800	Ryan Jones	2280	Darrin Kuehn	10/1/2003
2717	Fond du Lac	1125 East Johnson Street	Fond du Lac	WI	54935	920-273-0490	920-273-0499	Mary Chy	1780	Darrin Kuehn	10/7/2007
2709	Fort Atkinson	328 Washington Street	Fort Atkinson	WI	53538	920-563-3531	920-563-8791	Jeff Jensen	3530	Mark Gayhart	2/4/2014
2766	Green Bay East	2534 Steffens Court	Green Bay	WI	54311	920-465-3800	920-465-3801	Jason Jacobs	6680	Frank Abnet	3/4/1998
	Green Bay North										Nov. 2016
2740	Green Bay West	2250 West Mason Street	Green Bay	WI	54303	920-496-2966	920-496-2963	Jon Wieser	1130	Frank Abnet	5/15/1995
2718	Holmen	600 North Holmen Drive	Holmen	WI	54636	608-526-3339	608-526-9465	Mark Przywojski	1880	Steve Burkhardt	10/1/1989
2723	Janesville	2233 Humes Road	Janesville	WI	53545	844-425-4198	608-563-5842	Kevin Schnell	3130	Frank Abnet	10/30/2015
2705	Kenosha	3207 80 th Street	Kenosha	WI	53142	262-694-7200	262-694-4466	Greg Gilisch	1330	Mark Gayhart	12/6/2013
2713	Madison	810 East Washington Avenue	Madison	WI	53703	844-511-3887	608-709-1977	Paul Anderson		Mark Gayhart	4/8/2016
2702	Manitowoc	2151 South 42 nd Street	Manitowoc	WI	54220	920-645-6880	920-645-6899	Chad Meyer	2080	Mark Gayhart	10/10/2008
2714	Marshfield	1613 North Central Avenue	Marshfield	WI	54449	715-384-8866	715-387-6970	Josh Versteegen	240	Darrin Kuehn	5/2/1993
2725	Menasha	1355 Oneida Street	Menasha	WI	54952			Jason Stingl			6/10/2016
2710	Mount Pleasant	5740 Washington Avenue	Mt. Pleasant	WI	53406	844-878-6949	262-637-7083	Michael P. Wais	1230	Mark Gayhart	12/4/2014
2707	Neenah	647 S. Green Bay Road	Neenah	WI	54956	920-967-3300	920-967-2020	Rick Vanderloop	3780	Darrin Kuehn	11/9/2012
2732	Northland	1200 W. Northland Avenue	Appleton	WI	54914	920-968-2212	920-968-2213	John Borski	3280	Steve Burkhardt	6/8/2007
2719	Onalaska	1260 Crossing Meadows Drive	Onalaska	WI	54650	608-781-2272	608-781-3354	Sue Helgeson	1980	Steve Burkhardt	6/28/1990
2708	Oshkosh	2415 Westowne Avenue	Oshkosh	WI	54904	920-966-3378	920-966-3398	Jeff Brasel	2880	Darrin Kuehn	2/7/2002
2704	Sheboygan	595 S. Taylor Drive	Sheboygan	WI	53081	920-694-6260	920-694-6261	Kyle Kaehne	2980	Mark Gayhart	9/16/2011
2711	Somers	6000 31st Street	Kenosha	WI	53144						7/22/2016
2726	Suamico	2348 Lineville Road	Green Bay	WI	54313	920-965-0042	920-965-0043	Tim Schmitz	2680	Frank Abnet	10/8/2010
2720	Village	2500 State Road	La Crosse	WI	54601	608-788-8777	608-788-8618	Mike Gates	3080	Steve Burkhardt	11/11/2011

Store #	Store Name	Address	City	State	ZIP	Phone	Fax	Store Director	Store Dir. Ext.	VP Store Ops / Scheduling Operations	Open Date
4	Maintenance Support Office	3315 French Road	De Pere	WI	54115	920-964-3400	920-964-3459	Construction Mgr: Roger Schloemann			10/4/2010
4	Support Office Green Bay	1702 Lawrence Drive	De Pere	WI	54115						1/4/2010
4	Support Office Onalaska	237 Second Ave South	Onalaska	WI	54650	608-783-5500	608-783-6065				11/13/1998
18	The Marq at French Road	3177 French Road	De Pere	WI	54115	920-532-4811	920-532-5050	General Manager: Terry Theford			5/18/2010
26	The Marq at Lineville Road	2310 Lineville Road	Green Bay	WI	54313						11/1/2013