

W I S C O N S I N



NOTICE OF PUBLIC MEETING

FINANCE AND PROPERTY COMMITTEE

Jake Cattanach, Chairperson
Dean Veneman, Vice-Chairperson
Patrick Delaney

Notice is hereby given of a meeting of the Finance and Property Committee to be held in the **Council Chambers** at City Hall, 444 West Grand Avenue, Wisconsin Rapids, on **Tuesday, January 7, 2025 at 5:00 p.m.** The meeting will be streamed live on the City of Wisconsin Rapids Facebook page and will also be broadcast live on Charter Cable Channel 985 and Solarus HD Cable Channel 3. If a member of the public wishes to access this meeting live via Zoom audio conferencing, you must contact the City Clerk at least 24 hours prior to the start of the meeting to coordinate your access. This meeting is also available after its conclusion on the City's Facebook page and Community Media's YouTube page, which can be accessed at www.wr-cm.org. It is possible that members of the Committee may appear remotely via video or audioconferencing for this meeting.

Agenda

1. Call to Order
2. Consider for approval a Temporary Retail Class "B" Fermented Malt Beverages License for Assumption Catholic Schools, 445 Chestnut Street, for an Barn Dance event to be held on Saturday, February 22, 2025 from 4:00 p.m. to 10:00 p.m.
3. Consider a request from Rapids LLC, D/B/A Westside Express Mart Cafe, Damodar Pandey, agent, for a Retail Class "B" Fermented Malt Beverages license for the premise located at 1040 West Grand Avenue.
4. Consider a request from Rodeo Grill of Wisconsin Rapids LLC, D/B/A Rodeo Grill, Hector Pucheta, agent, for a Reserve Retail "Class B" Intoxicating Liquor license and a Retail Class "B" Fermented Malt Beverages license for the premise located at 1951 8th Street South.
5. Audit of the bills
6. Set next meeting date
7. Adjourn.

NOTICE OF COMMON COUNCIL MEETING

Notice is hereby given that one half or more of the membership of the Common Council may be present at the above meeting and may gather information about a subject over which they have decision-making responsibility. Pursuant to State ex rel. Badke v. Greendale Village Bd., 173 Wis.2d 553, 494 N.W.2d 408 (1993), such attendance by Council members may be considered a meeting of the Common Council. This notice is given so that members of the Common Council may attend the meeting, although the Common Council will not take any formal action at this meeting.

The City of Wisconsin Rapids encourages participation from all its citizens. If participation at any public meeting is not possible due to a disability, notification to the city clerk's office at least 48 hours prior to the scheduled meeting is encouraged to make the necessary accommodations. Call the clerk at (715) 421-8200 to request accommodations.

Pd #15 12/16/2024 6972

Application for Temporary Class "B" / "Class B" Retailer's License

See Additional Information on reverse side. Contact the municipal clerk if you have questions.

FEE \$ 5.00

Application Date: 12/12/2024

Town Village City of Wisconsin Rapids

County of Wood

The named organization applies for: (check appropriate box(es).)

- A Temporary Class "B" license to sell fermented malt beverages at picnics or similar gatherings under s. 125.26(6), Wis. Stats.
- A Temporary "Class B" license to sell wine at picnics or similar gatherings under s. 125.51(10), Wis. Stats.

at the premises described below during a special event beginning 02/22/2025 4:00 PM and ending 02/22/2025 10:00 PM and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

- 1. Organization** (check appropriate box) →
- Bona fide Club
 - Church
 - Lodge/Society
 - Veteran's Organization
 - Fair Association or Agricultural Society
 - Chamber of Commerce or similar Civic or Trade Organization organized under ch. 181, Wis. Stats.

(a) Name Assumption Catholic Schools

(b) Address 445 Chestnut Street, Wisconsin Rapids, WI 54494
(Street) Town Village City

(c) Date organized 01/01/1951

(d) If corporation, give date of incorporation 04/21/2010

(e) If the named organization is not required to hold a Wisconsin seller's permit pursuant to s. 77.54 (7m), Wis. Stats., check this box:

(f) Names and addresses of all officers:

President Daniel Minter, 330 Huntinton Ct, Nekoosa, WI 54457

Vice President Kerry Meinel, 1240 Franklin St, Wisconsin Rapids, WI 54494

Secretary Principal, Amber France, 4920 Prairie View Drive, Wisconsin Rapids, WI 54494

Treasurer _____

(g) Name and address of manager or person in charge of affair: Amber France, Principal
Assumption Catholic Schools, 445 Chestnut Schools, Wisconsin Rapids, WI. 54494

2. Location of Premises Where Beer and/or Wine Will Be Sold, Served, Consumed, or Stored, and Areas Where Alcohol Beverage Records Will be Stored:

(a) Street number 445 Chestnut Street, Wisconsin Rapids, WI. 54494

(b) Lot _____ Block _____

(c) Do premises occupy all or part of building? All

(d) If part of building, describe fully all premises covered under this application, which floor or floors, or room or rooms, license is to cover: _____

3. Name of Event

(a) List name of the event Barn Dance

(b) Dates of event 02/22/2025

DECLARATION

An officer of the organization, declares under penalties of law that the information provided in this application is true and correct to the best of his/her knowledge and belief. Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

Officer [Signature] 12/12/24
(Signature / Date)

Assumption Catholic Schools
(Name of Organization)

Date Filed with Clerk 12/16/2024

Date Reported to Council or Board _____

Date Granted by Council _____

License No. _____

CR #70⁰⁰ 12/26/2024 #6928

For Municipal Use Only	
Municipality	Wisconsin Rapids
License Period	

Form
AB-200

Alcohol Beverage License Application

License(s) Requested: (up to two boxes may be checked)

- Class "A" Beer \$ _____
 Class "B" Beer \$ 50⁰⁰
 "Class A" Liquor \$ _____
 "Class B" Liquor \$ _____
 "Class A" Liquor (cider only) \$ _____
 Reserve "Class B" Liquor \$ _____
 "Class C" Liquor (wine only) \$ _____

	Fees
License Fees	\$ <u>50⁰⁰</u>
Background Check Fee	\$ _____
Publication Fee	\$ <u>20⁰⁰</u>
Total Fees	\$ <u>70⁰⁰</u>

Part A: Premises/Business Information			
1. Legal Business Name (individual name if sole proprietorship) <u>Rapids LLC</u>			
2. Business Trade Name or DBA <u>Keetsides Express mart</u>			
3. FEIN <u>92-3784721</u>		4. Wisconsin Seller's Permit Number <u>456-1031414702-04</u>	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization			
6. State of Organization <u>WI</u>		7. Date of Organization <u>04/07/2024</u>	8. Wisconsin DFI Registration Number <u>W05173L</u>
9. Premises Address <u>1040 W Grand Ave.</u>			
10. City <u>Wisconsin Rapids</u>		11. State <u>WI</u>	12. Zip Code <u>54495</u>
13. County <u>Wood</u>		14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <u>Wisconsin Rapids</u>	15. Aldermanic District <u>-</u>
16. Premises Phone <u>920-540-3110</u>		17. Premises Email <u>Wirapids1@gmail.com</u>	18. Website <u>-</u>
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. <u>Enter first floor.</u>			
20. Mailing Address (if different from premises address)			
21. City		22. State	23. Zip Code

Part B: Questions			
1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list the details of violation below. Attach additional sheets if necessary.			
Law/Ordinance Violated		Location	Trial Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated		Location	Trial Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages. Yes No
 If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? Yes No
 If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? Yes No
 If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity _____ 4b. Business Entity FEIN _____

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No
 6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? Yes No
 7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? Yes No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
Pandey	Damodar	Member/Partner/manager	920-540-3110
Subedi	Puspa	Member/Partner	920-809-5518

Part D: Attestation

One of the following must sign and attest to this application:
 • sole proprietor • one general partner of a partnership • one corporate officer • one 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.

Last Name Pandey	First Name Damodar	M.I.
Title Member/Partner/manager	Email kirapids_1@gmail.com	Phone 920-540-3110
Signature 	Date 02/26/24	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 12/20/2024	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	Date Provisional License Issued (if applicable)		

Alcohol Beverage Appointment of Agent

Date
12/30/24

Agent Type (check one)	
<input checked="" type="checkbox"/> Original (no fee)	<input type="checkbox"/> Successor (\$10 fee for municipal licensees only)

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor) Rapids LLC	
2. Business Trade Name or DBA WestSides Express mart cafe	
3. Entity Type (check one) <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	
4. Alcohol Beverage Business Authorization (check one) <input checked="" type="checkbox"/> Municipal Retail License <input type="checkbox"/> State Permit	5. If successor agent, provide State Permit or Municipal Retail License Number
6. Describe the reason for appointing a successor agent, if successor is checked above.	

Part B: Agent Information			
1. Last Name Damodar Pandey	2. First Name Damodar	3. M.I.	
4. Email pdamodar570@gmail.com		5. Phone 920-540-3110	
6. Home Address 2031 Chase St			
7. City Wisconsin Rapids	8. State WI	9. Zip Code 54495	10. Age 31
11. Drivers License/State ID Number WI		12. Drivers License/State ID State of Issuance PS30-1609-3413-02	

Part C: Agent Questions	
1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire? Submit a completed Form AB-100 with this form.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you been a Wisconsin resident for at least 90 continuous days? See instructions for exceptions.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Continued →

Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I 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.

