

**City of Portage Common Council Special Meeting
Council Chambers of City Municipal Building
115 West Pleasant Street, Portage, WI
Special Meeting – 6:00 p.m.
November 14, 2016
Agenda**

1. Call to Order
2. Roll Call
3. Pledge of Allegiance
4. Consideration of recommendation for Class A Combination License for Aldi Inc, (Wisconsin), 2941 New Pinery Road, Kim Paquette, agent
5. Adjournment

The meeting location is handicap accessible. If you need reasonable accommodations due to a disability, please contact the City Clerk at 608-742-2176 no later than 48 hours prior to the meeting

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning November 1 20 16 ;
ending June 30 20 17

TO THE GOVERNING BODY of the: Town of }
 Village of } PORTAGE
 City of }

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

Applicant's WI Seller's Permit No. / FEIN Number	
[REDACTED]	
LICENSE REQUESTED ▶	
TYPE	\$\$\$
<input checked="" type="checkbox"/> Class A beer	\$ <u>333.30</u>
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$ <u>333.30</u>
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>25.00</u>
TOTAL FEE	\$ <u>391.72</u>

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): ▶ ALDI INC. (WISCONSIN)

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	<u>CHARLES YOUNGSTROM</u>	[REDACTED]	[REDACTED]
Vice President/Member	<u>N/A</u>	[REDACTED]	[REDACTED]
Secretary/Member	<u>TERRY PFORTMILLER</u>	[REDACTED]	[REDACTED]
Treasurer/Member	<u>TERRY PFORTMILLER</u>	[REDACTED]	[REDACTED]
Agent	<u>KIM PAQUETTE</u>	[REDACTED]	[REDACTED]
Directors/Managers	<u>KIM PAQUETTE</u>	[REDACTED]	[REDACTED]

3. Trade Name ▶ ALDI 339 Business Phone Number 608-745-0130
4. Address of Premises ▶ 2941 NEW PINERY ROAD Post Office & Zip Code ▶ PORTAGE 53901

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 _____ and date _____ 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, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) SINGLE STORY GROCERY STORE / SALES FLOOR & BACKROOM

10. Legal description (omit if street address is given above): N/A
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? N/A

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 they must hold a Wisconsin Seller's Permit? [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

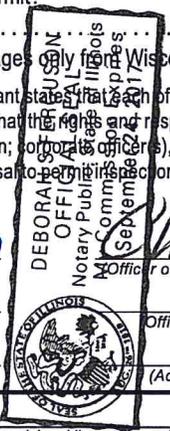
READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officers, 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 22nd day of June, 20 16

Deborah S. Ferguson
(Clerk/Notary Public)

My commission expires 9.24.17



[Signature]
Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual
[Signature]
Officer of Corporation/Member/Manager of Limited Liability Company/Partner

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>9-26-16</u>	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

11-0160926

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
PFORTMILLER		TERRY		E	
Home Address (street/route)	Post Office	City	State	Zip Code	
[REDACTED]		[REDACTED]		[REDACTED]	
Home Phone Number	Age	Date of Birth	Place of Birth		
[REDACTED]	[REDACTED]	19 TH	[REDACTED]		

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.
 - OFFICER** of **ALDI INC. (WISCONSIN)**
(Officer/Director/Member/Manager/Agent) (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? NEVER
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. (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
BORHART, SPELLMEYER	2295 VALLEY CREEK RD, ELGIN	01/01/1995	05/01/1995
COOPERS & LYBRAND	203 W. LASALLE, CHICAGO IL	07/01/1982	12/01/1994

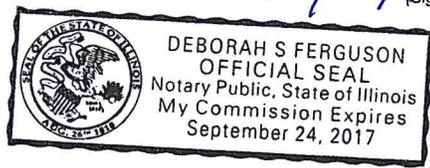
The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that 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 27th day of June, 2016
Deborah S. Ferguson
(Clerk/Notary Public)

Terry E. Pflueger
(Signature of Named Individual)

My commission expires 9.24.17



AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
YOUNGSTROM		CHARLES		E	
Home Address (street/route)	Post Office	City	State	Zip Code	
[REDACTED]					
Home Phone Number	Age	Date of Birth	Place of Birth		
[REDACTED]					

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.
- OFFICER** _____ of **ALDI INC. (WISCONSIN)**
(Officer/Director/Member/Manager/Agent) (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:

- How long have you continuously resided in Wisconsin prior to this date? NEVER
- 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.)
- 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.
- 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. _____
(Name, Location and Type of License/Permit)
- 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
ALDI INC.	1200 N. KIRK RD, BATAVIA IL	06/21/2016	PRESENT
Employer's Name	Employer's Address	Employed From	To
N/A			

