MEMORANDUM

DATE: August 10, 2016

TO: Common Council

FROM: Debbie Galeazzi, Clerk

SUBJECT: Viand Hospitality LLC, d/b/a Parker John's BBQ & Pizza
124 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 Viand Hospitality LLC, d/b/a Parker John's BBQ & Pizza for the premises at 124 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 ☒ City of } Menasha

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

Applicant's WI Seller's Permit No.	FEIN Number
456-1028394281-02	46-4788546

LICENSE REQUESTED ▶	
TYPE	FEE
☐ Class A beer	$
☑ Class B beer	$ 100.00
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☑ Class B liquor	$ 375.00
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 50.00
TOTAL FEE	$ 525.00

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): ▶ VIAND HOSPITALITY 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	President	AARON M. SLOMA	16524 Lax Chapel Rd.	Kiel, WI 53042
Vice President/Member	Vice President	JENNIFER R. SLOMA	16524 Lax Chapel Rd.	Kiel, WI 53042
Secretary/Member				
Treasurer/Member				
Agent ▶	AARON M. SLOMA			
Directors/Managers				

3. Trade Name ▶ PARKER JOHN'S BBQ & PIZZA Business Phone Number (920) 286-0906 (my cell)
4. Address of Premises ▶ 124 MAIN 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 2/11/14 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, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) BAR, DINING AREA & PATIO on named premise
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? LAKEHOUSE SUPPER CLUB LLC
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 26th day of May, 20 16

TORY NEFF
Notary Public
State of Wisconsin

(Clerk/Notary Public)

My commission expires 2-16-2020

(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
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)*
SLOMA	AARON	MICHAEL

Home Address *(street/route)*	Post Office	City	State	Zip Code
16524 LAX CHAPEL RD	KIEL	KIEL	WI	53042

Home Phone Number	Age	Date of Birth	Place of Birth

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 / President of Viand Hospitality LLC
(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? 9 years, 7 months
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 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.)*
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 county or 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. The Stuffed Olives, Inc Kiel - Town of Schleswig; Viand Hospitality LLC (Howards Grove)
   (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 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
Heart of America Corp	1501 River Dr. Moline, IL	MAY 1998	SEPTEMBER 2006
Employer's Name	Employer's Address	Employed From	To
Valley Inn - Bergstrom Corp.	123 E Wisconsin Ave Neenah, WI	AUGUST 1996	MAY 1998

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 26th day of May, 2016

(Clerk/Notary Public)

(Signature of Named Individual)

My commission expires 2-16-2020

TORY NETT
Notary Public
State of Wisconsin

Printed on Recycled Paper

AUXILIARY QUESTIONNAIRE
ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name *(please print)* *(last name)*	*(first name)*	*(middle name)*
Slama	Jennifer	Rivers

Home Address *(street/route)*	Post Office	City	State	Zip Code
W2546 County Line Rd	Cleveland	Cleveland	WI	53015

Home Phone Number	Age	Date of Birth	Place of Birth

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 *(Officer/Director/Member/Manager/Agent)* of Viand Hospitality 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:

1. How long have you continuously resided in Wisconsin prior to this date? 10·23·2006
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 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.)*
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 county or 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. Millhome Supper Club + Parker Johns Restaurants *(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 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
Home Depot	Olathe, KS	2002	2003
Heart of America	Moline, IL	2003	2005

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 29th day of July, 20 16

Jody L Koenig *(Clerk/Notary Public)*

(Signature of Named Individual)

My commission expires April 19, 2019

JODY L. KOENIG
Notary Public
State of Wisconsin

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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 Viand Hospitality LLC
(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

Parker John's BBQ & Pizza
(trade name)

located at 124 MAIN ST. MENASHA, WI

appoints AARON M. SLOMA
(name of appointed agent)

16524 LAX CHAPEL RD. KIEL, WI 53042
(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).

The Stuffed Olives, Inc, Kiel; Town of Schleswig / Viand Hospitality LLC Howard's Grove, 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? 9 years, 7 months

Place of residence last year 16524 Lax Chapel Rd. Kiel, WI 53042

For: Viand Hospitality LLC
(name of corporation/organization/limited liability company)

By: Aaron M. Sloma
(signature of Officer/Member/Manager)

And: _____
(signature of Officer/Member/Manager)

ACCEPTANCE BY AGENT

I, AARON M. SLOMA (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

Aaron M. Sloma (signature of agent) 05/25/16 (date) Agent's age ____

16524 Lax Chapel Rd. Kiel WI 53042 (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 8/1/16 (date) by Larry Bonnieville (signature of proper local official) Title Lt. Police (town chair, village president, police chief)