

CITY OF SPARTA
PUBLIC SAFETY MINUTES
January 8, 2024

PRESENT: Jim Church, Matthew Hoffland, David Kuderer

ABSENT: Robert Arnold, Kevin Brueggeman

ALSO PRESENT: Mark Sund, Todd Fahning, Emilee Nottestad, Booker Ferguson, Jenna Lee, Jose Tovar, Mayor Kevin Riley, Employees of Sparta Cab

Jim Church called the meeting to order at 5:30 p.m.

A motion was made by Mathew Hoffland and seconded by David Kuderer to approve the consent agenda consisting of the minutes of the December 4, 2023 regular meeting, the Police Department’s monthly report for November and monthly bills. Motion carried 3-0.

Upon proper payment of fees, the following new Operator License applications were approved on a motion made by Matthew Hoffland and seconded by David Kuderer. Motion carried 3-0.

New:

Zachary Battista	Elizabeth VanDyck	Uriah Macomber	
Neil Baumgarten	Zane Roppe	Navdee Chib	Amanda Mathews

A motion was made by David Kuderer and seconded by Matthew Hoffland to deny the operator license for Bridgett Dunigan. Motion carried 3-0.

A motion was made by Matthew Hoffland and seconded by David Kuderer to approve the “Class A” Liquor /Class “A” Beer License for ALDI, INC (Wisconsin) dba ALDI #82 located at 1650 W Wisconsin Street for the remaining 2023-2024 term. Motion carried 3-0.

There were no items for future consideration.

Chief Emilee Nottestad introduced to the committee Patrol Lieutenant Jenna Lee, Detective Lieutenant Jose Tovar. Both were promoted to Lieutenant effective January 1, 2024. Jenna will oversee the Patrol Division and Jose will oversee the Investigation and Evidence Divisions.

A motion was made by Matthew Hoffland and seconded by David Kuderer to adjourn at 5:34 p.m. Motion carried 3-0.

Respectfully Submitted,
Jennifer Lydon
City Clerk

Form
AT-106

Original Alcohol Beverage License Application

FOR CLERKS ONLY	
Municipality	City of Sparta
License Period	2/15/24 - 6/30/24

License(s) Requested

- | | |
|--|--|
| <input type="checkbox"/> Class "A" Beer \$ _____
<input checked="" type="checkbox"/> Class "B" Beer \$ <u>N/A</u>
<input type="checkbox"/> "Class C" Wine \$ _____
<input type="checkbox"/> Reserve "Class B" Liquor \$ _____ | <input type="checkbox"/> "Class A" Liquor \$ _____
<input checked="" type="checkbox"/> "Class B" Liquor \$ <u>N/A</u>
<input type="checkbox"/> "Class A" Liquor (Cider Only) \$ <u>0</u>
<input type="checkbox"/> "Class B" (Wine Only) Winery \$ _____ |
|--|--|

License Fees	\$ - 0 -
Publication Fee	\$ 17.00
Background Check	\$ _____
Total Fees	\$ 17.00

Part A: Premises/Business Information		
1. Legal Business Name (registered entity name or individual's name if sole proprietorship) Shifty's Shack 2 LLC		
2. Trade Name or DBA Shifty's Shack		
3. Premises Address 110 E Oak Street		
4. County Monroe	5. Municipality Sparta	6. Aldermanic District
7. Mailing Address (if different from premises address) 110 E Oak Street		
8. FEIN 93-4824517	9. Wisconsin Seller's Permit Number 456103155181804	
10. Premises Phone (608) 269-6045	11. Premises Email	
12. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> 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. Bar area and basement storage area.		

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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 Wisconsin	2. Date of Registration 01/01/24	
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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please explain using the space below. Attach additional sheets if necessary.		
5. Agent's Last Name	Agent's First Name	Phone

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
Brueggen	Michelle L	Owner	(608) 487-0571

Part E: Attestation		
Who must sign this application? <ul style="list-style-type: none"> • 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 <i>Michelle Brueggen</i>	Date 1-18-24	
Name (Last, First, M.I.) Brueggen, Michelle L.		
Title Owner	Email	Phone (608) 269-6045

Part F: For Clerk Use Only		
Date application was filed with clerk 1/18/2024	Date reported to governing body P.S. 2/5/24 Council 2/4/24	Date provisional license issued (if applicable) N/A
Date license granted	License number	Date license issued
Signature of Clerk/Deputy Clerk <i>Juanita Estan</i>		

Date 1/18/2024

Form
AT-103

Alcohol Beverage License Application Supplemental Questionnaire

This form must be submitted to the municipal clerk, and be accompanied by one or more of the following forms: AT-104, AT-106, AT-108, AT-115, or AT-200. One Form AT-103 must be completed by each person involved in the applicant business or parent company including:

- sole proprietor
- all officers, directors, and agent of a corporation or nonprofit organization
- all partners of a partnership
- managing members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Supplemental Questionnaires are submitted.

