

8K

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning April 9, 2013 ending June 30, 2013

| | |
|--|--------------------|
| Applicant's Wisconsin Seller's Permit Number: | 456-10275769 62-02 |
| Federal Employer Identification Number (FEIN): | 46-1523273 |
| LICENSE REQUESTED | |
| TYPE | FEE |
| <input type="checkbox"/> Class A beer | \$ |
| <input checked="" type="checkbox"/> Class B beer | \$ 100.- |
| <input type="checkbox"/> Class C wine | \$ |
| <input type="checkbox"/> Class A liquor | \$ |
| <input checked="" type="checkbox"/> Class B liquor | \$ 500.- |
| <input type="checkbox"/> Reserve Class B liquor | \$ |
| Publication fee | \$ 5.- |
| TOTAL FEE | \$ 605.- |

TO THE GOVERNING BODY of the: Town of Village of Howard City of

County of Brown 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): RIVERSBEND-FNB, LLC

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.

President/Member President Thomas Hegeholtz Home Address 888 Apple St. Prentice, WI 54556 Post Office & Zip Code 54556
 Vice President/Member _____
 Secretary/Member _____
 Treasurer/Member _____
 Agent Lyn Luevanos, General Manage - 309-1493
 Directors/Managers _____

3. Trade Name Rivers Bend Restaurant Business Phone Number 920-434-5466
 4. Address of Premises 792 River View Dr, Post Office & Zip Code Green Bay, WI 54303

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 _____ 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 Fidelity Bank 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, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Supper Club

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? J. Senn Properties

12. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5) before beginning business? [phone 1-800-937-8864] N/A Yes No

13. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown in Section 2, above? [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 25 day of March Wendy Hall (Clerk/Notary Public) My commission expires 1-29-2013



Thomas Hegeholtz (Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)
Annette L. Duf (Officer of Corporation/Member/Manager of Limited Liability Company/Partner)
Blown Co, WI (Additional Partner(s)/Member/Manager of Limited Liability Company if Any)
Rep 8/2/13

| | | | |
|---|--------------------------------|---------------------------------|-----------------------------------|
| Date reported to council/board with municipal clerk | Date reported to council/board | Date provisional license issued | Signature of Clerk / Deputy Clerk |
| <u>REC'D MAR 26 2013</u> | <u>2013</u> | | <u>Blown Co, WI</u> |
| Date license granted | Date license issued | License number issued | |
| | | | |

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

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by the officer(s) of the corporation/organization or members/managers of a limited liability company and the recommendation made by the proper local official.

To the governing body of: Town Village of Howard County of Brown
 City

The undersigned duly authorized officer(s)/members/managers of RIVERSBEND-FNB, LLC
(registered name of corporation/organization or limited liability company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as River's Bend
(trade name)

located at 792 Riverview Drive Green Bay, WI 54303

appoints Lyn Luevanos, appointed agent
(name of appointed agent)
1984 Cardinal Lane, Green Bay WI 54313
(home address of appointed agent)

to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?

Yes No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).
RI

Is applicant agent subject to completion of the responsible beverage server training course? Yes No

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? _____

Place of residence last year _____

For: RIVERSBEND-FNB, LLC
(name of corporation/organization/limited liability company)
X By: T. Stegeholtz
(signature of Officer/Member/Manager)
And: _____
(signature of Officer/Member/Manager)

ACCEPTANCE BY AGENT

I, Lyn Luevanos, hereby accept this appointment as agent for the
(print/type agent's name)

corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

[Signature] 3/20/13 Agent's age 39
(signature of agent) (date)
1984 Cardinal Lane Green Bay 54303 Date of birth [REDACTED]
(home address of agent)

**APPROVAL OF AGENT BY MUNICIPAL AUTHORITY
(Clerk cannot sign on behalf of Municipal Official)**

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on _____ by _____ Title _____
(date) (signature of proper local official) (town chair, village president, police chief)

**AUXILIARY QUESTIONNAIRE
ALCOHOL BEVERAGE LICENSE APPLICATION**

Submit to municipal clerk.

