RESOLUTION OF THE COMMON COUNCIL			
Authorizing and directing the proper City official(s) to issue a Class "B" Fermented Malt Beverage license and a "Class C" Wine License to Pancake Café Stoughton, LLC, Gary Tierman, agent, d/b/a Pancake Café located at 2120 State HWY 138, Suite 106 Committee Action: Public Safety Committee recommended approval 4-0 on January 30, 2018. Fiscal Impact: N/A			
File Number:	R-27-2018	**Date Introduced:**	February 13, 2018

WHEREAS the City Clerk's office has received an application for a Class "B" Fermented Malt Beverage License and a "Class C" Wine License from Pancake Café Stoughton, LLC, Gary Tierman, agent, d/b/a Pancake Café located at 2120 State HWY 138, Suite 106; and

WHEREAS, the Public Safety Committee met on January 30, 2018 to consider the terms of the liquor license application and upon favorable recommendation from the Public Safety Committee, approval. Now therefore

BE IT RESOLVED by the Common Council of the City of Stoughton that the proper city official(s) be hereby authorized and directed to issue a Class "B" Fermented Malt Beverage License and a "Class C" Wine License to Pancake Café Stoughton, LLC, Gary Tierman, agent, d/b/a Pancake Café located at 2120 State HWY 138, Suite 106

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

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

_____

Donna Olson, Mayor Date

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

✓ 1-8-2018

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

Applicant's WI Seller's Permit No.	FEIN Number
600-103021901 0-03	82-1591761

LICENSE REQUESTED ▶	
TYPE	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

pd 1/5/18

For the license period beginning JUNE 20 17 ;
ending JUNE 20 18

TO THE GOVERNING BODY of the: ☑ Town of ☐ Village of ☐ City of _____

County of DANE Aldermanic Dist. No. _____ (if required by ordinance)

1. The named ☐ INDIVIDUAL ☐ PARTNERSHIP ☑ LIMITED LIABILITY COMPANY ☐ CORPORATION/NONPROFIT ORGANIZATION
   hereby makes application for the alcohol beverage license(s) checked above.
2. Name (individual/partners give last name, first, middle; corporations/limited liability companies give registered name): ▶
   PETERSON WILLIAM DENNIS AND CHARLENE ANN 60 POND VIEW WAY FITCHBURG, WI 53711
   An **"Auxiliary Questionnaire," Form AT-103, must be completed and attached to this application by each individual applicant, by each member of a partnership, and by each officer, director and agent of a corporation or nonprofit organization, and by each member/manager and agent of a limited liability company.** List the name, title, and place of residence of each person.

Title	Name	Home Address	Post Office & Zip Code
President/Member	WILLIAM DENNIS PETERSON		
Vice President/Member	CHARLENE ANN PETERSON		
Secretary/Member			
Treasurer/Member			
Agent ▶ GARY LEE TIERMAN			
Directors/Managers			

3. Trade Name ▶ PANCAKE ACFE STOUGHTON LLC Business Phone Number 608-205-6655
4. Address of Premises ▶ 2420 STATE HWY 138 SUITE 106 Post Office & Zip Code ▶ STOUGHTON 53589
5. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? ☐ Yes ☑ No
6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? ☐ Yes ☑ No
7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? ☐ Yes ☑ No
8. (a) **Corporate/limited liability company applicants only:** Insert state WISCONSIN and date _____ of registration.
   (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? ☑ Yes ☐ No
   (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? ☑ Yes ☐ No
   (NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.)
9. 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.)
10. Legal description (omit if street address is given above):
11. (a) Was this premises licensed for the sale of liquor or beer during the past license year? ☐ Yes ☑ No
    (b) If yes, under what name was license issued?
12. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5d) before beginning business? [phone 1-800-937-8864] ☑ Yes ☐ No
13. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☑ Yes ☐ No
14. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☑ Yes ☐ No

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 signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.) 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.

SUBSCRIBED AND SWORN TO BEFORE ME
this 2nd day of January, 20 18

JEREMY KUMBIER
Notary Public
State of Wisconsin

(Clerk/Notary Public)

My commission expires 12/13/2017

(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

(Officer of Corporation/Member/Manager of Limited Liability Company/Partner)

(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 1/5/18	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

AT-106 (R. 9-16)

Wisconsin Department of Revenue