

Kitchen Comfort

8348 County Road T
Larsen, WI 54947

Attachment A

REQUIREMENTS FOR ISSUANCE OF LIQUOR AND/OR TOBACCO LICENSE(S)

- Application form **AT-115** for renewal applications or form **AT-106** for new applicants
- Auxiliary Questionnaire form **AT-103**
 - One form must be submitted for each officer/member listed on the AT-106 and/or AT-115
 - Complete the top sections and questions 1-6
 - Each officer/member listed on the AT-106 and/or AT-115 needs to provide a copy of their valid Driver's License for background checks
- Schedule for Appointment of Agent form **AT-104**—required for Corporations and LLCs
- Copy of valid Wisconsin Seller's Permit Certificate – License cannot be issued if applicant is unable to provide the Seller's Permit
- Proof of Completing the Responsible Beverage Course within the past 2 years
- Copy of a Valid Federal Identification Number (FEIN).
- Cigarette License Application Form **CTP-200**, if applicable.
- Evidence of Control of Premises, Ownership, or a copy of a Lease Agreement or Land Contract.
- A Current Fire Inspection Certification free of any violation(s)
- Payment of Applicable Fees
- Real Estate Taxes Paid to date with no delinquencies*
- Personal Property Taxes Paid to date with no delinquencies*

*The Town Board will **not** renew licensees with delinquent taxes as set forth in the Town of Clayton Ordinance 2014-001.

FYI - click mouse in 'For the license period beginning' field to begin and tab throughout. Use mouse to check appropriate boxes, spacebar or enter.



Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 07/01/2023 ending: 06/30/2023
(mm dd yyyy) (mm dd yyyy)

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

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

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

Applicant's Wisconsin Seller's Permit Number 45613127374504	
FEIN Number 83-0529614	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" 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	\$
TOTAL FEE	\$

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)
Dale Mart 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)
<u>Tiwari</u>	<u>Dinesh</u>	<u>Kumar</u>	<u>955 Lotus Trail, Menasha WI 54952</u>
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)
<u>Tiwari</u>	<u>Dinesh</u>	<u>Kumar</u>	<u>955 Lotus Trail, Menasha WI 54952</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name Kitchen Comfort Business Phone Number 9207504722
 2. Address of Premises 8510 State Rd 76, Unit #2 Post Office & Zip Code Neenah WI 54956


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.)
Only canned or bottled beer will be served from behind the counter, a free cooler inside the kitchen area, dine in area for at least 12 or more guests, full service restaurant with drive through option, but no alcoholic beverages will be served from drive through window, only food and soda and similar non-intoxicating beverages only, the restaurant has its own separate entrance

4. Legal description (omit if street address is given above): Full service restaurant

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
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 4/26/2018 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.) Tiwari, Dinesh K	Title/Member Owner	Date 05/25/2023
Signature 	Phone Number 9207504722	Email Address tiwaridineshkus@icloud.com

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 5/25/23	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 <i>(please print)</i> <i>(last name)</i>		<i>(first name)</i>		<i>(middle name)</i>	
Tiwari		Dinesh		Kumar	
Home Address <i>(street/route)</i>		Post Office	City	State	Zip Code
955 Lotus Trail			Menasha	WI	54952
Home Phone Number		Age	Date of Birth	Place of Birth	
9207504722		45	08/27/1977	Nepal	

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 Dale Mart 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? 15 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
None			
Employer's Name	Employer's Address	Employed From	To

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)

**DRIVER LICENSE
REGULAR**

USA
WISCONSIN



Dinesh Kumar

AUG 77

4d **T600-1717-7307-05**
1 **TIWARI**
2 **DINESH KUMAR**

8 **955 LOTUS TRL
MENASHA, WI 54952**

15 SEX **M** 16 HGT **5'-07"**
17 WGT **162 lb** 18 EYES **BLK**
19 HAIR **BLK** 4a ISS **06/17/2019**
3 DOB **08/27/1977** 4b EXP **08/27/2027**
9a END **NONE** 5 DD **OTS2L2019061708481214**



Donor
Sticker
Here

Tab to navigate within form. Use mouse to check appropriate boxes, press spacebar or press enter.

