CR# 100047272 ✓ 5-18-20

Renewal Alcohol Beverage License Application

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

For the license period beginning: 07 01 2020 (mm dd yyyy) ending: 06 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 4561028658382	
FEIN Number 47-2028116	
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	$ 220

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)
Pancake Cafe Stoughton LLC	2420 WI-138 suite 106

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)
Tierman	Gary	L	[redacted]

All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Peterson	Dennis	William	[redacted]
Vice President / Member Last Name	(First)	(Middle Name)	[redacted]
Peterson	Charlene	A	[redacted]
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 Pancake Cafe Stoughton LLC Business Phone Number 608-205-6655
2. Address of Premises 2420 WI-138 suite 106 Post Office & Zip Code Stoughton 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.) 4000 sq ft restaurant

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
Signature	Phone Number	Email Address

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council / board	Date license granted
5-14-20		
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

[illegible]

[illegible] member of a partnership licensee or any [illegible] licensee or nonprofit [illegible] convicted of any offenses [illegible] traffic offenses not related to alcohol [illegible] ordinances of any county [illegible] If yes, complete page 3 ☐ Yes ☑ No

Charges of any offenses [illegible] pending [illegible] related to alcohol against [illegible] If yes, explain fully on page 3 ☐ Yes ☑ No

[illegible] answers to the questions as submitted [illegible] If yes, explain ☐ Yes ☑ No

[illegible] of alcohol beverages for the previous year reported on the Wisconsin Income [illegible] If not, explain ☑ Yes ☐ No

[illegible] they must hold a Wisconsin Seller's Permit? ☑ Yes ☐ No

[illegible] understand that alcohol beverage invoices must be kept at the licensed premises for [illegible] available for inspection by law enforcement? ☑ Yes ☐ No

[illegible] Wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☑ No

[illegible] municipal property taxes, assessments, or other fees? ☐ Yes ☑ No
Note: [illegible] may be denied pursuant to a local ordinance, if the licensed [illegible]

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law [illegible]

CHARLENE PETERSON MEMBER 5-14-20
Charlene Peterson [redacted]

TO BE COMPLETED BY CLERK

Auxiliary Questionnaire
Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name *(please print)* *(last name)* *(first name)* *(middle name)*				
Tierman Gary L				
Home Address *(street/route)*	Post Office	City	State	Zip Code
E[redacted]	SAUK	BARABOO	WI	53913
Home Phone Number	Age	Date of Birth	Place of Birth	
[redacted]	65	0[redacted]	MADISON, WI	

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 of PANCAKE CAFE STOUGHTON 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? 1983
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
PANCAKE CAFE	MADISON, FITCHBURG, STOUGHTON	01/01/2001	
Employer's Name	Employer's Address	Employed From	To
PAPA'S PLAE	BARABOO, WI	01/01/1995	01/01/2001

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)

Auxiliary Questionnaire
Alcohol Beverage License Application

[illegible]

[illegible] provides the following information as a person [illegible]

[illegible] individual

[illegible] partnership [illegible] application for an alcohol beverage license

✔ [illegible] of [illegible]

[illegible] application for an alcohol beverage license.

[illegible] provides the following information to the licensing authority

[illegible] you continuously resided in Wisconsin prior to this date? [illegible]

[illegible] 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? [illegible] Yes ✔ No

If yes, specify law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. [illegible]

[illegible] 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? [illegible] Yes ✔ No

If yes, detail the status of charges pending

[illegible] 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? [illegible] Yes ✔ No

If yes, identify

[illegible] Do you hold and or are you an officer, director, stockholder, agent or employee of any person or corporation or member or agent of a limited liability company holding or applying for a wholesale beer permit, liquor, wine, rectified or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? [illegible] ✔ No

If yes, identify

[illegible] Name of school or college attended and last two employers

[illegible]

READ CAREFULLY BEFORE SIGNING. [illegible] under penalty [illegible] knowledge [illegible] to the penalty of [illegible]