

**CITY OF WHITEWATER ALCOHOL LICENSING COMMITTEE MEETING**

**Tuesday, July 16, 2019 – 6:00 p.m.**

**City of Whitewater Municipal Building Community Room**

**312 W. Whitewater St., Whitewater, Wisconsin**

**(2019-20 Alcohol Licensing Committee Members: Palmer and McCormick [plus one open position])**

- I. CALL TO ORDER
- II. ROLL CALL
- III. HEARING OF :

*\*Request for issuance of “Class B” Beer and Liquor to Las Chicas Mexican Restaurant, LLC, Karla Villarreal, Agent, 1170 W. Main St., Whitewater, WI (contingent upon consummation of sale of restaurant from Karina’s to Las Chicas).*

*\* Request for Class “B” Beer License for Whitewater Cinemas LLC, Jacob Gildemeister, Agent, 151 E. Pearson La., Whitewater, WI.*

- IV. RECOMMENDATION(S) OF ALCOHOL LICENSING COMMITTEE.
- V. ADJOURNMENT

Please contact the City Clerk’s Office (473-0102) at least 72 hours prior to the Hearing if Special Arrangements are needed.



## Council Agenda Item

Meeting Date: 7/16/19

Agenda Item: Transfer of Beer and Liquor License from Karina's to Las Chicas

Staff Contact (name, email, phone): Michele Smith 262 473 0102 msmith@whitewater-wi.gov

### BACKGROUND

(Enter the who, what when, where, why)

Karina's has entered into a contract to sell their restaurant to Las Chicas, LLC.

### PREVIOUS ACTIONS – COMMITTEE RECOMMENDATIONS

(Dates, committees, action taken)

Plan Commission approval (conditional use permit): 7/8/2019

Alcohol Licensing Committee recommendation – pending – scheduled for 7/16/19 – 6:00 p.m.

### FINANCIAL IMPACT

(If none, state N/A)

N/A

### STAFF RECOMMENDATION

Recommend approval to transfer beer and liquor license from Clara Rocha (Karina's) to Las Chicas Mexican Restaurant LLC, Karla Villarreal, Agent.

### ATTACHMENT(S) INCLUDED

(If none, state N/A)

1. Police Department Background Check approval memo;
2. Beer / Liquor license application

## MEMORANDUM

TO: Michele Smith, City Clerk

FROM: Aaron M Raap, Chief of Police

DATE: June 11, 2019

REF: ALCOHOL BEVERAGE LICENSE APPLICATION  
Las Chicas Mexican Restaurant  
1170 West Main Street, Whitewater  
Agent: Karla Villarreal Rivera

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Effective June 11, 2019, the following information is being supplied on an official basis concerning the license application of the above named party. Only that information which would bear upon this application is recorded. Traffic Violations are excluded.

Pertinent records of the appropriate local and state agencies have been searched as of this date with the following results:

No information was disclosed that would hinder the issuance of the above requested license.

AMR/cas

# Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: PENDING ending: 6/30/20  
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the:  Town of } WHITEWATER  
 Village of }  
 City of }

County of WALWORTH Aldermanic Dist. No. \_\_\_\_\_  
 (if required by ordinance)

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

Applicant's Wisconsin Seller's Permit Number	
FEIN Number <u>84-1939156</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<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	\$
<b>TOTAL FEE</b>	<b>\$</b>

Name (Individual / partners give last name, first, middle; corporations / limited liability companies give registered name)  
LAS CHICAS MEXICAN RESTAURANT LLC

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)
VILLARREAL RIVERA	KARLA	NONE	13502 EAST RYE RD., AVALON, WI 53505
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)
VILLARREAL RIVERA	KARLA	NONE	SAME AS ABOVE
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name LAS CHICAS MEXICAN RESTAURANT Business Phone Number TO BE DETERMINED

2. Address of Premises 1170 W. MAIN ST. Post Office & Zip Code WHITEWATER, WI 53190

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.)