Save

Print

Clear

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.

Town

To the governing body of: Village of Clayton County of Winnebago
 City

The undersigned duly authorized officer/member/manager of Dale Mart 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 Kitchen Comfort
(Trade Name)

located at 8510 State Rd 76, Unit # 2, Neenah WI 54956

appoints Dinesh K Tiwari
(Name of Appointed Agent)
955 Lotus Trail, Menasha WI 54952
(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? 15 years

Place of residence last year 955 Lotus Trail, Menasha 54952

For: Dale Mart LLC
(Name of Corporation / Organization / Limited Liability Company)


By: 
(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, Dinesh K Tiwari, 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.

 05/25/2023 Agent's age 45
(Signature of Agent) (Date)

955 Lotus Trail, Menasha WI 54952 Date of birth 08/27/1977
(Home Address of Agent)

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 _____ by _____ Title _____
(Date) (Signature of Proper Local Official) (Town Chair, Village President, Police Chief)



WISCONSIN DEPARTMENT OF REVENUE
 PO BOX 8902
 MADISON, WI 53708-8902

Contact Information:

2135 RIMROCK RD PO BOX 8902
 MADISON, WI 53708-8902
 ph: 608-266-2776 fax: 608-224-5761
 email: DORBusinessTax@wisconsin.gov
 website: revenue.wi.gov

Letter ID L1424477648

DALE MART LLC
 955 LOTUS TRL
 MENASHA WI 54952-8852

Wisconsin Department of Revenue Seller's Permit



Legal/real name: DALE MART LLC
Business name: KITCHEN COMFORT
 613 W MAIN ST
 # 2
 WAUTOMA WI 54982-5417



- This certificate confirms you are registered with the Wisconsin Department of Revenue and authorized in the business of selling tangible personal property and taxable services.
- You may not transfer this permit.
- This permit must be displayed at the place of business and is not valid at any other location.
- If your business is not operated from a fixed location, you must carry or display this permit at all events.

Tax Type	Account Type	Account Number
Sales & Use Tax	Seller's Permit	456-1031273745-04





State of Wisconsin • DEPARTMENT OF REVENUE

Personal Wallet Copy

Seller's Permit: 456-1031273745-04

Legal/Real Name: DALE MART LLC

Signature _____

We are here to serve you

Wisconsin Department of Revenue
PO Box 8902
Madison, WI 53708-8902

Ph: 608-266-2776

Fax: 608-264-6884

Email: dorbusinessstax@revenue.wi.gov

Web: www.revenue.wi.gov

Main office: 2135 Rimrock Rd., Madison

Date of this notice: 05-14-2018

Employer Identification Number:
83-0529614

Form: SS-4

Number of this notice: CP 575 A

DALE MART LLC
DALE MART
% DINESH K TIWARI SOLE MBR
955
LOTUS TRL, WI 54952

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 83-0529614. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 940	01/31/2019
Form 944	01/31/2019

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

If you are required to deposit for employment taxes (Forms 941, 943, 940, 944, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), you will receive a Welcome Package shortly, which includes instructions for making your deposits electronically through the Electronic Federal Tax Payment System (EFTPS). A Personal Identification Number (PIN) for EFTPS will also be sent to you under separate cover. Please activate the PIN once you receive it, even if you have requested the services of a tax professional or representative. For more information about EFTPS, refer to Publication 966, *Electronic Choices to Pay All Your Federal Taxes*. If you need to make a deposit immediately, you will need to make arrangements with your Financial Institution to complete a wire transfer.

INTERIOR ALTERATION RIDGEWAY BP

8510 STATE ROAD 76 | NEENAH, WI 54956

CODE SUMMARY

2015 INTERNATIONAL BUILDING CODE (IBC), 2015 INTERNATIONAL EXISTING BUILDING CODE, 2015 INTERNATIONAL MECHANICAL CODE (IMC) AND INTERNATIONAL ENERGY CONSERVATION CODE (IECC) WITH WISCONSIN AMENDMENTS APPLY TO THIS PROJECT IN ADDITION TO 2009 ICC / ANSI A117.1 ACCESSIBLE AND USABLE BUILDINGS AND FACILITIES.

