



MEMORANDUM

DATE: June 2, 2016  
TO: Common Council  
FROM: Debbie Galeazzi, Clerk  
SUBJECT: Patrick Lee DuFrane, d/b/a Weathervane Restaurant  
184-190 Main Street, Menasha

An application for a “Class B” Intoxicating Liquor and Fermented Malt Beverage for the 2016-2017 liquor licensing year has been submitted by Patrick Lee DuFrane for the premises at 184-190 Main 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 B” Intoxicating Liquor and Fermented Malt Beverage license.

# ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning JULY 1 20 16 ;  
 ending JUNE 30 20 17

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 WI Seller's Permit No. / FEIN Number: <u>456-1021738790-08</u>	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$ _____
<input checked="" type="checkbox"/> Class B beer	\$ 100
<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	\$ 375
<input type="checkbox"/> Reserve Class B liquor	\$ _____
<input type="checkbox"/> Class B (wine only) winery	\$ _____
Publication fee	\$ 50
<b>TOTAL FEE</b>	<b>\$ 525</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): PATRICK LEE DUFRANE

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>PATRICK LEE DUFRANE</u>	<u>610 TAYCO STREET</u>	<u>MENASHA 54952</u>
Vice President/Member	_____	_____	_____
Secretary/Member	_____	_____	_____
Treasurer/Member	_____	_____	_____
Agent	_____	_____	_____
Directors/Managers	_____	_____	_____

3. Trade Name WEATHERVANE RESTAURANT Business Phone Number 920-725-2824

4. Address of Premises 184, 186, 190 Main St. Post Office & Zip Code 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 5/21/2011 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.) Small storage room, All Dining room, Bar 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? Patrick Lee Duffran

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 11 day of May, 20 16

[Signature]  
 (Clerk/Notary Public)

My commission expires \_\_\_\_\_

[Signature]  
 (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: <u>5/11/16</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)	
Patrick DeFrage		Patrick		Lee	
Home Address (street/route)		Post Office	City	State	Zip Code
610 Taylor St.		54952	Menasha	W.	54952
Home Phone Number		Age	Date of Birth	Place of Birth	
920-716-0853					

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.
- Patrick DeFrage of Weather Lane Restaurant LLC (Officer/Director/Member/Manager/Agent) of Weather Lane Restaurant LLC (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? 57 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: Patrick DeFrage 186 Main St Menasha WI 54952 Beer class Liquor (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 <u>Perkins Restaurant</u>	Employer's Address <u>1111 Waterford Dr Menasha WI 54952</u>	Employed From <u>Dec 2008</u>	To <u>Jan 2011</u>
Employer's Name <u>Madison Hotel Restaurant</u>	Employer's Address <u>220N Fox River Dr Appleton WI 54912</u>	Employed From <u>2002</u>	To <u>2008</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 instances 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 17 day of May, 2011  
[Signature]  
(Clerk/Notary Public)

[Signature]  
(Signature of Named Individual)

My commission expires \_\_\_\_\_

