RESOLUTION OF THE COMMON COUNCIL

Resolution authorizing and directing the proper City official(s) to approve a Class B Beer & Class C Wine License for Dairyland Desserts, LLC, Lara Romine, Owner/Agent, dba Dairyland Dessert Cafe, for the premises located at 176 E. Main Street.

Committee Action: Public Safety Committee recommends approval 5-0 on 1/25/22

Fiscal Impact: License fee $200/annually

File Number:	R-22-2023	**Date Introduced:**	February 14, 2023

WHEREAS the City Clerk's office has received an application for a Class B Beer & Class C Wine License for Dairyland Desserts, LLC, Lara Romine, Owner/Agent, for the premises located at 176 E. Main Street; and

WHEREAS, the Public Safety Committee met on January 25, 2023 to consider the terms of the liquor license application and upon favorable recommendation from the Public Safety Committee, approval. Now therefore

BE IT RESOLVED by the Common Council of the City of Stoughton that the proper city official(s) be hereby authorized and directed to issue a Class B Beer & Class C Wine License for Dairyland Desserts, LLC, Lara Romine, Owner/ Agent, dba Dairyland Dessert Cafe, for the premises located at 176 E. Main Street.

Council Action: ☐ **Adopted** ☐ **Failed** **Vote** _____

Mayoral Action: ☐ **Accept** ☐ **Veto**

_____

Tim, Swadley, Mayor Date

Council Action: _____ ☐ **Override** **Vote** _____

1000641647

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 03/01/2023 (mm dd yyyy) ending: 03/01/2024 (mm dd yyyy)

To the Governing Body of the: ☐ Town of ☐ Village of ☑ City of } Stoughton

County of Dane

Aldermanic Dist. No. (if required by ordinance)

RECEIVED NOV 11 2022 By

Check one: ☐ Individual ☐ Partnership ☑ Limited Liability Company ☐ Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number 456-1031159198-02	
FEIN Number 92-0301247	
TYPE OF LICENSE REQUESTED	**FEE**
☐ Class A beer	$
☑ Class B beer	$ 100 —
☑ Class C wine	$ 100 —
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☐ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 20 —
TOTAL FEE	$

Pd 11/11/22

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)

Dairyland Desserts, 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 full name and place of residence of each person.

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Romine	Lara	Amber Nicol	[redacted]
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name Dairyland Dessert Cafe Business Phone Number 608-886-6226
2. Address of Premises 176 E Main St, stoughton WI Post Office & Zip Code 53589
3. 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.)

   176 E Main St, Main Floor, commercial unit. Alcoholic beverages will be kept in bar area, in basement storage, and in refrigerator behind bar. Alcohol will be consumed in main dining area. (see floor plan)

4. Legal description (omit if street address is given above):
5. (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? Big Sky Restaurant

6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? **If yes, explain** ☑ Yes ☐ No

Owner (myself) has completed the beverage server training course and obtained my certification on 9/11/22.

7. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? ☐ Yes ☑ No
If yes, explain.

8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? **If yes, explain** ☐ Yes ☑ No

9. (a) **Corporate/limited liability company applicants only:** Insert state WI and date 03/14/11 of registration.

(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? **If yes, explain** ☐ 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
If yes, explain.

10. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277] ☑ Yes ☐ No

11. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☑ Yes ☐ No

12. 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 signer. Any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000. Signer agrees 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, or one member of a partnership applicant must sign; one corporate officer, one member/manager 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.

Contact Person's Name (Last, First, M.I.)	Title/Member	Date
Romine, Lara, A	owner	10/29/~~20~~ 22
Signature	Phone Number	Email Address
	608-886-6226	dairylanddesserts@gma:

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
11/11/2022.			
Date license granted	Date license issued	License number issued	

AT-106 (R. 3-19)

Auxiliary Questionnaire
Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name *(please print)* *(last name)*	*(first name)*	*(middle name)*
Romine	Lara	Amber

Home Address *(street/route)*	Post Office	City	State	Zip Code
[redacted]		[redacted]	[redacted]	[redacted]

Home Phone Number	Age	Date of Birth	Place of Birth
[redacted]	[redacted]	[redacted]	[redacted]

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.