TYPE OF CONSTRUCTION (TABLE 601):	TYPE VB; COMBUSTIBLE, UNPROTECTED	
OCCUPANCY CLASSIFICATION (302.1):	GROUP B, BUSINESS (A-2 RESTAURANT WITH LESS THAN 50 OCC.)	672 SF
	GROUP M, MOTOR FUEL-DISPENSING FACILITY	2,911 SF
ALLOWABLE HEIGHT (TABLE 504.3):	40 FEET	
ALLOWABLE NO. STORIES (TABLE 504.4):	1 STORY	
ALLOWABLE AREA (TABLE 506.2)	9,000 SQ. FT.	
FRONTAGE INCREASE (506.3)	NOT APPLIED	
ACTUAL HEIGHT AND AREA:	1 STORY; 19'-0"; 3,583 GSF	
PROJECT AREA / AREA OF WORK:	780 SQ. FT.	
OCCUPANCY SEPARATION (508):	NONE. NONSEPARATED OCCUPANCIES PER 508.3	
FIRE PROTECTION (503.2):	NONE REQUIRED	
FIRE RATINGS (TABLE 601)		
PRIMARY STRUCTURAL FRAME:	0 HOUR	
BEARING WALLS:	0 HOUR	
NON-BEARING WALLS:	0 HOUR	
FLOOR CONSTRUCTION:	0 HOUR	
ROOF CONSTRUCTION:	0 HOUR	
EXTERIOR WALLS (TABLE 602):	0 HOUR (FIRE SEPARATION DISTANCE EXCEEDS 10 FT.)	

OCCUPANT LOAD (TABLE 1004.1.2)

272 SQ. FT. @ 15 NET = 19 OCCUPANTS (UNCONCENTRATED TABLES AND CHAIRS)
400 SQ. FT. @ 200 GROSS = 2 OCCUPANTS (KITCHEN)
1,623 SQ. FT. @ 60 GROSS = 28 OCCUPANTS (MERCANTILE)
1,288 SQ. FT. @ 300 GROSS = 5 OCCUPANTS (STORAGE, STOCK, SHIPPING AREAS)
BUILDING TOTAL = 54 OCCUPANTS

EGRESS WIDTH (1005.3.2):	54 OCC. x 0.2 = 10.8 IN. (160 IN. PROVIDED)
EXIT ACCESS TRAVEL (TABLE 1017.2):	200 FEET
COMMON PATH OF EGRESS TRAVEL (TABLE 1006.2.1):	75 FEET
DEAD END CORRIDOR (1020.4):	20 FEET
EMERGENCY EGRESS ILLUMINATION (1008.2.1)	MIN. 1.0 Fc
SANITARY FIXTURES (TABLE 2902.1):	BASED ON 54 OCCUPANTS, 50% EACH SEX RESTAURANT OCCUPANTS: 11M / 11F MERCANTILE OCCUPANTS: 17M / 17F

FIXTURE	REQUIRED (RESTAURANT)	REQUIRED (MERCANTILE)	REQUIRED (TOTAL)	PROVIDED
MALE W/C	0.15	0.03	0.18	1
FEMALE W/C	0.15	0.03	0.18	1
MALE LAVATORY	0.08	0.02	0.08	1
FEMALE LAVATORY	0.08	0.02	0.08	1
SERVICE SINK			1	1

DRINKING WATER SHALL BE MADE AVAILABLE TO ALL OCCUPANTS FREE OF CHARGE AT THE SERVICE COUNTER.

ONE SET OF CONDITIONALLY APPROVED STAMPED DRAWINGS MUST BE KEPT ON THE JOBSITE AT ALL TIMES DURING CONSTRUCTION AND MADE AVAILABLE TO STATE AND LOCAL INSPECTORS.

