Name Change

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning MAY 10 20 12 ;
ending JUNE 30 20 12

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

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

Applicant's Wisconsin Seller's Permit Number:	456-1027778682-02
Federal Employer Identification Number (FEIN):	45-5087359

LICENSE REQUESTED ▶

TYPE	FEE
☐ Class A beer	$
☑ Class B beer	$ 100
☐ Class C wine	$
☐ Class A liquor	$
☑ Class B liquor	$ 500
☐ Reserve Class B liquor	$
Publication fee	$ 5.00
TOTAL FEE	$ 605.00

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): ▶ WALLABY'S STEAK HOUSE

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	CALVIN F. WILLIQUETTE JR.	2244 SHAWANO AVE	G.B. 54303
Vice President/Member	MICHAEL E. STANGE	1261 GERHARDT CIR	GB 54313
Secretary/Member			
Treasurer/Member			
Agent ▶	CALVIN F. WILLIQUETTE JR		
Directors/Managers			

3. Trade Name ▶ WALLABY'S STEAK HOUSE Business Phone Number 920-494-9879
4. Address of Premises ▶ 2244 SHAWANO AVE Post Office & Zip Code ▶ 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 WISCONSIN and date 5-16-12 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, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) MAIN FLOOR, BASEMENT, PATIO,
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? WALLABY'S BAR & GRILL
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] ☑ 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 20th day of APRIL, 20 12

Alison Kellison
(Clerk/Notary Public)

My commission expires 3/1/2015

Michael E Stange member
(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/mailed filed with municipal clerk	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
RECEIVED APR 20 2012			
Date license granted	Date license issued	License number issued	

AUXILIARY QUESTIONNAIRE
ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name *(please print)* *(last name)*	*(first name)*	*(middle name)*	
Willquette	Calvin	Francis	
Home Address *(street/route)*	**Post Office**	**City**	**State** / **Zip Code**
N6199 CTY E	DePere	DePere	WI 54115
Home Phone Number	**Age**	**Date of Birth**	**Place of Birth**
920/869-2272	[redacted]	[redacted]	Green Bay

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.

☒ member *(Officer/Director/Member/Manager/Agent)* of Wallaby's Steak House LLC *(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? 47 yrs
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. Home Plate Oneida WI Beer/Liquor *(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
Self	N6199 CTY E	1/1/11	Now
Employer's Name	Employer's Address	Employed From	To
STEVE DeBaker	NICHOLET Dr Green Bay	2/12/10	2/2/11

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 20th day of April, 20 12

(Clerk/Notary Public)

My commission expires 3/1/2015

(Signature of Named Individual)

Printed on Recycled Paper

AUXILIARY QUESTIONNAIRE
ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name *(please print)* (last name)	(first name)	(middle name)
Stange	Michael	Edwin

Home Address *(street/route)*	Post Office	City	State	Zip Code
1261 Gerhardt Ln		Green Bay	WI	54313

Home Phone Number	Age	Date of Birth	Place of Birth
920 362 8899	[redacted]	[redacted]	OREGON

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.

☑ member *(Officer/Director/Member/Manager/Agent)* of WALLABY'S Steak House, LLC *(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? 1998 14 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.)*
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. Bangkok Garden Restaurant, 240 N. Broadway - GB - 54313 *(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
Self Employed	1261 Gerhardt Ln - GB 54313	2001	present
Employer's Name	Employer's Address	Employed From	To
ITW	Glenview, Ill	1996	2001

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 20th day of April, 2012

(Clerk/Notary Public)

My commission expires 3/1/2015

(Signature of Named Individual)

Printed on Recycled Paper

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 ☐ City of HOWARD County of BROWN

The undersigned duly authorized officer(s)/members/managers of WALLABY'S Steak House, 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

WALLABY'S Steak House
(trade name)

located at 2244 Shawano Ave - Green Bay, WI - 54303

appoints CALVIN F. WILLIQUETTE JR
(name of appointed agent)

2244 Shawano Ave - Green Bay, WI 54303
(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).

Home Plate II - N6199 CTY E. - Depere, WI 54303 - Brown

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 N6199 CTY E. - Depere, WI 54115

For: WALLABY'S Steak House
(name of corporation/organization/limited liability company)

By: Calvin F Williquette Jr
(signature of Officer/Member/Manager)

And: _____
(signature of Officer/Member/Manager)

ACCEPTANCE BY AGENT

I, Calvin F Williquette Jr, 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.

Calvin F Williquette Jr 4/20/12 Agent's age [redacted]
(signature of agent) *(date)*

N6199 CTY Rd E Depere WI 54115 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)*

4/24/12 317306

Order Number **3173060**

Click on a Type of Return link to view an individual's result. Manual Intervention results are normally available by the next business day.

Name	DOB	Type of Return
WILLIQUETTE, CALVIN F	[redacted]	No Criminal History

The response is based on a search using identification data supplied. Searches based solely on name and non-unique identifiers are not fully reliable. The CIB cannot guarantee that the information furnished pertains to the individual you are interested in.

Subject to 111.33 to 111.36, section 111.321 of the Wisconsin statues prohibits acts of employment discrimination based on arrest and conviction records. Applicants should be notified of their right to challenge the accuracy and completeness of any information contained in a criminal record before any final determination is made. Challenges should be submitted to the Crime Information Bureau on form DJ-LE-247 and may include a request for fingerprint comparison.