☑ Owner *(Officer / Director / Member / Manager / Agent)* of Dairyland Desserts, 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? 15 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 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. *(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
MCC (middleton commur	645 Schewe Rd, Middleton, W	01/01/2022	10/31/2022
Employer's Name	Employer's Address	Employed From	To
Homemaker	[redacted]	03/13/2012	present

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000.

(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 an officer of the corporation/organization or one member/manager of a limited liability company and the recommendation made by the proper local official.

To the governing body of: ☐ Town ☐ Village ☒ City of Stoughton County of Dane

The undersigned duly authorized officer/member/manager of Dairyland Desserts, 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 Dairyland Dessert Cafe
(Trade Name)

located at 176 E Main st, Stoughton, WI 53589

appoints Lara Romine
(Name of Municipal Agent)

[redacted]
(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).

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? 15 years

Place of residence last year [redacted]

For: Dairyland Desserts, LLC
(Name of Corporation / Organization / Limited Liability Company)

By: [signature]
(Signature of Officer / Member / Manager)

Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than $1,000.

ACCEPTANCE BY AGENT

I, Lara Romine, 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.

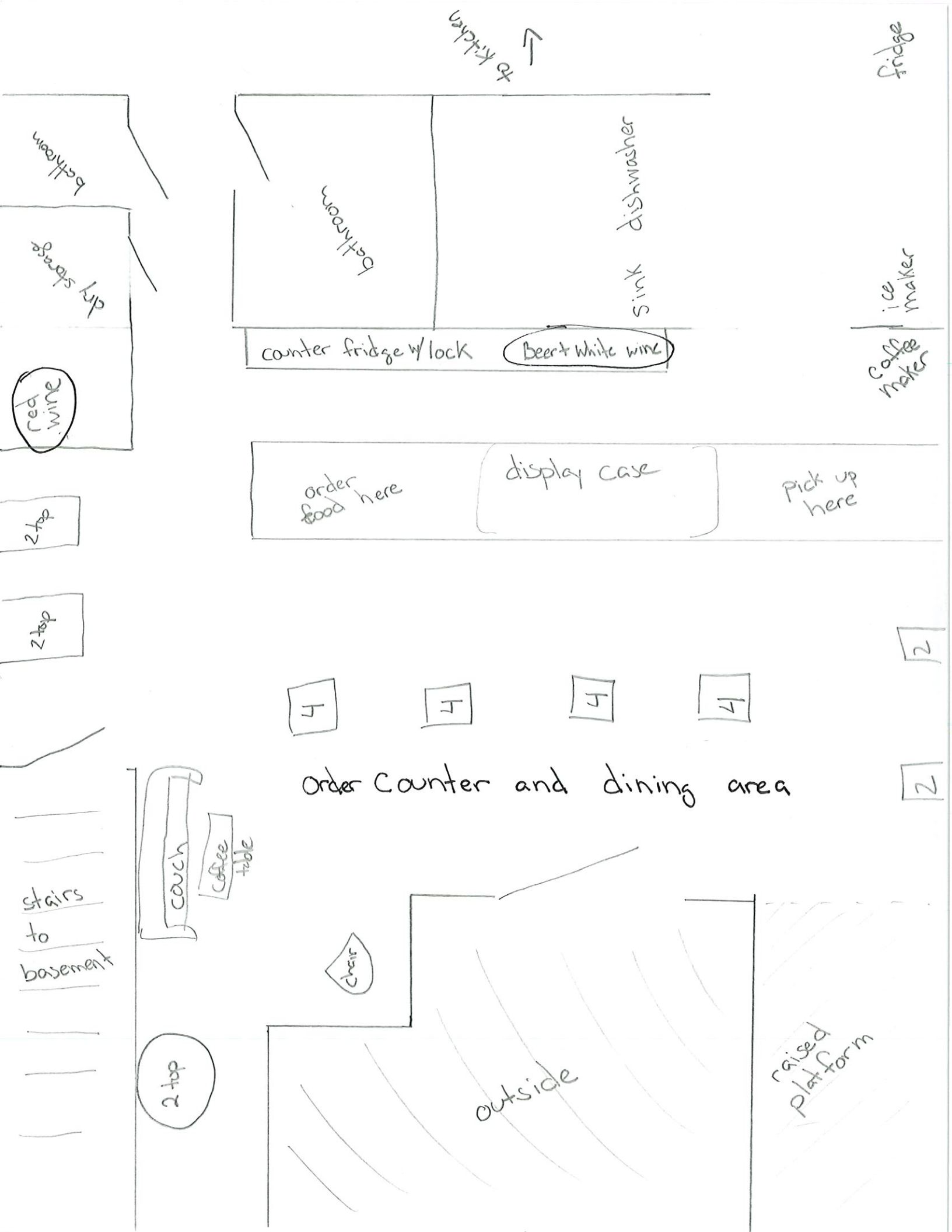
[signature] 11/16/22 Agent's age [redacted]
(Signature of Agent) *(Date)*