WESTERN PORTION OF BUILDING LOCATED AT 1170 W. MAIN STREET, WHITEWATER, WI  
(MEXICAN RESTAURANT PORTION OF BUILDING ONLY)

4. Legal description (omit if street address is given above): 1170 W. MAIN STREET

5. (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? CLARA ROCHA D/B/A KARINA'S

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 WISCONSIN 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? **If yes, explain.**  Yes  No
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
<i>Karla Villarreal</i>	Member	06/06/19
Signature	Phone Number	Email Address
<i>Karla Villarreal</i>		Karlavillarreal06@gmail.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
6-- 6 - 19			
Date license granted	Date license issued	License number issued	<i>Michele Amelt</i>

# Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
VILLARREAL RIVERA KARLA NMI					
Home Address (street/route)		Post Office		City	
13502 E. RYE RD.		AVALON		WI	
Home Phone Number		Age		Date of Birth	
608-290-8578		22		05/06/1997	
				State	
				WI	
				Zip Code	
				53505	
				Place of Birth	
				FT. ATKINSON, WI	

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.
- MEMBER** \_\_\_\_\_ of **LLC, LAS CHICAS MEXICAN RESTAURANT LLC**  
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)
- which is making application for an alcohol beverage license.

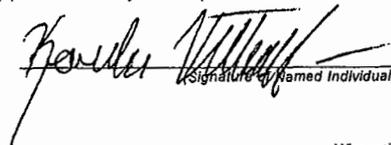
The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? LIFELONG
- 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.)  
2 SPEEDING TICKETS (ONE IN MADISON AND ONE IN БЕЛОIT ??)
- 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
LA BONITA BEAUTY SAL	JANESVILLE WI	02/14/2016	01/01/2019
SCHROEDERS PRODUCE	CAMBRIDGE, WI		

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

  
 \_\_\_\_\_  
Signature of Named Individual



## Council Agenda Item

Meeting Date:	7/16/19
Agenda Item:	Issuance of Beer License to Whitewater Cinemas LLC, Jacob Gildemeister, Agent.
Staff Contact (name, email, phone):	Michele Smith 262 473 0102 msmith@whitewater-wi.gov

### BACKGROUND

(Enter the who, what when, where, why)

Whitewater Cinemas would like to begin offering beer to their customers. The beer would be served to clients in both the theater and the foyer sections of the building.

### PREVIOUS ACTIONS – COMMITTEE RECOMMENDATIONS

(Dates, committees, action taken)

Plan Commission approval (conditional use permit): 3/11/2019

Alcohol Licensing Committee recommendation – pending – scheduled for 7/16/19 – 6:00 p.m.

### FINANCIAL IMPACT

(If none, state N/A)

N/A

### STAFF RECOMMENDATION

This is a new application and will be reviewed by the Alcohol Licensing Committee prior to the Council meeting.

### ATTACHMENT(S) INCLUDED

(If none, state N/A)

1. Police Department Background Check approval memo;
2. Beer / Liquor license application
3. Conditional Use Permit issued by Plan Commission.

## MEMORANDUM

TO: Michele Smith, City Clerk

FROM: Aaron M Raap, Chief of Police

DATE: July 11, 2019

REF: ALCOHOL BEVERAGE LICENSE APPLICATION  
Whitewater Cinemas LLC  
151 E Pearson Lane  
Agent: Jacob Robert Gildemeister

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Effective July 11, 2019, the following information is being supplied on an official basis concerning the license application of the above named party. Only that information which would bear upon this application is recorded. Traffic Violations are excluded.

Pertinent records of the appropriate local and state agencies have been searched as of this date with the following results:

No information was disclosed that would hinder the issuance of the above requested license.

AMR/cas

# Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: \_\_\_\_\_ ending: \_\_\_\_\_  
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the:  Town of }  
 Village of } WHITEWATER  
 City of }

County of WALWORTH Aldermanic Dist. No. \_\_\_\_\_  
 (if required by ordinance)

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

Applicant's Wisconsin Seller's Permit Number 456102991263602	
FEIN Number 832441023	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<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	\$
<b>TOTAL FEE</b>	<b>\$</b>

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

**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)
GILDEMEISTER	JACOB	ROBERT	444 ELM ST MILTON WI 53563
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)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name WHITEWATER CINEMAS Business Phone Number 2624582221

2. Address of Premises 151 E PEARSON LN Post Office & Zip Code 53190

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.)