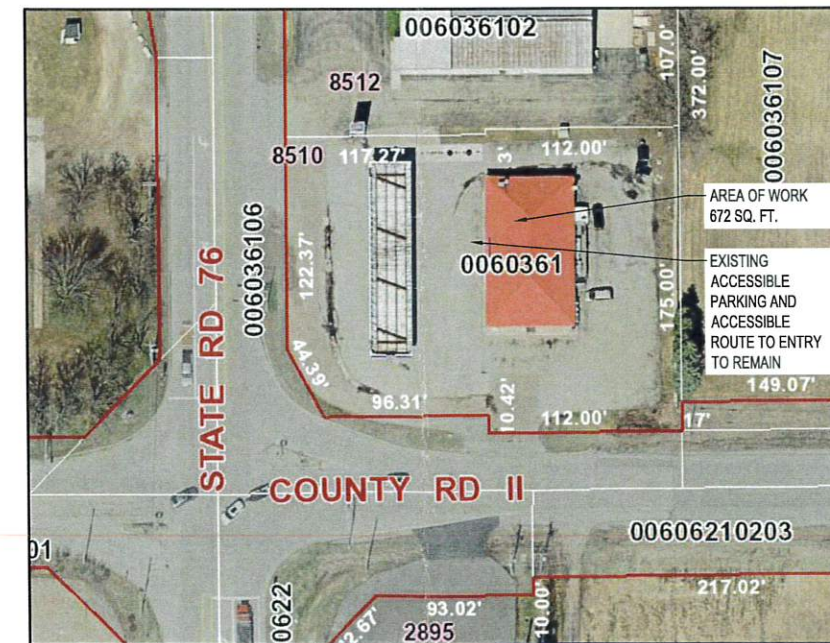
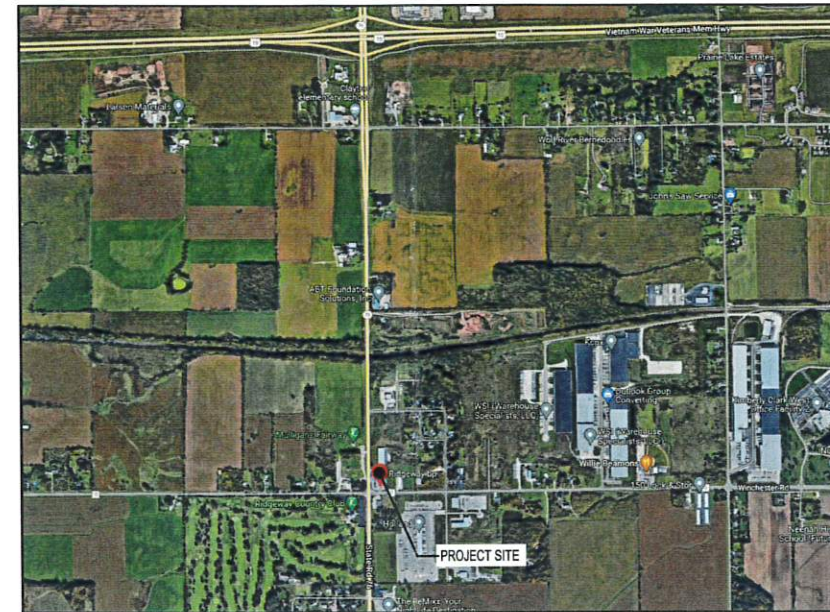
IF PROJECT IS NOT LOCATED IN A MUNICIPALITY WITH DSPS COMMERCIAL BUILDING INSPECTION DELEGATED AUTHORITY, THE CONTRACTOR SHALL CONTACT THE STATE BUILDING INSPECTOR FOR REQUIRED INSPECTIONS OF WORK. SEE CONDITIONAL APPROVAL LETTER FOR CONTACT INFORMATION.