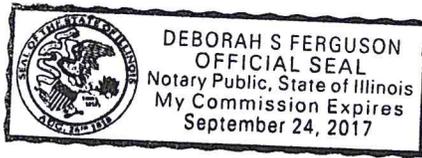
The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that 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 22nd day of June, 2016
Deborah S Ferguson
(Clerk/Notary Public)

Charles E Youngstrom
(Signature of Named Individual)

My commission expires 9.24.17



39
AGENT

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Paquette		Kimberly		Marie	
Home Address (street/route)	Post Office	City	State	Zip Code	
[REDACTED]		[REDACTED]			
Home Phone Number	Age	Date of Birth	Place of Birth		
[REDACTED]		[REDACTED]			

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.
- AGENT of AUDI INC. (WISCONSIN) STORE #39
(Officer/Director/Member/Manager/Agent) (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? 32 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. _____
(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 <u>PICK N'SAVE</u>	Employer's Address <u>5851 S. PACKARD AVE, CUDAHY WI</u>	Employed From <u>1/07</u>	To <u>2/08</u>
Employer's Name <u>WASHINGTON MUTUAL</u>	Employer's Address <u>11200 PARKLAND DR, MKE WI</u>	Employed From <u>2/05</u>	To <u>9/05</u>

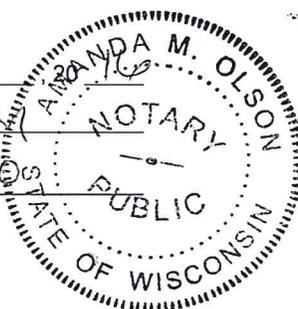
The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that 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 22nd day of August

Amanda M. Olson
(Clerk/Notary Public)

My commission expires 1/14/2008



Kim Paquette
(Signature of Named Individual)



Printed on Recycled Paper

Wisconsin Department of Revenue

City of Portage Alcohol and Fermented Malt Beverage Class A Application Supplemental Form

1. Applicant Information:

Applicant Name: ALDI INC. (WISCONSIN)
 Trade name of business: ALDI #39
 Business address: 2941 NEW PINERY, PORTAGE WI 53901
 Business Telephone Number: (414) 570-1860 (x116)
 Business email: amanda.olson@aldi.us

This application is a:

- New application
- Renewal application

This application is for a:

- Class "A" (fermented malt beverage)
- "Class A" (intoxicating liquor)
- "Class A" (cider only)

2. Business Plan

Describe the business; provide copy of business plan (business plan is for office use only).

RETAIL GROCERY STORE

Describe your management experience.

ALDI CURRENTLY HAS 72 RETAIL GROCERY IN THE STATE OF WISCONSIN, LAKE COUNTY-IL, AND DUBUQUE-IA.

Hours of Operation.

M-SAT (9am-8pm) SUN (9am-7pm)

Number and type of employees expected to work at establishment.

1-STORE MANAGER, 4-SHIFT MANAGERS, 5-ASSOCIATES

Anticipated opening date:
(new applicants only)

11/17/14

3. Explain your security plan, including presence and type of security surveillance, including recording and store of surveillance video.

PROTECTION-ONE SECURITY SOLUTIONS, 20 SECURITY CAMERAS

4. Do you have a policy to train employees in the sale of alcohol? Yes No

If yes, how often is the policy review by the management and employees?

IT IS REVIEWED AT THE TIME OF HIRE AND ONCE A YEAR GOING FORWARD.

5. Explain your process for age verification of customers.

WE CARD FOR EVERY ALCOHOL PURCHASE

6. Who will conduct the actual sale of the alcohol? This is the transaction where the patron hands the money to the cashier after reviewing the patron's identification. The purchase of alcohol is defined when the money is exchanged, not when the merchandise is scanned at the register.

Only employees over the age of 18 Only a licensed operator on the premises

Other (please explain)

7. Attach a detailed site plan depicting the licensed premises, parking, garbage storage area, entrances/exits, liquor storage areas, coolers, external lighting, signage, etc.

8. Premises Description

Describe area where alcohol beverages are to be stored and indicate on site plan:

(SEE ATTACHED)

Describe area where alcohol records are to be stored and indicate on site plan:

MANAGER'S OFFICE (SEE ATTACHED)

Describe area where alcohol beverages are to be sold and indicate on site plan:

THE SALE WILL TAKE PLACE AT THE CASH REGISTERS
(SEE ATTACHED)

Describe the locations in the store where alcohol will be displayed and the type of structure that will be used for the display (for example, temporary/permanent shelving, rolling shelf, pallet, etc.)

