✓ 4-23-20 KOO

CR# 100046833

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. **Read instructions on page 3.)**

For the license period beginning: 7/01/2020 (mm dd yyyy) ending: 6/30/2021 (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)

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

Applicant's Wisconsin Seller's Permit Number	
004-000 3036322-01	
FEIN Number 51-0599752	
TYPE OF LICENSE REQUESTED	**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	$ 500.00
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 30.00
TOTAL FEE	$ 630.00

pd

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company	Address of Corporation / Limited Liability Company (if different from licensed premises)
DEAKS PUB + GRILL LLC	

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
BUSH	JAMIE	D	8[redacted]

All Officer(s) Director(s) of Corporation and Members / Managers o[redacted]

President / Member Last Name	(First)	(Middle Name)	Hom[redacted]
BUSH	JAMIE	D	
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)
Directors / Managers 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)

C. Business Information

1. Trade Name DEAKS PUB + GRILL Business Phone Number (608) 873-4066
2. Address of Premises 1017 NYGAARD ST Post Office & Zip Code STOUGHTON, WI 53589
3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? . . . . . Yes ☒ ☐ No
4. 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.) 4800 SQ FT BUILDING WITH 2000 SQ FOOT BASEMENT. KEG COOLER IN BASEMENT AND OFFICE WITH LIQUOR STORAGE ROOM ALSO IN BASEMENT.

5. Legal description (omit if street address is given on previous page): _____

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** . . . . . ☐ Yes ☒ No

   b. Are **charges** for **any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** . . . . . ☐ Yes ☒ No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** . . . . . ☐ Yes ☒ No

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** . . . . . ☒ Yes ☐ No

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

10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? . . . . . ☒ Yes ☐ No

11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? . . . . . ☐ Yes ☒ No

12. Does the applicant owe municipal property taxes, assessments, or other fees? . . . . . ☐ Yes ☒ No
    (**Note:** Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

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.

Contact Person's Name (Last, First, M.I.)	Title / Member	Date
BUSH, JAMIE, D	OWNER	4-15-20
Signature	Phone Number	Email Address
	([redacted]	

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council / board	Date license granted
4-17-20		
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Auxiliary Questionnaire
Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name *(please print)* *(last name)*	*(first name)*	*(middle name)*
BUSH	JAMIE	D

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

☒ JAMIE BUSH (MEMBER) of OAKS PUB + GRILL 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? 22 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. HEADQUARTER BAR + RESTAURANT OREGON, WI CLASS B
   (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
MIKE FRANKLIN	1010 ENTREPAKE LN VERONA, WI	1998	2006
Employer's Name	Employer's Address	Employed From	To

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)

City of Stoughton
207 S. Forrest St.
Stoughton, WI 53589
608-873-6677

____ New Permit

X Renew Permit

____ Permit has met all Planning and zoning requirements

Application for Outdoor Alcohol Consumption Permit
Section 14-40(k)(6)
(Must meet all required Planning & Zoning requirements)

Alcohol License holder: JAMIE BUSH (MEMBER) DEAR'S PUB+GRILL, LLC

Doing Business as: DEAR'S PUB + GRILL

Street Address, City, State & Zip: 1017 NYGAARD ST.

Contact Name: JAMIE BUSH Phone #: (608) 873-4066

Mailing Address: 1017 NYGAARD ST.

Type of Beverage License currently at this location: CLASS "B"

Proposed Outdoor Area (Description):

Please attach a plan or drawing of area. ON FILE

Square footage of indoor area: 4000

Square footage of outdoor area: 1200

Number of seats in outdoor area: 50

Describe fencing: METAL

How many feet to the closest structure used residentially? 200 FT.

Hours of Outdoor Operation: Sun. – Thur.: No later than 10:00 p.m. Fri. & Sat.: No later than 11:00 p.m.

Other restrictions proposed by applicant:

I declare under penalty provided by law, that the forgoing is true and correct to the best of my knowledge, and that I will comply with all City Codes and Regulations in the conduct of my business.

Applicant's Signature Date 4-15-20

Received in the City Clerks Office:

Staff Signature Date

Review Process Summary:

Planning & Zoning:

Date Reviewed: _____ Recommend Approval: o Recommend Denial: o

Additional Restrictions/Requirements Per Conditional Use Permit: _____

_____

_____

_____

_____

_____

Public Safety Committee:

Date Reviewed: _____ Recommend Approval: o Recommend Denial: o

Additional Restrictions/Requirements Recommended by the Committee: _____

_____

_____

_____

_____

_____

Council:

Date Reviewed: _____ Approved: o Denied: o

Additional Restrictions/Requirements: _____

_____

_____

_____

_____

_____

CITY OF STOUGHTON GENERAL LICENSE APPLICATION

DARKS PUB + GRILL
Business Name

JAMIE BUSH
Applicant/ Agent Name

1017 NYGARD ST STOUGHTON
Business Address

[redacted]
Applicant/ Agent Address

- ( ) Tobacco License $100-.00- Must also complete Tobacco License Application
- (X) Jukebox $10.00
- (X) Pool Tables $35.00/table # of tables: 1
- (X) Amusement Devices $35.00/device # of devices: 10
- ( ) Amusement Device Operator $100.00
- ( ) Cabaret $100.00 Police Chief Sign Off: _____
- ( ) Taxi Cab $15.00/cab # of cabs: _____ (Please include Evidence of Insurance)
- ( ) Taxi Cab Driver License $10.00

DOB: _____

WI DL#: _____

Total Fee: $ 395

Signature of Applicant

Receipt #: _____

License Term

PLEASE RETURN FORM AND PAYMENT TO:

CITY OF STOUGHTON
Clerk's Office
207 S. Forrest St.
Stoughton, WI 53589