GENERAL NOTES

- REFER TO ALL DRAWINGS INCLUDING ARCHITECTURAL, MECHANICAL, ELECTRICAL AND PLUMBING FOR ADDITIONAL GENERAL NOTES, ABBREVIATIONS AND SYMBOLS.
- THIS PROJECT INCORPORATES DESIGN-BUILD CONTRACTORS WHO, IF NECESSARY, WILL CONTRACT WITH OWN ENGINEER OF RECORD FOR ANY REQUIRED SUBMITTALS INCLUDING HVAC, ELECTRICAL, LIGHTING, ENERGY CALCULATIONS, EMERGENCY EGRESS LIGHTING AND EXTERIOR LIGHTING.
- ALL DRAWINGS ARE OF EQUAL IMPORTANCE IN DEFINING THE WORK OF THE CONTRACT DOCUMENTS. CONTRACTORS SHALL REVIEW ALL DRAWINGS BEFORE THE INSTALLATION OF THEIR WORK. SHOULD THERE BE A DISCREPANCY WITHIN AND BETWEEN THE DRAWINGS THAT WOULD CAUSE AN AWKWARD OR IMPROPER INSTALLATION, NOTIFY ARCHITECT FOR CLARIFICATION PRIOR TO INSTALLATION OF SAID WORK. ANY WORK INSTALLED IN CONFLICT WITH THE ARCHITECTURAL DRAWINGS SHALL BE CORRECTED AT THE CONTRACTORS EXPENSE.
- DO NOT SCALE DRAWINGS. THE DRAWINGS ARE NOT NECESSARILY TO SCALE. USE GIVEN DIMENSIONS. CONTRACTORS SHALL VERIFY ALL CONDITIONS AND DIMENSIONS AT THE JOB SITE PRIOR TO THE START OF CONSTRUCTION. IF DISCREPANCIES ARE FOUND, NOTIFY ARCHITECT FOR CLARIFICATION BEFORE COMMENCING THE WORK.
- DETAILS NOT SHOWN ARE SIMILAR IN CHARACTER TO THOSE SHOWN, WHERE SPECIFIC DIMENSIONS, DETAILS OR DESIGN INTENT CANNOT BE DETERMINED, CONSULT ARCHITECT BEFORE PROCEEDING WITH THE WORK.
- CONTRACTORS SHALL PROVIDE STIFFENERS, BRACING, BACKING PLATES AND SUPPORTING BRACKETS REQUIRED FOR THE PROPER INSTALLATION OF ALL CASEWORK AND MISCELLANEOUS EQUIPMENT WHETHER SUCH SUPPORTS ARE SHOWN OR NOT.
- GC SHALL COORDINATE MECHANICAL, PLUMBING AND ELECTRICAL FLOOR ROOF AND WALL SLEEVES AND SHAFTS WITH MECHANICAL, PLUMBING, ELECTRICAL, STRUCTURAL AND ARCHITECTURAL DRAWINGS.
- ALL INTERIOR FINISHES MUST CONFORM TO 2015 INTERNATIONAL BUILDING CODE WITH WISCONSIN AMENDMENTS, CHAPTER 8 INTERIOR FINISHES, AND ALL OTHER APPLICABLE CODES AND ORDINANCES INCLUDING TABLE 803.11.

PROJECT LOCATION

NEENAH, WI



SITE PLAN
NOT TO SCALE

SHEET INDEX

G1.0	COVER SHEET
G1.1	GENERAL INFORMATION AND SPECIFICATION
A1.1	FLOOR PLANS

Conditionally
APPROVED
DEPT. OF SAFETY AND PROFESSIONAL
SERVICES
DIVISION OF INDUSTRY SERVICES

Chris Berry

SEE CORRESPONDENCE

Building
LVL 2 ALT
DIS-112257687
CB-012300004-PRB
1/4/2023



Martenson & Eisele, Inc.
1377 Ridgeway Road
Neenah, WI 54952
www.martenson-eisele.com
info@martenson-eisele.com
920.731.0381 1.800.236.0381

NO.	DATE	DRAWN BY	CHECKED	APPROVED	REVISION	
					C.B.	C.B.

DALE MART LLC	
INTERIOR ALTERATION	
RIDGEWAY BP	
8510 STATE ROAD 76 NEENAH, WI 54956	
SCALE	DATE
-	11-29-2022
PROJECT NUMBER	
1-1737-001	
COVER SHEET	
DRAWING NO.	
G1.0	

SPECIFICATION

DIVISION 00 PROCUREMENT AND CONTRACTING

00 20 00 GENERAL CONDITIONS

A. THE GENERAL CONDITIONS AND LATEST EDITIONS OF A PART OF THESE DOCUMENTS, COPIES OF WHICH ARE ON FILE AT THE OFFICE OF MARTENSON & EISELE, INC.