PERMANENT SHELVING (SEE ATTACHED)

9. Is there currently a license at this location (new applicants only)?

Yes No

If yes, what, if any, changes are being proposed?

10. Is there any other business conducted on the premises? Yes No

If yes, please explain:

N/A

11. Describe goods and services to be sold at this location, along with the estimated % of sales devoted to alcohol, food, other products and services.

Percent gross receipts from intoxicating liquor and/or fermented malt beverages

T/A N/A 29%

Percent gross receipts from other (list below)

T/A N/A 98%

ALDI IS A RETAIL GROCERY STORE

12. Who may we contact between 8:00am and 4:30pm regarding this license?

Contact person Amanda Olson - Real Estate Assistant

Email address amanda.olson@aldi.us

Telephone number (414) 570-1860 (x116)

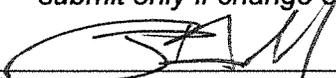
13. The following must be included with the application:

a. New Application

- Federal Identification Number
- Wisconsin Seller's Permit Registration Certificate
- Articles of Incorporation (Corporation/LLC only)
- Deed, Lease or Offer to Purchase Agreement
- Form for surrender of previous license (if applicable)
- Responsible Beverage Service Training Course Certificate (OPERATOR'S LICENSE ENCLOSED)

b. Renewal Application

- Federal Identification Number
- Wisconsin Seller's Permit Registration Certificate
- Articles of Incorporation (Corporation/LLC only)
- Deed, Lease or Offer to Purchase Agreement - current year tax bill can be submitted in place of a deed
- Form for surrender of previous license (if applicable)
- Responsible Beverage Service Training Course Certificate - submit only if change of agent

Signature  DIRECTOR OF REAL ESTATE
ALDI, INC (WISCONSIN)

Date 9/16/16

ITEM	SEE DIMENSIONS DATA	UNIT
TOTAL FLOOR AREA (PRODUCES INCLUDED)	877'-8"	SQ. FT.
ASSUMED PALETTE STORAGE	59	SQ. FT.
REWORK DIMENSIONS	118'-0" x 157'-4"	SQ. FT.
SALES FLOOR DIMENSIONS	275'-0" x 153'-1"	SQ. FT.
ENTRANCE AREA DIMENSIONS	98	SQ. FT.
COOLER & FREEZERS	4	SQ. FT.
COOLER GENERAL DIMENSIONS	12	SQ. FT.
FREEZER GENERAL DIMENSIONS	18	SQ. FT.
SALES MERCHANDISES	8	SQ. FT.
CART STORAGE	1113 MODEL SAW	1113 MODEL SAW

