

NOTICE
VILLAGE OF OSCEOLA
SPECIAL BOARD MEETING

Date: Thursday, December 28, 2023
Time: 7:30 am
Place: Village Hall, Room 105 (lower level)
310 Chieftain Street, Osceola, WI

AGENDA

1. Call to order
2. Approval of the agenda
3. Other business – discussion and possible action re:
 - a) Alcohol License
 - i. Class “B” Fermented Malt Beverage & “Class B” Intoxicating Liquor License –
Osceola Lanes, LLC, Eric Krenz Agent
4. Future agenda items and updates
5. Adjourn

The Power of 10 are the 10 most significant assets in the community identified by the Board. They are listed below:

- | | | |
|--------------------|--|---|
| 1. Schools | 5. Falls | 9. Medical Services |
| 2. Airport | 6. Downtown Businesses | 10. Recreational opportunities and the Braves |
| 3. Industrial Park | 7. Personalization/Historic of Downtown Feel | (tied ranking for number 10) |
| 4. River | 8. Access to major population center | |

NOTE: It is possible that members of other governmental bodies of the municipality may be present at the above scheduled meeting to gather information about a subject over which they have decision-making responsibility. No action will be taken by any governmental body at the above-stated meeting other than the governmental body specifically referred to above in this notice. Meetings may be recorded for public viewing and record retention.

Please note that, upon reasonable notice, efforts will be made to accommodate the needs of disabled individuals through appropriate aids and services. For additional information or to request this service, contact Village Hall at (715) 294-3498.



Memo

To: Village Board
From: Carie Krentz, Village Clerk
Cc: Devin Swanberg, Village Administrator
Date: December 18, 2023
Re: Liquor License

The Village has accepted the below application for Alcohol Licenses:

- i. Class “B” Fermented Malt Beverage & “Class B” Intoxicating Liquor License from January 1, 2024 to June 30, 2024 - Osceola Lanes, LLC, Eric Krenz, Agent.

RECOMMENDATION

Eric Krenz is taking ownership of Osceola Lanes as of January 1, 2024, has met requirements and Village staff recommends approval with no additional conditions.

Form
AT-106

**Original Alcohol Beverage
License Application**

FOR CLERKS ONLY	
Municipality	Village of Osceola
License Period	

1-1-2024 to 6-30-2024

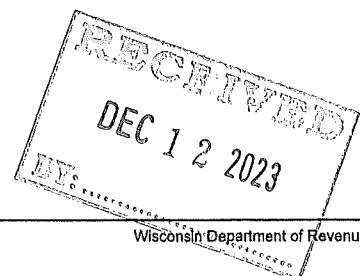
License(s) Requested

- Class "A" Beer \$ _____ "Class A" Liquor \$ _____
- Class "B" Beer \$ _____ "Class B" Liquor \$ _____
- "Class C" Wine \$ _____ "Class A" Liquor (Cider Only) \$ _____
- Reserve "Class B" Liquor \$ _____ "Class B" (Wine Only) Winery \$ _____

License Fees	\$ 298.48
Publication Fee	\$ 15.00
Background Check	\$
Total Fees	\$ 313.48

Part A: Premises/Business Information		
1. Legal Business Name (registered entity name or individual's name if sole proprietorship) OSCEOLA LANES LLC		
2. Trade Name or DBA OSCEOLA LANES		
3. Premises Address 104 W CASCADE ST		
4. County POLK	5. Municipality OSCEOLA	6. Aldermanic District
7. Mailing Address (if different from premises address) PO Box 357		
8. FEIN - - - - - -	9. Wisconsin Seller's Permit Number	
10. Premises Phone 715-294-2275	11. Premises Email info@osceolalanes.com	
12. 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		
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. BOWLING ALLEY + OUTDOOR BAR + KITCHEN STORED BEHIND LANES, BEER ROOM, FURNACE ROOM ROOM/CLOSET IN OUTDOOR BAR, BAR, DINING ROOM, BOWLING LANES. PREMISE IS LOCATED AT 104 W CASCADE ST, OSCEOLA OUTDOOR BAR IS PARCEL 165-00118-0000 + 165-00117-0000		

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 6/26/23	
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

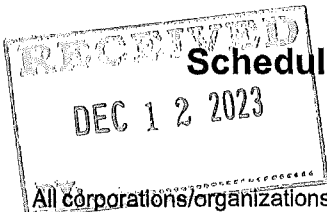
Part D: Individual Information
A Supplemental Questionnaire, Form AT-103, must be completed and attached to this application for each person involved in the applicant business and any parent company as indicated in Part C. Persons in the applicant business include: sole proprietor, all officers, directors, 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
KRENZ	ERIC	OWNER	651-261-9359

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 	
<p>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.</p>	
Signature 	Date 12/11/23
Name (Last, First, M.I.) KRENZ, ERIC, J	
Title OWNER	Phone ---
Email INFO@OSCEOLA LAKES.COM	

Part F: For Clerk Use Only		
Date application was filed with clerk	Date reported to governing body	Date provisional license issued (if applicable)
Date license granted	License number	Date license issued
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 of OSCEOLA County of POLK
 City

The undersigned duly authorized officer/member/manager of OSCEOLA LANES 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 OSCEOLA LANES
(Trade Name)

located at 104 N CASCADE ST, OSCEOLA, WI 54020

appoints ERIC KRENZ
(Name of Appointed Agent)
403A 8TH AVE E, OSCEOLA, WI 54020
(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? 37 YEARS

Place of residence last year 403A 8TH AVE E OSCEOLA WI 54020

For: OSCEOLA LANES 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, _____, 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.

