RESOLUTION OF THE COMMON COUNCIL			
Approving a "Class A" Intoxicating Liquor and Class "A" Fermented Malt Beverage license transfer for Marilyn J. Beckman d/b/a All Through the House from 160 E. Main St. to 144 E Main St			
Committee Action:	Public Safety recommended approval 5-0 with on December 16, 2020		
Fiscal Impact:	$10 License Transfer Fee; License Fee $600/annually		
File Number:	R-184-2020	**Date Introduced:**	December 22, 2020

WHEREAS, the City Clerk's office has received an application for a transfer of a "Class A" Intoxicating Liquor License and Class "A" Fermented Malt Beverage License currently issued to Marilyn J. Beckman d/b/a All Through the House located at 160 E Main St.

WHEREAS, the licensee is requesting to transfer the license to their new premises, located at 144 E Main St.

WHEREAS, your Public Safety Committee met on December 16, 2020 to consider the terms of the license application and recommended approval; now, therefore

BE IT RESOLVED by the Common Council of the City of Stoughton that the proper city official(s) be hereby authorize and directed to approve a "Class A" Intoxicating Liquor and Class "A" Fermented Malt Beverage license transfer for Marilyn J. Beckman d/b/a All Through the House from 160 E. Main St. to 144 E Main St.

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

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

_____

Tim Swadley, Mayor Date

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

12-9-20

Application for Transfer of Retail Licenses for Sale of Fermented Malt Beverages and/or Intoxicating Liquor From One Premises to Another

FEE $ 10.00
Pd. 12/7/20

STOUGHTON, Wisconsin
DECEMBER 3, 2020

To the governing body of the ☒ City ☐ Village ☐ Town of STOUGHTON

County of DANE Wisconsin.

The undersigned hereby applies for a transfer of Class A license from 160 EAST MAIN STREET, STOUGHTON (Present Location) to 144 EAST MAIN ST STOUGHTON (Proposed Location)

on or about 12-28-2020 (Date).

1. APPLICANT: *(print name and address plainly)*
   (a) Full name of applicant MARILYN J. BECKMAN
   (b) Address 308 S. LYNN ST. STOUGHTON
2. LOCATION AND DESCRIPTION OF PREMISES TO WHICH APPLICATION FOR TRANSFER IS MADE: Describe building or buildings where alcohol beverages are to be sold, served, consumed, and stored.
   (a) Street number 144 EAST MAIN STREET
   (b) Trade name of establishment ALL THROUGH THE HOUSE
   (c) Physical description of building, buildings and/or land area comprising licensed premises. GROUND FLOOR OF BUILDING, WITH STORAGE AREA IN BACK. BASEMENT NOT TO BE USED FOR ALCOHOL. UPPER FLOOR APARTMENT
   (d) Legal description (omit if street address is given above.)
   (e) Is any other business conducted on same premises? ☒ Yes ☐ No If so, what? RETAIL GIFT AND COOKWARE SALES
   (f) Was this location licensed for beer or liquor during the past year? ☐ Yes ☒ No
   (g) Give name and address of previous licensee.
   (h) Will the previous licensee surrender its license? ☐ Yes ☐ No

ALL APPLICANTS FOR TRANSFER OF CLASS B LICENSES MUST ANSWER THE FOLLOWING:

3. If granted, state any interest, directly or indirectly, that any brewer, bottler, wholesaler, manufacturer, or rectifier will hold in the premises for which you are applying
NONE

4. If you do not own the fixtures, state the manner, terms and conditions under which said fixtures are held
OWN

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. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another.

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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000.

M J Beckman
(Signature)

CLASS OF BUSINESS

Name _____

Original Location _____

Ward _____

Proposed Location _____

Ward _____

License No. _____

Treasurer's Receipt No. _____

Filed _____

Submitted to Council or Board

_____

Approved _____ Date _____

Denied _____ Date _____