DIVISION 01 GENERAL REQUIREMENTS

01 11 00 SUMMARY OF WORK

A. THE PLANS AND SPECIFICATIONS ARE INTENDED TO GIVE A DESCRIPTION OF THE WORK. NO DEVIATION FROM THE PLANS AND SPECIFICATIONS SHALL BE MADE WITHOUT THE WRITTEN CONSENT OF MARTENSON & EISELE, INC. THE CONTRACTOR IS TO CLARIFY ANY DISCREPANCIES WITH MARTENSON & EISELE, INC. PRIOR TO BEGINNING WORK. THE CONTRACTOR SHALL VISIT THE SITE TO VERIFY EXISTING CONDITIONS AND ACCESS TO THE WORK AREA.
B. REFERENCES TO "GENERAL CONTRACTOR" OR "YOU" IN THE CONTRACT DOCUMENTS ARE INTENDED TO REPRESENT THE CONTRACTOR RESPONSIBLE FOR OVERALL CONSTRUCTION AND COORDINATION OF THE WORK. THE "YOU" SHOULD BE A GENERAL CONTRACTOR, CONTRACTOR MANAGER OR ANY OTHER CONTRACTOR RESPONSIBLE FOR THE OVERALL PROJECT. IT IS THE RESPONSIBILITY OF THE GC TO ASSURE RESPONSIBILITY FOR ALL WORK.

01 26 13 PRODUCT SUBSTITUTION PROCEDURES

A. REFERENCE TO MATERIALS OR SYSTEMS HEREIN BY NAME, MAKE OR CATALOG NUMBER IS INTENDED TO ESTABLISH A QUALITY STANDARD, AND NOT TO LIMIT COMPETITION. THE WORDS "OR APPROVED EQUIVALENT" ARE INCLUDED FOLLOWING EACH BRAND NAME/MODEL NUMBER UNLESS STATED OTHERWISE. "OR APPROVED EQUIVALENT" MATERIALS SHALL BE APPROVED BY MARTENSON & EISELE, INC. PRIOR TO BEING ACCEPTED AND ACCEPTANCE FOR USE PROVIDES LETTER FROM THE MANUFACTURER CONFIRMING THAT THE PRODUCT MEETS OR EXCEEDS THE SPECIFIED PRODUCT.

01 51 00 PROJECT MANAGEMENT AND COORDINATION

A. THE CONTRACTOR HAS THE SOLE RESPONSIBILITY FOR AND SHALL HAVE CONTROL OF CONSTRUCTION MEANS, METHODS, TECHNIQUES, SEQUENCES, AND SAFETY PRECAUTIONS AND PROCEDURES USED TO COMPLETE THE WORK.
B. THE CONTRACTOR SHALL MAINTAIN ACCESS, INCLUDING TOOLS AND EQUIPMENT NECESSARY TO COMPLETE THE WORK. PERMITS SHALL BE OBTAINED AND PAID FOR BY THE RESPECTIVE CONTRACTOR, INCLUDING TEMPORARY OCCUPANCY PERMITS IF REQUIRED.
C. ALL WORK FILES OF CONSTRUCTION DOCUMENTS MAY BE CHANGED BY CONTRACTOR. MARTENSON & EISELE, INC. AUTOMATIC FILE REQUESTS SHALL BE EMAILED TO THE PROJECT MANAGER AND SHALL INCLUDE THE FOLLOWING INFORMATION:
1. PROJECT NAME
2. PROJECT NUMBER
3. SHEET NUMBER(S) REQUESTED
D. ALL "REQUEST FOR INFORMATION" (RFI) SHALL BE MADE THROUGH THE GENERAL CONTRACTOR AND CONTRACTOR MANAGER FOR LOGGING AND TRACKING PURPOSES. RFIs SHALL BE SUBMITTED TO MARTENSON & EISELE PROJECT MANAGER. RFIs SHALL BE SUBMITTED ON AN ARCHITECT APPROVED FORM, NUMBER SEQUENCE AND INCLUDE THE FOLLOWING INFORMATION:
1. PROJECT NAME
2. PROJECT NUMBER
3. DIVISION OF CONSTRUCTION REFERENCED
4. POTENTIAL WORKABLE IMPACTS
5. SEE PLANS FOR BIDDING, TRAFFIC, SCHED, ETC MATERIAL TYPE AND LOCATION.