Part A: Premises/Business Information				
1. Registered Entity Name (or individual name if sole proprietor) Shifty's Shack 2 LLC				
2. Trade Name or DBA Shifty's Shack				
3. Entity Type (check one)				
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Nonprofit Organization

Part B: Individual Information				
1. Name (Last, First, M.I.) Brueggen, Michelle L.				
2. Relationship to Registered Entity (Title) Owner		3. Email		4. Phone (608) 487-0571
5. Home Address 813 S Water Street				
6. City Sparta		7. State WI	8. Zip Code 54656	9. Date of Birth 06/07/73
10. Drivers License/State ID Number B625-5527-3707-04 exp 06/07/2025			11. Drivers License/State ID State of Issuance WI	

Part C: Address History	
List in chronological order your last two residence addresses within the last 5 years.	
Previous Address 1 N/A	
Previous City, State, Zip	Dates (MM/YYYY - MM/YYYY)
Previous Address 2	
Previous City, State, Zip	Dates (MM/YYYY - MM/YYYY)

Part D: Employment History	
List in chronological order your last two employers within the last 5 years.	
Employer's Name N/A	
Employer's Address	Dates Employed (MM/YYYY - MM/YYYY)
Employer's Name	
Employer's Address	Dates Employed (MM/YYYY - MM/YYYY)

Part E: Criminal History	
1. Have you ever been convicted of any offenses (other than traffic offenses unrelated to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.	
Law/Ordinance Violated	Trial Date
Sell to underage persons - 2008	
Penalty Imposed	Was sentence completed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Trial Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are charges for any offenses currently pending against you (other than traffic offenses unrelated to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.	

Part F: Questions		
1. Have you lived in any state other than Wisconsin as an adult? If yes, please list them in the space below. If no, continue to question 2. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
2. How long have you continuously lived in Wisconsin prior to the date of application?	Years	Months
	50	
3. Do you hold a direct or indirect interest in any alcohol beverage wholesaler or producer (e.g. brewer, brewpub, winery, distillery)? If yes, please explain using the space below. Attach additional sheets as needed. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Part G: Attestation	
READ CAREFULLY BEFORE SIGNING: 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
<i>Michelle Brueggemann</i>	1-18-24

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

MUNICIPAL USE ONLY

Applicant's Wisconsin 15-digit Sales Tax Account Number
456-1031551818-04

← This must be issued in the same Legal Name of the licensee below.

License Number
Period Covered
Date of Issuance

Legal Name (corporation, limited liability company, partnership or sole proprietorship) SHIFTY'S SHACK 2 LLC			Federal Employer Identification No. (FEIN) 93-4824517		
Trade or Business Name (if different than Legal Name) SHIFTY'S SHACK			Telephone Number (608) 487-0571		
Business Address (License Location) 110 E OAK STREET			Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town		
Municipality SPARTA	State WI	Zip Code 54656	of: SPARTA		
Mailing Address (if different than Business Address)			Business Telephone (608) 269-6045		
			County MONROE		
			Municipality		
			State		
			Zip Code		

Organization (check one)

- Sole Proprietor Wisconsin Corporation – Enter date incorporated: 01/01/2024
- Partnership Out-of-State Corporation – Are you registered to do business in Wisconsin? Yes No
- Other (describe) _____

- Yes No 1. Does the applicant understand that they must purchase cigarettes and tobacco products only from distributors, jobbers, or subjobbers, who hold a permit with the Wisconsin Department of Revenue?
- Yes No 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-266-6701. See application form CTP-129, revenue.wi.gov/dor/forms/ctp-129.pdf.)
- Yes No 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- Yes No 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (<https://witobaccocheck.org>)
- Yes No 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
- Yes No 6. Does the applicant understand that they may not sell single cigarettes?
- Yes No 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- Yes No 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco-directory may be sold in Wisconsin?

Cigarettes / Tobacco will be sold over counter through vending machine both

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 applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another. 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Michelle Bruegan
(Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)

Applicable Laws and Rules

This document provides statements or interpretations of the following laws and regulations in effect as of September 19, 2019: Sections 134.65, 134.66, 139.321, 139.79, 139.76, 995.10, and 995.12, Wis. Stats.