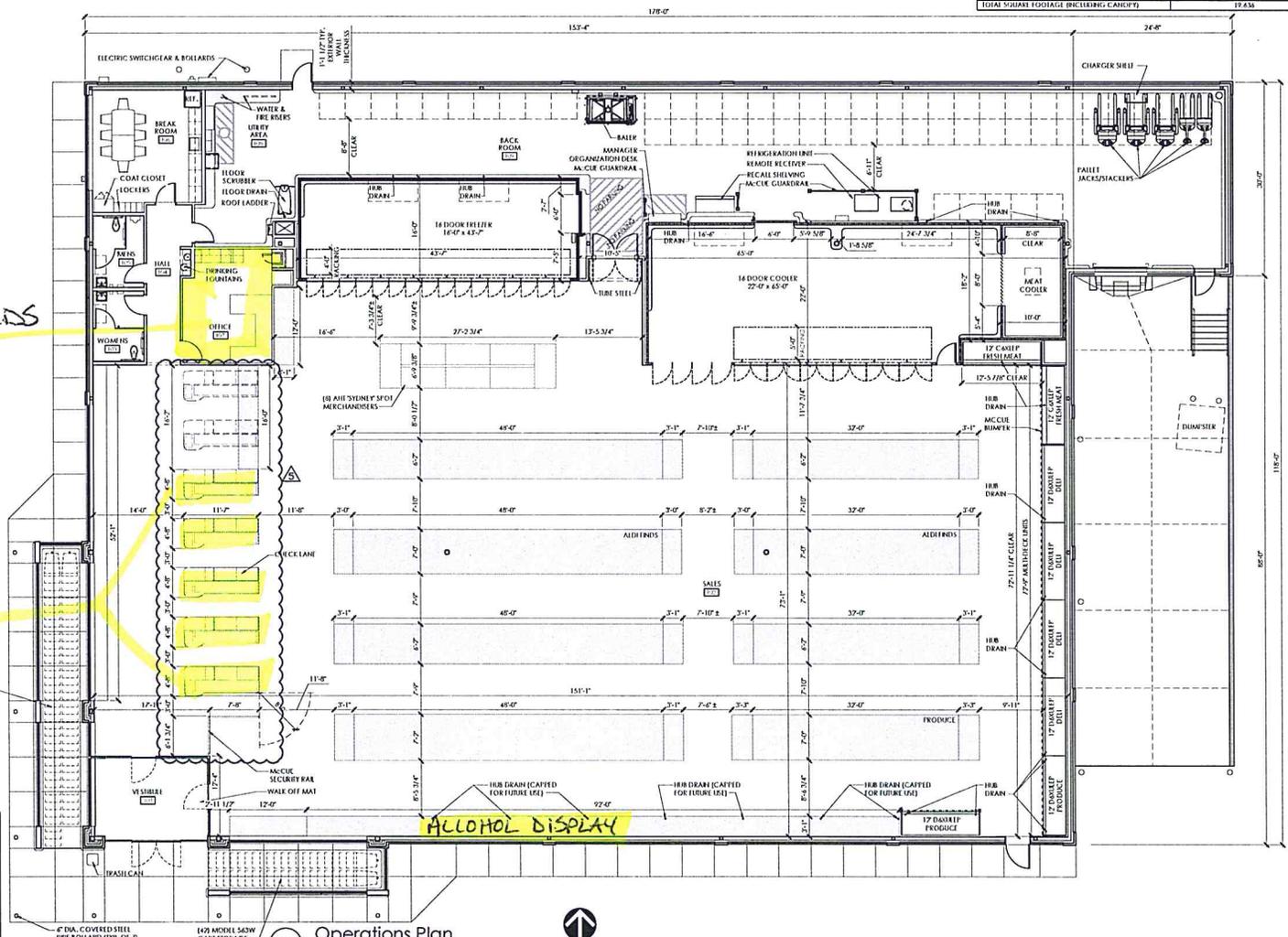
CATEGORY	ROOM NAME	SQUARE FOOTAGE
SUBTOTAL (MERCANTILE)	SALES / VISIBLE	11,825
	OFFICE	257
	BREAK ROOM	305
	MAINT ROOM	85
	WOMEN'S ROOM	83
WELL	145	
SUBTOTAL (MERCANTILE)		12,680
STORAGE / STOCK	BACK ROOM	3,235
	COOLER	1,311
	FREEZER	448
SUBTOTAL (STORAGE / STOCK)		5,192
SUBTOTAL (EXCLUSIVE)	EXTERIOR ZONE HIGH WALLS / FINISH FLOOR SPACE	17,500
	ENTRANCE SQUARE FOOTAGE	963
	EXTERIOR CANOPY	18,850
	TOTAL SQUARE FOOTAGE (INCLUDING CANOPY)	17,638

Issued:	Date:
A Client Review	04/22/16
B Bid Set	04/22/16
C Permit Set	05/11/16
D Construction Set	05/12/16
Revisions:	Date:
1	
2	
3	
4	
5 Change Directive No. 5	06/05/16
6	
7	
8	
9	

ALCOHOL RECORDS STORED

POINT OF SALE - REGISTERS

ALCOHOL DISPLAY



- NOTES:
- THIS DRAWING IS FOR GENERAL DURING LAYOUT AND REFERENCE TO EQUIPMENT ONLY. ALL INFORMATION IS FOR ALDI OPERATIONAL USE ONLY AND SHALL NOT BE USED FOR CONSTRUCTION OR BEING PURPOSES.
 - ALL DIMENSIONS TO WALLS ARE TO FACE OF STUD.
 - THIS FACILITY DOES NOT CONTAIN A BATTERY, A BATTERY, A DISCHARGE COILS, ETC.
 - ALL FOOD IS PREPACKAGED. THERE IS NO ON-SITE FOOD PREPARATION.

Operations Plan
SCALE: 1/8" = 1'-0"

DO NOT SCALE PLANS
Copying, Printing, Scanning and Reproduction is prohibited without the express written permission of the Architect. Therefore, taking of the drawings for reproduction or construction is prohibited.

ms consultants, inc.
engineers, architects, planners
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Columbus, Ohio 43229-1547
phone 614.898.7100
fax 614.898.7570

DRAWN BY: JPD
REVIEWED BY: ACC/EME

ALDI Inc.
9342 South 13th Street
Oak Creek, WI 53154
414.656.7676

ALDI Inc.
Store No: 39
2941 New Pinery Road
Portage, WI 53901
Columbia County
Project Name & Location:

Operations Plan

Drawing Name:
Prototype Rls. 02/26/16 Project No. 40321-09

Type: LHSD-V7 A-131

Scale: As Noted Drawing No.