NOTICE

The City of Stoughton will hold a **special** meeting of the **Public Safety Committee** on **Tuesday**, **January 25**, **2011** at 6:45 p.m., in the Council Chambers, Public Safety Building, 321 S. Fourth Street, Stoughton WI 53589.

CALL TO ORDER:

NEW BUSINESS:

1. Application for a Class "B" Beer & Reserve "Class B" Liquor License: Stoughton Draft House, Mark John Jolicoeur, agent, dba Stoughton Draft House, located at 800 Nygaard Street.

ADJOURNMENT

** Meeting may close per Statutes 19.85 (1)(b) to consider the licensing of a person(s) and then re-open for the regular course of business.

SENT TO:

Larry Weiss Ron Christianson
Tim Carter, Vice Chair Ross Scovotti, Chair

CC:

Mayor Donna Olson Mark J. Jolicoeur/Stoughton Draft House

Deputy Clerk Pili Hougan

Department Heads (via e-mail) Sto Newspapers/ Wisc State Journal

Council Members (via e-mail)

Attorney Matt Dregne

Lib. Clerical Asst. D Myren (e-mail)

Police Lieutenant Pat Conlin

Todd Krcma (via e-mail)

Police Chief Greg Leck

T. Fleres/D. Blaney (e-mail)

Sharon Mason-Boersma & Nancy Crassweller @ stoughtoncares@gmail.com

NOTE: AN EXPANDED MEETING MAY CONSTITUTE A QUORUM OF THE COUNCIL. For security reasons, the front doors of the City Hall Building (including the elevator door) will be locked after 4:30 p.m. If you need to enter City Hall after that time, please use the entrance on the East side of City Hall. If you are physically challenged and are in need of the elevator or other assistance, please call 873-6677 prior to 4:30 p.m.

ORIGINAL ALCOHOL BEV Submit to municipal clerk.	ERAGE LICEN	SE APPLICATION	Applicant's Wisconsin Seller's Permit Number: Federal Employer Identification		
·			Number (FEIN):		
For the license period beginning	6/30	20;	LICENSE REQUES		
ending	6130	20 1	TYPE Class A beer	FEE \$	
	☐ Town of		Class B beer	\$ 100.00	\dashv
TO THE GOVERNING BODY of the:	☐ Village of }	stoughton wi	Wholesale beer	\$	
	City of		Class C wine	\$	\dashv
a combinate Date is	Aldemanerie Diet N	are to discooling	=	\$	-17
County of Dane	Aldermanic Dist. N	o (if required by ordinan	Class B liquor	\$ 500.0	
1. The named INDIVIDUAL		LIMITED LIABILITY COMBANY	Reserve Class B liquo		
		LIMITED LIABILITY COMPANY	Publication fee	s 10,000	
CORPORATION/NOI			TOTAL FEE	\$	4
hereby makes application for the alcohol	· · ·				
2. Name (individual/partners give last name		• • •	• • • • • • • • • • • • • • • • • • • •		
An "Auxiliary Questionnaire," Form A	rk, John				
partnership, and by each officer, direct liability company. List the name, title, a Title President/Member	ctor and agent of a corp and place of residence of	poration or nonprofit organization each person. Name Ho	, and by each member/manager	by each member o and agent of a limit t Office & Zip Code	ta ∶ed
Vice President/Member					
Secretary/Member					
T '44 1					_
Agent Jolicocul	Mark Joh	<u> </u>			
Directors/Managers	•				_
3. Trade Name > 4. Address of Premises > 300 N		Busines	s Phone Number		
4. Address of Premises > 800 N	Jeaned CT.	STAURHAN WI Post Of	fice & Zin Code > 5358	9	
 Is individual, partners or agent of corpora 	tion/limited liability comp	any subject to completion of the read	paneible beverage server		_
Is individual, partners or agent of corpora training course for this license period?	monimized liability comp	any subject to completion of the resp	polisible beverage server	🗌 Yes 🛮 🗷 N	0
6. Is the applicant an employe or agent of, or					
 Does any other alcohol beverage retail like 					
8. (a) Corporate/limited liability company					U
(b) Is applicant corporation/limited liability					_
(c) Does the corporation, or any officer,				. L 162 & N	U
agent hold any interest in any other a				□ Yes 📝 N	^
(NOTE: All applicants explain fully on rev				. [] 165 [[2]] 11	U
Premises description: Describe building of the second		•	•		
all rooms including living quarters, if used	or buildings where alcoho	ind/or storage of alcohol beverages	and records. (Alcohol heverages		
may be sold and stored only on the prem	ises described.) Free	Stunding Restaurant	+ with Lacked	stama an	La S
Legal description (omit if street address is	s given above): /300	4 est Restaunt with	Janeust ACCA Docon	Strine See	AI
11. (a) Was this premises licensed for the sa					<u>. </u>
(b) If yes, under what name was license		y p			-
2. Does the applicant understand they must		nal Tax return (TTB form 5630.5)			_
before beginning business? [phone 1-80	0-937-8864]			. ✓ Yes 🔲 No	0
3. Does the applicant understand a Wiscons					
Section 2, above? [phone (608) 266-2776	3]			. 🗹 Yes 🗌 No	0
4. Is the applicant indebted to any wholesale					0
READ CAREFULLY BEFORE SIGNING: Under per of the signers. Signers agree to operate this busine Individual applicants and each member of a partne	nalty provided by law, the ap	oplicant states that each of the above que at the rights and responsibilities confer	estions has been truthfully answered to red by the license(s), if granted, will no	the best of the knowled t be assigned to anothe	er.
ny portion of a licensed premises during inspection	will be deemed a refusal to	permit inspection. Such refusal is a mis	demeanor and grounds for revocation of	of this license.	
SUBSCRIBED AND SWORN TO BEFORE MI		· - M	70		
his <u> </u>	Jour , 20	10 11/a1 (1 Val		
navia a sin.	m,)	(Officer of Corporation	on/Member/Manager of Limited Liability Con	npany/Partner/Individual;	<u></u>
1 V (accept to the later of the	gar	/Officer of Com	orotios/Mombos/Mossage of Limited Lightill		
(Clerk/Notary Public	۳ ا	(Onlicer of Corp.	oration/Member/Manager of Limited Liabilit	у Сотрапулгаппег)	
My commission expires \(\text{Y} \)	J	(Additional Pa	rtner(s)/Member/Manager of Limited Liabili	ly Company if Anv)	_
O BE COMPLETED BY CLEDY		F	.,		-
TO BE COMPLETED BY CLERK Date received and filed Date reporter	d to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk		\neg
with municipal clerk 22210		·	•	. 7	
Date license granted Date license	issued	License number issued	Mais Hou	gan	1
T-106 (R. 4-09)		l		isin Department of Reven	 ue