| | | | | |
|--|--|-------------------------------|------------------------------------|-------------------------------------|
| Individual's Full Name (please print) (last name) Luevanos | | (first name) LYNANN | (middle name) Marie | |
| Home Address (street/route) 1984 Cardinal | | Post Office | City Green Bay | State WI |
| Home Phone Number 920 309 1493 | | Age 39 | Date of Birth [REDACTED] | Zip Code 54313 |
| | | | Date of Birth [REDACTED] | Place of Birth [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.
- LYN Luevanos** of **RIVERSBEND-FNB 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:

- How long have you continuously resided in Wisconsin prior to this date? 39 years
- 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.)
- 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.
- 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)
- 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 Rivers Bend | Employer's Address 792 Riverview Drive | Employed From Oct. 2007 | To May 2012 |
| Employer's Name Schneider National | Employer's Address 3101 Packerland Dr. | Employed From 2004 | To 2007 |

The undersigned, being first duly sworn on oath, deposes and says 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.

Subscribed and sworn to before me

this 22nd day of March, 2013
[Signature]
(Clerk/Notary Public)

[Signature]
(Signature of Named Individual)

My commission expires 2/2/15



Sec. 183.0202
Wis. Stats.



State of Wisconsin
Department of Financial Institutions

ARTICLES OF ORGANIZATION - LIMITED LIABILITY COMPANY

Executed by the undersigned for the purpose of forming a Wisconsin Limited Liability Company under Chapter 183 of the Wisconsin Statutes:

- Article 1. **Name of the limited liability company:**
Riversbend - FNB, LLC
- Article 2. **The limited liability company is organized under Ch. 183 of the Wisconsin Statutes.**
- Article 3. **Name of the initial registered agent:**
Thomas Hegeholz
- Article 4. **Street address of the initial registered office:**
215 S 8th Street
Medford, WI 54451
United States of America
- Article 5. **Management of the limited liability company shall be vested in:**
A manager or managers
- Article 6. **Name and complete address of each organizer:**
Thomas Hegeholz
215 S 8th Street
Medford, WI 54451
United States of America
- Other Information. **This document was drafted by:**
Stacy Feldbruegge
- Organizer Signature:**
Thomas Hegeholz

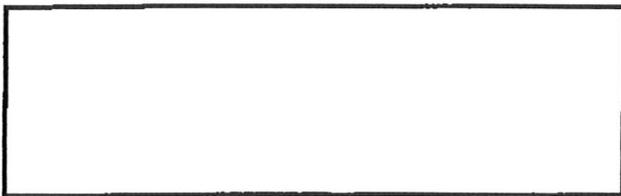
Date & Time of Receipt:

12/6/2012 9:58:32 AM

Order Number:

201212063209150

**ARTICLES OF ORGANIZATION - Limited Liability
Company(Ch. 183)**



Filing Fee: \$130.00
Expedite Fee: \$25.00
Total Fee: \$155.00

ENDORSEMENT

**State of Wisconsin
Department of Financial Institutions**

| | |
|-----------------------|--|
| EFFECTIVE DATE | |
| 12/6/2012 | |

| | |
|---------------------------|-----------------------------|
| FILED 12/6/2012 | Entity ID Number R057858 |
|---------------------------|-----------------------------|

Wisconsin Department of Financial Institutions

Strengthening Wisconsin's Financial Future

Search for:

Riversbend - FNB, LLC

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Corporate RecordsResult of lookup for **R057858** (at 12/6/2012 12:00 PM)

RIVERSBEND - FNB, LLC

You can: [File an Annual Report](#) - [Request a Certificate of Status](#) - [File a Registered Agent/Office Update Form](#)

Vital Statistics

Entity ID R057858

Registered Effective Date 12/06/2012

Period of Existence PER

Status Organized [Request a Certificate of Status](#)

Status Date 12/06/2012

Entity Type Domestic Limited Liability Company

Annual Report Requirements Limited Liability Companies are required to file an Annual Report under s. 183.0120, WI Statutes.

Addresses

Registered Agent Office THOMAS HEGEHOLZ
215 S 8TH STREET
MEDFORD, WI 54451

[File a Registered Agent/Office Update Form](#)

Principal Office**Historical Information**

Annual Reports None

Certificates of Newly-elected Officers/Directors None

Old Names None

Chronology

| Effective Date | Transaction | Filed Date | Description |
|----------------|-------------|------------|-------------|
| 12/06/2012 | Organized | 12/06/2012 | E-Form |

[Order a Document Copy](#)