01 52 00 SCHEDULING OF WORK

A. THE CONTRACTOR SHALL OBTAIN THE OWNER'S APPROVAL OF THIS CONSTRUCTION SCHEDULE PRIOR TO BEGINNING WORK.

01 50 00 QUALITY REQUIREMENTS

A. IN AS MUCH AS THE SPECIFICATIONS ARE BRIEF, THE CONTRACTOR SHALL PROVIDE WORKMANSHIP THAT IS NEAT, SQUARE AND OF THE BEST QUALITY WITH THE BEST POSSIBLE APPEARANCE AND UTILITY SUBJECT TO ALL APPLICABLE STANDARDS. FAULTY WORK SHALL BE REPAIRED OR RE-DO TO THE OWNER'S SATISFACTION. STANDARDS SHALL BE USED AS THE GUIDE FOR QUALITY OF MATERIALS AND WORKMANSHIP.

01 41 00 REGULATORY REQUIREMENTS

A. ALL APPLICABLE FEDERAL, STATE, AND LOCAL CODES, ORDINANCES AND REGULATIONS, INCLUDING THE REQUIREMENTS OF THE DEPARTMENT OF SAFETY SHALL BE MAINTAINED AND COMPLIANCE WITH THESE REQUIREMENTS SHALL BE THE RESPONSIBILITY OF THE CONTRACTOR. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM THE APPROPRIATE AGENCIES AND SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM THE APPROPRIATE AGENCIES.

01 45 00 QUALITY CONTROL

A. NOTIFY ARCHITECT ONE WEEK IN ADVANCE TO SCHEDULE FINAL COMPLIANCE WALKTHRU PRIOR TO THIS WALKTHRU. PROVIDE THE ARCHITECT WITH ALL COMPONENT SUBMITTALS SOON AS THEY ARE AVAILABLE FOR REVIEW AT THE WALKTHRU. THE WALKTHRU SHALL BE COMPLETE AND ALL SYSTEMS OPERATIONAL AT THE TIME OF THE WALKTHRU. IF THE ARCHITECT IS REQUIRED TO MAKE ADDITIONAL VISITS DUE TO NON-COMPLIANCE, THEY WILL BE CHARGED TO THE RESPONDING CONTRACTOR.

01 62 00 CONSTRUCTION FACILITIES

A. THE CONTRACTOR SHALL FURNISH TEMPORARY OFFICE, TOILET FACILITIES, WORKSHOP TELEPHONE, ELECTRICITY, HEAT, WATER AND FIRE EXTINGUISHERS AS REQUIRED FOR COMPLETION OF THE WORK UNLESS THE OWNER HAS AGREED IN WRITING TO FURNISH OR WAIVE ANY OF THE ABOVE ITEMS.

01 55 00 TEMPORARY CONSTRUCTION

A. THE CONTRACTOR SHALL FURNISH TEMPORARY BRACING OF ALL BUILDING ELEMENTS DURING CONSTRUCTION. TEMPORARY BRACING SYSTEMS SHALL BE DESIGNED TO WITHSTAND CODE DESIGN LOADS. CONTRACTOR SHALL RETAIN SERVICES OF A PROFESSIONAL ENGINEER TO DESIGN AND SUPERVISE BRACING INSTALLATION IF THEY DO NOT HAVE THE EXPERTISE REQUIRED.

01 71 00 FIELD ENGINEERING

A. THE CONTRACTOR SHALL PROVIDE ALL LAYOUT AS REQUIRED, COMPETENT ON SITE SUPERVISION, AND BROOM CLEANING OF CONSTRUCTION SITE INCLUDING DAMPERS FOR REFUSE DISPOSAL. THE CONTRACTOR SHALL BE RESPONSIBLE FOR ALL SAFETY ON SITE AND PROTECTION OF SITE PER LOCAL, STATE AND FEDERAL REQUIREMENTS.

01 78 00 CLOSEDOUT SUBMITTALS

A. THE CONTRACTOR SHALL FURNISH AS BUILT DRAWINGS REFLECTING ALL CHANGES DURING CONSTRUCTION. PROVIDE TWO (2) COPIES OF OPERATING AND MAINTENANCE MANUALS TO OWNER FOR ALL FURNISHED EQUIPMENT.

