Lisa Kalata

From: David Stortz
Sent: Wednesday, February 26, 2020 3:21 AM
To: Lisa Kalata; Daniel Layber
Subject: RE: Alcohol License-Background check & compliance check

In checking our RMS records, there are no recorded violations (alcohol or other) for School Grounds Coffee House.

David C Stortz
Cottage Grove Police Department
Sergeant

(608) 839-4652 Ext. 107 Work
dstortz@cottagegrovepolice.org

210 Progress Dr. Suite 1
Cottage Grove, WI 53527

From: Lisa Kalata
Sent: Tuesday, February 25, 2020 2:24 PM
To: Daniel Layber <dlayber@cottagegrovepolice.org>; David Stortz <dstortz@cottagegrovepolice.org>
Subject: Alcohol License-Background check & compliance check

Hi Dan & Dave,
Attached is an alcohol license application for School Grounds, they currently hold a Class "B" and Class "C" license, however this would be for a "Class B" liquor license, so we will need a back ground check and a compliance check on the property. This will be going to the Village Board on March 16, 2020. If you have any questions, please let me know.
Thank you,

Lisa Kalata, WCMC
Village Clerk
Village of Cottage Grove
221 East Cottage Grove Rd
Cottage Grove, WI 53527
608.839.4704
Fax 608.839.4698
www.vi.cottagegrove.wi.gov

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning Jan 1, 2020 (mm dd yyyy) ending: June 30, 2020 (mm dd yyyy)

To the Governing Body of the: [ ] Town of [X] Village of [ ] City of } Cottage Grove

County of Dane

Aldermanic Dist. No. (if required by ordinance)

Check one: [ ] Individual [X] Partnership [ ] Limited Liability Company [ ] Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number 456-1027033935-03

FEIN Number 26-4376723

TYPE OF LICENSE REQUESTED	FEE
[ ] Class A beer	$
[ ] Class B beer	$
[ ] Class C wine	$
[ ] Class A liquor	$
[ ] Class A liquor (cider only)	$ N/A
[X] Class B liquor	$
[ ] Reserve Class B liquor	$
[ ] Class B (wine only) winery	$
Publication fee	$
TOTAL FEE	$

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)

David A Morrow Steven Cantley

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 full name and place of residence of each person.

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
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)
Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Morrow	David	Alan	4667 Meadowlark Cottage Grove WI 53527
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Cantley	Steven	Craig	2819 Mason St, Madison, WI 53705

1. Trade Name School Grounds Coffee House Business Phone Number 608 328 9488
2. Address of Premises 4691 County Road N Post Office & Zip Code Cottage Grove, WI 53527
3. 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.)

   See Attached Document

4. Legal description (omit if street address is given above):
5. (a) Was this premises licensed for the sale of liquor or beer during the past license year? [X] Yes [ ] No

   (b) If yes, under what name was license issued? School Grounds Coffee House

6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? **If yes, explain** ☐ Yes ☒ No

7. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? ☐ Yes ☒ No
If yes, explain.

8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? **If yes, explain** ☐ Yes ☒ No

9. (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? **If yes, explain** ☐ 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
If yes, explain.

10. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277] ☒ Yes ☐ No

11. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No

12. 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 signer. Any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000. Signer agrees 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, or one member of a partnership applicant must sign; one corporate officer, one member/manager 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.

Contact Person's Name (Last, First, M.I.)	Title/Member	Date
David A. Morrow	Owner	21 February 2020
Signature	**Phone Number**	**Email Address**
	220.3434	DMorrow@mistyriverwoodworks.com

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk
2/24/2020			Lisa Kalata
Date license granted	**Date license issued**	**License number issued**	

AT-106 (R. 3-19)