Town of Liberty Grove
Notice of Special Town Board Meeting

Special Town Board Meeting
Date: Tuesday January 30, 2024
Time: 2:30pm
Agenda:

1. Call to order
2. Declaration of Quorum
3. Approve the Agenda
4. Consider Combo Class B License for Osteria Tre Tassi at 11976 Mink River Rd
5. Adjourn

_____
Pamela Donart-Welcome, Clerk/Treasurer

Members of the Town Board or any other Town Committee, who are not members of the body whose meeting agenda is published in this notice, are entitled, as any other citizen of the Town of Liberty Grove, to attend this meeting in an unofficial capacity. It is possible the attendance of one or more non-members may create a quorum of the membership of another body. Such a quorum is unintended, and the non-members are not meeting for the purpose of exercising the powers or duties attendant upon their membership on any Town Committee or Board.

Form
AT-106

Original Alcohol Beverage License Application

FOR CLERKS ONLY
Municipality
License Period

License(s) Requested

- ☐ Class "A" Beer ..... $_____
- ☒ Class "B" Beer ..... $ 150
- ☐ "Class C" Wine ..... $_____
- ☐ Reserve "Class B" Liquor $_____
- ☐ "Class A" Liquor ..... $_____
- ☒ "Class B" Liquor ..... $ 150
- ☐ "Class A" Liquor (Cider Only) $_____
- ☐ "Class B" (Wine Only) Winery $_____

License Fees	$ 300.00
Publication Fee	$ 55.00
Background Check	$
Total Fees	$ 355.00

Part A: Premises/Business Information

1. Legal Business Name (registered entity name or individual's name if sole proprietorship)
TASSI HOSPITALITY LLC

2. Trade Name or DBA
OSTERIA TRE TASSI

3. Premises Address
11976 MINK RIVER RD

4. County
DOOR

5. Municipality
LIBERTY GROVE

6. Aldermanic District

7. Mailing Address (if different from premises address)
2540 GLEN LN APT 2, SISTER BAY, WI 54234

8. FEIN
99-0784951

9. Wisconsin Seller's Permit Number
456-1031544499-02

10. Premises Phone
262-945-8579

11. Premises Email
ACCESS@TRETASSI.COM

12. Entity Type *(check one)*
☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

13. Premises Description - Describe the building or buildings where alcohol beverages are to be sold and stored. Describe 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 in this application. Attach additional sheets if necessary.

FIRST FLOOR INTERIOR SPACE SECOND FLOOR INTERIOR just storage!
BASEMENT/ROOT CELLAR
OUTSIDE GAZEBO : PATIOS

Part B: Questions

1. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit a copy of Responsible Beverage Server Training Course Certificate..... ☒ Yes ☐ No

2. Does the applicant business or its partners, officers, directors, managing members, or agent hold a direct or indirect interest in any alcohol beverage wholesaler or producer (e.g., brewer, brewpub, winery, distillery)?..... ☐ Yes ☒ No
If yes, please explain using the space below. Attach additional sheets if necessary.

Part C: For Corporate/LLC Applicants Only

1. State of Registration	2. Date of Registration
WISCONSIN	1/17/2024

3. Is the applicant business owned by another corporation or LLC? If yes, please provide the name and FEIN of the parent company below, include parent company members in Part D, and attach Form AT-103 for all of the parent company's principal members, managers, officers, or directors ☐ Yes ☒ No

Name of Parent Company	FEIN of Parent Company

4. Does the parent company or any of its officers, directors, managing members, or agent hold any direct or indirect interest in any other alcohol beverage wholesaler or producer (e.g., brewer, brewpub, winery, distillery)? ☐ Yes ☒ No
If yes, please explain using the space below. Attach additional sheets if necessary.

5. Agent's Last Name	Agent's First Name	Phone
OUIMET	JOSEPH	262 945 8579

Part D: Individual Information

A Supplemental Questionnaire, Form AT-103, must be completed and attached to this application for each person involved in the applicant business and any parent company as indicated in Part C. Persons in the applicant business include: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all managing members and agent of a limited liability company.

List the full name, title, and phone number for each person below. Attach additional sheets if necessary.

Last Name	First Name	Title	Phone
OUIMET	JOSEPH JR	MEMBER	262 945 8579
BROWN	ROBIN	MEMBER	414-698-1208
GROSS	JOHN	MEMBER	513-607-7920

Part E: Attestation

Who must sign this application?

• sole proprietor • one general partner of a partnership • one corporate officer • one managing member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000 if convicted.

Signature	Date
[signature]	1/17/2024

Name (Last, First, M.I.)
OUIMET JOSEPH J

Title	Email	Phone
MEMBER	jouimet919@gmail.com	262 945 8579

Part F: For Clerk Use Only

Date application was filed with clerk	Date reported to governing body	Date provisional license issued (if applicable)
1/22/24		
Date license granted	**License number**	**Date license issued**
	24-02	

Signature of Clerk/Deputy Clerk

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 an officer of the corporation/organization or one member/manager of a limited liability company and the recommendation made by the proper local official.

To the governing body of: ☒ Town ☐ Village ☐ City of LIBERTY GROVE County of DOOR

The undersigned duly authorized officer/member/manager of TASSI HOSPITALITY 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 OSTERIA TRE TASSI
(Trade Name)

located at 11976 MINK RIVER RD, ELLISON BAY, WI 54210

appoints JOSEPH J. OUIMET, JR
(Name of Appointed Agent)

4320 30TH ST KENOSHA, WI 53144
(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).

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 2540 GLEN LN APT 2 SISTER BAY, WI 54234

For: TASSI HOSPITALITY, LLC
(Name of Corporation / Organization / Limited Liability Company)

By: [signature]
(Signature of Officer / Member / Manager)

Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than $1,000.

ACCEPTANCE BY AGENT

I, JOSEPH J. OUIMET, 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.

[signature] 17 JAN 2024 Agent's age 32
(Signature of Agent) *(Date)*

4320 30TH ST KENOSHA, WI 53144 Date of birth 19 JUN 1991
(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)*