[redacted] Date of birth [redacted]
(Home Address of Agent)

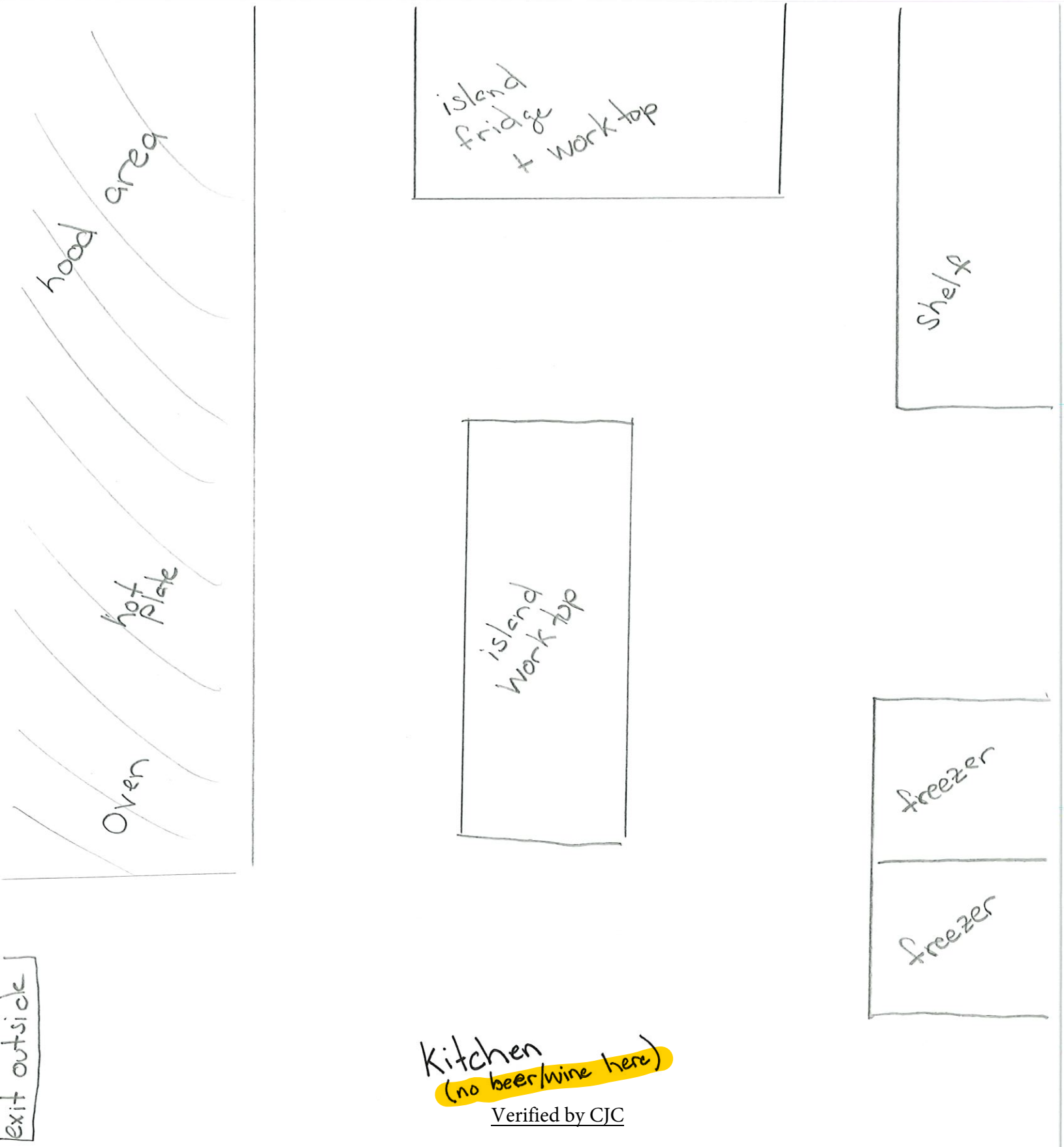
APPROVAL OF AGENT BY MUNICIPAL AUTHORITY
(Clerk cannot sign on behalf of Municipal Official)