Last Name <i>Pandey</i>		First Name <i>Damodar</i>	M.I. —
Title <i>Member</i>	Email <i>pdamodars70@gmail.com</i>		Phone <i>920-540-3119</i>
Signature <i>[Signature]</i>			Date <i>12/30/24</i>

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. 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.

Last Name <i>Pandey</i>		First Name <i>Damodar</i>	M.I. —
Signature <i>[Signature]</i>			Date <i>12/30/24</i>

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	
License Period	

License(s) Requested: (up to two boxes may be checked)

- | | |
|---|---|
| <input type="checkbox"/> Class "A" Beer \$ _____ | <input checked="" type="checkbox"/> Class "B" Beer \$ _____ |
| <input type="checkbox"/> "Class A" Liquor \$ _____ | <input type="checkbox"/> "Class B" Liquor \$ _____ |
| <input type="checkbox"/> "Class A" Liquor (cider only) \$ _____ | <input checked="" type="checkbox"/> Reserve "Class B" Liquor \$ _____ |
| <input type="checkbox"/> "Class C" Liquor (wine only) \$ _____ | |

Fees	
License Fees	\$
Background Check Fee	\$
Publication Fee	\$
Total Fees	\$

Part A: Premises/Business Information			
1. Legal Business Name (individual name if sole proprietorship) Rodeo Grill of Wisconsin Rapids LLC			
2. Business Trade Name or DBA Rodeo Grill			
3. FEIN 994379786		4. Wisconsin Seller's Permit Number 456-1031864950-02	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization			
6. State of Organization WI		7. Date of Organization 08/09/2024	8. Wisconsin DFI Registration Number R091104
9. Premises Address 1951 8th St South			
10. City Wisconsin Rapids		11. State WI	12. Zip Code 54494
13. County Wood		14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: Wisconsin Rapids	15. Aldermanic District Ward 25
16. Premises Phone (715) 864-7656		17. Premises Email TexMex@bigrodeogrill.com	18. Website Bigrodeogrill.com
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. Alcohol can be stored behind the bar, restaurant kitchen, storage room/closet, walk in cooler, office, front of house dining area.			
20. Mailing Address (if different from premises address)			
21. City		22. State	23. Zip Code

Part B: Questions			
1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list the details of violation below. Attach additional sheets if necessary.			
Law/Ordinance Violated		Location	Trial Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated		Location	Trial Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . . Yes No beverages.

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . . Yes No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? . . . Yes No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity	4b. Business Entity FEIN
-----------------------------	--------------------------

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? Yes No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? Yes No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
Diaz-Aceves	Rogelio	Member	(715) 864-7656
Pucheta	Hector	Agent	(715) 225-4466
Diaz Mendez	Rogelio	Member	(715) 864-7656

Part D: Attestation

One of the following must sign and attest to this application:
 • sole proprietor • one general partner of a partnership • one corporate officer • one 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.

Last Name	First Name	M.I.
Dias-Aceves	Rogelio	A
Title	Email	Phone
owner member	TexMex@bigrodeogrill.com	(715) 864-7656
Signature	Date	
	12/29/24	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
12/30/2024			
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Alcohol Beverage Appointment of Agent

Agent Type (check one)	
<input checked="" type="checkbox"/> Original (no fee)	<input type="checkbox"/> Successor (\$10 fee for municipal licensees only)

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor) Rodeo Grill of Wisconsin Rapids LLC	
2. Business Trade Name or DBA Rodeo Grill	
3. Entity Type (check one) <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	
4. Alcohol Beverage Business Authorization (check one) <input checked="" type="checkbox"/> Municipal Retail License <input type="checkbox"/> State Permit	5. If successor agent, provide State Permit or Municipal Retail License Number
6. Describe the reason for appointing a successor agent, if successor is checked above.	

Part B: Agent Information			
1. Last Name Pucheta	2. First Name Hector	3. M.I. C	
4. Email hectorpucheta1994@gmail.com		5. Phone (715) 225-4466	
6. Home Address 4120 Markgraff Rd			
7. City Fall Creek	8. State WI	9. Zip Code 54742	10. Age 31
11. Drivers License/State ID Number C5123209329506		12. Drivers License/State ID State of Issuance WI	

Part C: Agent Questions	
1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you completed Form AB-100, <i>Alcohol Beverage Individual Questionnaire</i> ? Submit a completed Form AB-100 with this form.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you been a Wisconsin resident for at least 90 continuous days? See instructions for exceptions.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Continued →