AT-106 (R. 4-09)

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

T \ T / A C \ ()	(first name)		(middle name)		cial Security Num	ADT
JOLICOFUR	MAG	ζK	MOD) [3		
Home Address (street/route)	Post Office	City	· .	Sta	ate Zip Code	
				lu	F	
Home Phone Number	•	Age Dat	e of Birth	Pla	ace of Birth	_
						-
he above named individual provides the	following information	as a person	who is (check one	e):		
Applying for an alcohol beverage lice				,		
A member of a partnership which is	*		everage license	э.		
7	of .		-			
(Officer/Director/Member/Manager/Ag		(Name o	f Corporation, Limited	Liability Company or N	Nonprofit Organization	on)
which is making application for an al	cohol beverage licens					
he above named individual provides the	following information	to the licensi	ng authority:			
. How long have you continuously resid	-		5	MHS		
. Have you ever been convicted of any	•		ed to alcohol bev			
violation of any federal laws, any Wis					ntv	
		-		•	•	Yes N
or municipality?						
	trial court, trial date ar	nd penalty im	posed, and/or da			
or municipality?	trial court, trial date ar	nd penalty im	posed, and/or da			
or municipality?	trial court, trial date ar	nd penalty im n reverse side	posed, and/or da	ate, description	and	
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penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application.

Subscribed and sworn to before me

this 22 day of Oceanism, 20 10

Mairs J. Houga

(Clerk/Notary Public)

My commission expires 8[3] 2014

SCHEDULE FOR APPOINTMENT OF AGENT BY CORPORATION/NONPROFIT ORGANIZATION OR LIMITED LIABILITY COMPANY

Submit to municipal clerk.

liquor mus	t appoint an age poration/organi	ent. The following	questions must be ar	swered by the ag	ent. The appointmer	alt beverages and/or intoxicating it must be signed by the officer(s) nmendation made by the proper
		Town				
_	verning body of	City	of Stoughte			
The under	signed duly aut	thorized officer(s	/members/managers	of Stoogh	name of corporation/organ	ization or limited liability company)
						se for a premises known as
	Stought	on Draft	House			
located at	800 Ny	ignard es	House (to	ade name) W.F	5358	9
appoints	Ma	rk J	Jolicacu (name of	e appointed agent)		
			(home addres	s of appointed agent)		
to alcohol I	beverages cond	ducted therein. Is		ently acting in tha	t capacity or request	nises and of all business relative ing approval for any corporation/ cation in Wisconsin?
Yes	✔No If	so, indicate the c	orporate name(s)/limi	ted liability compa	nny(ies) and municipa	ality(ies).
	esidence last ye			of corporation/organiz		FL 32065
	Ar	nd:				
				(signature of Office	r/Member/Manager)	
				NCE BY AGENT		
i,	ark J	Joli 60	gent's name)		, hereby accept	this appointment as agent for the
		imited liability co				all business relative to alcohol
1/11	4 Joh	signature of agent)			date)	Agent's age
2		(hom	e accress of agent)			Date of birth
			PROVAL OF AGENT lerk cannot sign on			
			oal and state criminal			e, with the available information,
Approved o	on //4/// (date)	by	Manuel of pro	per local official)	Title	Muf of Police wn char, village president, police chief)
AT-104 (R. 4-09)						Wisconsin Department of Revenue

NOTICE

TO WHOM IT MAY CONCERN:

I hereby certify that:

MARK JOHN JOLICOEUR, AGENT, dba STOUGHTON DRAFT HOUSE, in the City of Stoughton, Wisconsin, has applied to the Common Council of the City of Stoughton, Wisconsin, for a Class "B" Beer & Reserve "Class B" Liquor license for the period ending June 30, 2011, at the tavern or place of business located at:

800 Nygaard Street.

Kelly Michaels City Clerk

Published January 13, 2011

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	; ;
	Building Description
	6,229 Upper Level
	6775 Lower Level
()	upper Level being used as a Restaurant, bar with
	Cooler Storage in Bar grea, and Ligrar Storage.
(د	Lower level being USES 93 storage ARED and banquet AREA.
	Storage has a Bur Coolen Brox 400 set and a Cocked Room
	wite a Metal + wood Cage to store the Bittles liquor.
·	B: (1)
	Building Construction:
· · · · · · · · · · · · · · · · · · ·	Metal Frame 106% Masonry bearing walls 12' High
	90% - Brick Venera
	1070 FIF (Synthetic Stucco)
	100% wet sprinklers