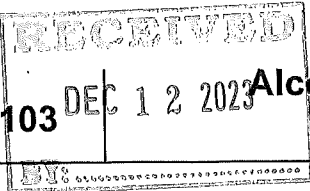
(Signature of Agent) _____
(Date) Agent's age _____

(Home Address of Agent) Date of birth _____

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 12/15/23 by [Signature] ANDREW J. BACH Title INTERIM POLICE CHIEF
(Date) (Signature of Proper Local Official) (Town Chair, Village President, Police Chief)



Date

Form

AT-103

DEC 12 2023

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 partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- 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) OSCEOLA LANES LLC				
2. Trade Name or DBA OSCEOLA LANES				
3. 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

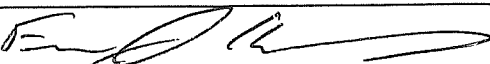
Part B: Individual Information				
1. Name (Last, First, M.I.) KRENZ, ERIC, J				
2. Relationship to Registered Entity (Title) OWNER		3. Email INFO@OSCEOLALANES.COM		4. Phone
5. Home Address - - -				
6. City OSCEOLA		7. State WI	8. Zip Code 54020	9. Date of Birth
10. Drivers License/State ID Number K652-2108-6293-07			11. Drivers License/State ID State of Issuance WISCONSIN	

Part C: Address History	
List in chronological order your last two residence addresses within the last 5 years.	
Previous Address 1	
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 PLASTIC PRODUCTS	
Employer's Address 30355 AKERSON ST, LINDSTROM, MN	Dates Employed (MM/YYYY - MM/YYYY) 10/2010 - 4/2020
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 type="checkbox"/> Yes <input checked="" 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
Penalty Imposed	Was sentence completed? <input 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
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 12/11/23

OSCEOLA POLICE DEPARTMENT

310 CHIEFTAIN STREET

PO BOX 217
OSCEOLA WI 54020

Incident # **23-010801**

Crime / Incident (Primary, Secondary, Tertiary) Liquor License	Beat NA	Rpt Dist	Type	Seq 1
	Attempt <input type="checkbox"/>	Occurred	Date	Time
	<input type="checkbox"/>	On or From	12/14/2023	15:00
	<input type="checkbox"/>	To	12/14/2023	:
	<input type="checkbox"/>	Reported	12/14/2023	15:00
				Day Thu

Location of Incident **310 CHIEFTAIN ST, OSCEOLA, WI**

Cross Street _____ County _____

Dispo "V" = Victim "RP" = Reporting Party "W" = Witness "S" = Suspect "O" = Other

O	Last, First, Middle (Firm if Business) KRENZ, ERIC JON	Race	Sex	Age	HT	WT	Hair	Eyes	Home Phone
Address 403A 8TH (PO BOX 645) AV		DOB	DL Number		State		Work Phone		
City, State, Zip Code OSCEOLA WI 54020		SSN	Local ID #	State # LIQUOR.LIC	FBI #		Cell Phone ()		

O	Last, First, Middle (Firm if Business) OSCEOLA, LANES	Race	Sex	Age 0	HT	WT	Hair	Eyes	Home Phone (715) 294-2275
Address 104 N CASCADE (BOX 357) ST		DOB / /	DL Number		State WI		Work Phone ()		
City, State, Zip Code OSCEOLA WI 54020		SSN	Local ID #	State #	FBI #		Cell Phone ()		

	Last, First, Middle (Firm if Business)	Race	Sex	Age	HT	WT	Hair	Eyes	Home Phone
Address		DOB	DL Number		State		Work Phone		
City, State, Zip Code		SSN	Local ID #	State #	FBI #		Cell Phone		

	Last, First, Middle (Firm if Business)	Race	Sex	Age	HT	WT	Hair	Eyes	Home Phone
Address		DOB	DL Number		State		Work Phone		
City, State, Zip Code		SSN	Local ID #	State #	FBI #		Cell Phone		

Synopsis **Osceola Lanes applied for an Alcohol Beverage License for January-June 2024 for 104 N Cascade Street within the Village of Osceola, appointing Eric Krenz as the Agent. No Minnesota or Wisconsin criminal histories were located. License recommended by Interim Chief Bach.**

S O L V A B I L I T Y	Continuation Attached <input type="checkbox"/>	PropertyList Attached <input type="checkbox"/>	Property Damage \$
	UCR 9999	Press Release <input type="checkbox"/>	Domestic Violence Case <input type="checkbox"/>
	Gang Related N	Hate Crime <input type="checkbox"/>	Victim Senior Citizen <input type="checkbox"/>
	Pursuit <input type="checkbox"/>	Force Used <input type="checkbox"/>	Child Abuse <input type="checkbox"/>
	County Code		Disposition CLSD
	Connecting Case #		
	Report Complete/Ready for Review <input checked="" type="checkbox"/>	CAD/CFS Event #	
	Assigned To _____ Date _____		

Officer ID Assistant J. Giller	J	Reviewed By	Approved	Date
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