MOVIE THEATER TO INCLUDE: LOBBY AND AUDITORIUMS  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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? .....  Yes  No

(b) If yes, under what name was license issued? \_\_\_\_\_

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  
 WE WILL BE COMPLETING THIS COURSE  
 \_\_\_\_\_  
 \_\_\_\_\_
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 WI and date 11/06/18 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? **If yes, explain.**  Yes  No  
 \_\_\_\_\_  
 \_\_\_\_\_
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.) GILDEMEISTER, JACOB, R	Title/Member OWNER	Date 07/08/19
Signature <i>Jacob R. Gildemeister</i>	Phone Number 2629603858	Email Address WHITEWATERCINEMAS@GMA

**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
Date license granted	Date license issued	License number issued	

# Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
GILDEMEISTER		JACOB		ROBERT	
Home Address (street/route)		Post Office	City	State	Zip Code
444 ELM ST			MILTON	WI	53563
Home Phone Number		Age	Date of Birth	Place of Birth	
2629603858		22	02/25/1997	MCHENRY, IL	

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.
- MANAGER** of **WHITEWATER CINEMAS LLC**

(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? 9 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	Employer's Address	Employed From	To
NATIONAL GUARD	1954 PEARSON ST MADISON	12/17/2015	05/18/2025
Employer's Name	Employer's Address	Employed From	To
MANNY VALERIN	404 S LAKE AVE TWIN LAKES	01/01/2013	08/30/2016

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

*Jacob R. Gildemeister*  
(Signature of Named Individual)

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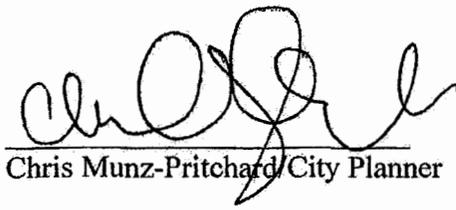
## CONDITIONAL USE PERMIT

Plan Commission Meeting Date: March 11, 2019  
Property Owner: Whitewater Cinemas, LLC.  
Applicant: Jacob Gildemeister  
Property ID Number: /A3002 00002  
Property Address: 151 S. Pearson Lane  
Whitewater, WI 53190

**REGARDING:** An approval of a conditional use permit (CUP) (tavern and other places selling alcohol by the drink) to allow for the sale of alcoholic beverages by the glass at Whitewater Cinemas, LLC., Jacob Gildemeister (Agent), to serve beer and wine (for a Class "B" Beer and Class C Wine License) by the bottle or glass at 151 S. Pearson Lane.

Approved subject to the following conditions:

1. The conditional use permit shall run with the applicant and not the land. Any change in ownership/licensee (or operation) will require approval of a conditional use permit for new owner/licensee from the Plan Commission.
2. Approval is needed for a "Class B" Beer and Class C Wine License from the Alcohol Licensing Committee and the Common Council.
3. No modifications may be made to the site. The applicant shall submit a statement affirming that no changes will be made to the existing site plan, traffic flow, exterior lighting, or building exterior. This statement must be signed by both the applicant and the property owner.
4. If there are any changes planned for the existing site plan, traffic flow, exterior lighting, or building exterior, the applicant will need to provide a Site Plan showing all current and proposed structures, all current and proposed impervious surfaces, and all property lines.
  - a. The Site Plan shall be subject to approval by the City Building Inspector, City Engineer, and City Planner;
  - b. All development shall be consistent with the approved Site Plan, and shall be completed, inspected and approved by appropriate City Staff.
5. Any other conditions identified by the Plan Commission.

  
Chris Munz-Pritchard/City Planner

3/11/19  
Date