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 _____ *(Date)* by _____ *(Signature of Proper Local Official)* Title _____ *(Town Chair, Village President, Police Chief)*


to kitchen
fridge
bathroom
dishwasher
bathroom
sink
dry storage
ice maker
counter fridge w/ lock
Beer + White wine
coffee maker
red wine
order food here
display case
pick up here
2 top
2 top
2
4
4
4
4
2
Order Counter and dining area
couch
coffee table
stairs to basement
chair
2 top
outside
raised platform

Basement



Kitchen
(no beer/wine here)

Verified by CJC

entry to dining area

hand washing

DRIVER LICENSE
REGULAR
WISCONSIN
USA
[redacted]
9 CLASS D
1 ROMINE
2 LARA AMBER NICOLE
[redacted]
15 SEX
16 HGT
17 WGT
18 EYE
19 HAIR
3 DOB
4a ISS
4b EXP
4d END
5 DD
OCT 84

Serving Alcohol

is proud to present this certificate to

Lara Romine

for successful completion of the online course

Wisconsin Alcohol Seller/Server Course

PERSONS COMPLETING THIS COURSE HAVE AGREED TO EXECUTE THE FOLLOWING POLICIES TO THE BEST OF THEIR ABILITIES.

* CARD ANY PERSON 35 YEARS OF AGE OR YOUNGER
* OBSERVE AND REPORT ANY CUSTOMER SHOWING SIGNS OF POSSIBLE IMPAIRED BEHAVIOR TO MANAGEMENT
* RESPOND IMMEDIATELY TO ANY POSSIBLE PROBLEM SITUATION
* DETERMINE THE PEOPLE ENTERING THE PREMISES TO CONSUME ALCOHOL ARE OF LEGAL ALCOHOL DRINKING AGE AND RECARD THEM IF THERE IS ANY QUESTION ABOUT THEIR AGE
* ENSURE A PERSON MATCHES THEIR VALID LEGAL IDENTIFICATION

This is a Wisconsin Department of Revenue approved Responsible Beverage Server Training Course in compliance with Sec. 125.17 (6), 134.66 (2m), and 125.04 (5) (a) 5. Wis. Stats.

Verify online at
servingalcohol.com

Verification Code
H2hNebKRAq

Date Issued
Sep 11th, 2022

VALID FOR 2 YEARS

This is not a Wisconsin operators/bartenders license.
This certificate will be requested to obtain a Wisconsin operators/bartenders license from the Wisconsin city clerk's office in the municipality where you are working.
Find your city clerk's office here: https://elections.wi.gov/clerks/directory

Wisconsin Alcohol Seller/Server Course
Name: Lara Romine
Certification Date: Sep 11th, 2022
Certificate Code: H2hNebKRAq
Verify Online: servingalcohol.com
125.17(6), 134.66 (2m), 125.04(5)(a)5 Wis. Stats.
SERVING ALCOHOL INC
VALID FOR 2 YEARS

Learn more about this wallet card at http://servingalcohol.com/wallet-card