✓ 5-2-20 KAL

CR# 100047011

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	
FEIN Number	
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	$ 20.00
TOTAL FEE	$ 620.00

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)
Nel Car Corp	

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)
Bloxham	Robert	Joseph	[redacted]

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

President / Member Last Name	(First)	(Middle Name)	Hom
Smith	Carter	James	[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)
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 Viking Lanes Business Phone Number 608-873-5959
2. Address of Premises 1410 Hamilton/HWY 51 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.) The Entire Inside of the Building and Volleyball area. Beer coolers and the Liquor Room

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
Bloxham Robert J.	Agent	4-25-20
Signature	Phone Number	Email Address
	6[redacted]	

TO BE COMPLETED BY CLERK

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

Instructions for Renewal Alcohol Beverage License Application

THIS RENEWAL FORM CANNOT BE USED IF:

1. There is a change in business entity (i.e., individual has changed to partnership or corporation/limited liability company; partnership changed to individual or corporation/limited liability company; corporation changed to individual, partnership or limited liability company) and if limited liability company has been dissolved.
2. Partners are added or dropped.
3. Application is made in a different municipality.

PARTNERSHIPS:

Indicate full name and home address of each partner. One partner must sign application. **Reminder**: If partners have been added or dropped since your last application, you must use Form AT-106 (Original Beverage License Application).

CORPORATIONS:

One officer must sign application. Be sure to answer Question No. 7 by indicating any change of officers, directors, and/or changes in home address. If there are any changes in officers and/or directors each must complete Form AT-103 (Auxiliary Questionnaire). If there has been a change in agent since your last approved agent, he/she must complete Forms AT-104 (Schedule for Appointment of Agent) **AND** AT-103 (Auxiliary Questionnaire) in addition to this (AT-115) form.

LIMITED LIABILITY COMPANY:

One member/manager must sign application. Follow procedure under Corporations for any change of members or agent.

NOTE: Use ink or typewriter when filling in applications. Be sure to answer all questions fully and accurately. 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.

DISCRIMINATION CLAUSE – (City of Milwaukee only)

The applicant shall not willfully refuse to provide those services offered under this license or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry, the applicant shall not seek information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion solely on the basis of such information. The applicant also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

Complete, sign and return this form to the clerk.

If answer to Questions No. 6a and/or 6b on page 2 are "YES," outline details below:

CONVICTIONS

1. NAME _____ STATUTE NO./LOCAL ORDINANCE _____

   CHARGE _____ WHERE CONVICTED _____

   DATE _____ PENALTY _____ ☐ MISDEMEANOR ☐ FELONY

2. NAME _____ STATUTE NO./LOCAL ORDINANCE _____

   CHARGE _____ WHERE CONVICTED _____

   DATE _____ PENALTY _____ ☐ MISDEMEANOR ☐ FELONY

3. NAME _____ STATUTE NO./LOCAL ORDINANCE _____

   CHARGE _____ WHERE CONVICTED _____

   DATE _____ PENALTY _____ ☐ MISDEMEANOR ☐ FELONY

PENDING CHARGE

1. NAME _____ STATUTE NO./LOCAL ORDINANCE _____

   PENDING CHARGE _____ DATE _____

✓ 5-2-20 KG

Auxiliary Questionnaire
Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name *(please print)* *(last name)*	*(first name)*	*(middle name)*
Bloyham	Robert	Joseph

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.

☒ Agent *(Officer / Director / Member / Manager / Agent)* of Viking Lanes. *(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? 44 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.)*
   Dui 1st Madison 2010 Dui 2nd Madison 2011
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. Schwoegters/Madison - Tower/Beaver Dam - King Pin/West Bend - Spartan/McFarland. *(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
Schwoegters	444 Grand Canyon Dr.	1992	2006
Employer's Name	Employer's Address	Employed From	To
King Pin Management	444 Grand Canyon Dr.	2006	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)

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

____ New Permit

____ 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: Nelcan LLC

Doing Business as: Viking Lanes

Street Address, City, State & Zip:

Contact Name: Robert Blankum Phone #: 608-228-6930

Mailing Address: 444 Grand Canyon Dr. Madison WI 53719

Type of Beverage License currently at this location: Combine

Proposed Outdoor Area (Description):

Please attach a plan or drawing of area.

Square footage of indoor area:

Square footage of outdoor area: 120 x 240

Number of seats in outdoor area: 60

Describe fencing: Wood Privacy Fencing

How many feet to the closest structure used residentially?

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 4-25-20 Date

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

Viking Lanes
Business Name

Robert Bloxham
Applicant/ Agent Name

1410 Hamilton Hwy 51
Business Address

Ap [redacted]

- ○ Tobacco License $100-.00- Must also complete Tobacco License Application
- ● Jukebox $10.00
- ● Pool Tables $35.00/table # of tables: 2
- ● Amusement Devices $35.00/device # of devices: 5
- ○ 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: [redacted]

WI DL#:

Total Fee: $_____

Signature of Applicant

Receipt #:_____

2020 License
License Term

PLEASE RETURN FORM AND PAYMENT TO:

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