01 76 00 WARRANTIES

A. THE CONTRACTOR SHALL GUARANTEE ALL WORKMANSHIP AND MATERIALS FOR A PERIOD OF ONE YEAR AFTER SUBSTANTIAL COMPLETION OF THE PROJECT. FURNISH MANUFACTURER'S WRITTEN WARRANTIES FOR SPECIFIED EQUIPMENT AT OWNERS RISK AND LIABILITY.

DIVISION 02 EXISTING CONDITIONS

02 41 13 SELECTIVE STRUCTURAL DEMOLITION

A. CONTRACT DEMOLITION AND REMOVAL OPERATIONS TO INCLUDE MINIMUM INTERFERENCE WITH ROADS, STREETS, WALKS, AND OTHER ADJACENT OCCUPIED AND USED FACILITIES.
B. IF IT IS UNKNOWN WHETHER DEMOLITION MATERIALS WILL BE HAZARDOUS, DO NOT DISTURB, IMMEDIATELY NOTIFY ARCHITECT AND OWNER.
C. DEMOLISH AND REMOVE EXISTING CONSTRUCTION ONLY TO THE EXTENT REQUIRED BY NEW CONSTRUCTION AND AS SHOWN ON THE DEMOLITION PLAN. USE METHODS REQUIRED TO COMPLETE THE WORK WITHIN LIMITATIONS OF GOVERNMENT REGULATIONS.
D. EXCEPT FOR ITEMS ON THIS LIST INDICATED TO BE REUSED, SALVAGED, RECYCLED OR TO REMAIN OWNER PROPERTY, REMOVE DEVELOPED MATERIALS FROM PROJECT SITE AND LEGALLY DISPOSE OF THEM IN AN EPA-APPROVED LANDFILL.

DIVISION 6 WOOD, PLASTICS AND COMPOSITES

06 10 00 ROUGH CARPENTRY

A. LUMBER SHALL BE GRADED AND STAMPED WITH MINIMUM STRUCTURAL DESIGN VALUES AS LISTED BELOW.
1. ALL SOLID PLY - 500 PSI FS, 55 PSI PV, 1,000 KSI E BEAMS, LATHES & HEADERS, UNLESS NOTED.
2. ALL SOLID PLY - 475 PSI FS, 1,100 PSI PV, 1,400 KSI E (ALL STUDS & PLATES, UNLESS NOTED)
3. ALL SOLID PLY - 475 PSI FS, 1,100 PSI PV, 1,400 KSI E (ALL STUDS & PLATES, UNLESS NOTED)
4. ALL SOLID PLY - 475 PSI FS, 1,100 PSI PV, 1,400 KSI E (ALL STUDS & PLATES, UNLESS NOTED)
5. ALL SOLID PLY - 475 PSI FS, 1,100 PSI PV, 1,400 KSI E (ALL STUDS & PLATES, UNLESS NOTED)
6. ALL SOLID PLY - 475 PSI FS, 1,100 PSI PV, 1,400 KSI E (ALL STUDS & PLATES, UNLESS NOTED)
7. ALL SOLID PLY - 475 PSI FS, 1,100 PSI PV, 1,400 KSI E (ALL STUDS & PLATES, UNLESS NOTED)
8. ALL SOLID PLY - 475 PSI FS, 1,100 PSI PV, 1,400 KSI E (ALL STUDS & PLATES, UNLESS NOTED)
9. ALL SOLID PLY - 475 PSI FS, 1,100 PSI PV, 1,400 KSI E (ALL STUDS & PLATES, UNLESS NOTED)
10. ALL SOLID PLY - 475 PSI FS, 1,100 PSI PV, 1,400 KSI E (ALL STUDS & PLATES, UNLESS NOTED)

06 14 13 ALUMINUM-FRAMED ENTRANCES AND STOREFRONTS

A. INSTALLATION:
1. COMPLETE WITH MANUFACTURER'S WRITTEN INSTRUCTIONS.
2. DO NOT USE COUPLERS OR JOINTS UNLESS OTHERWISE INDICATED.
3. FIT JOINTS TO PRODUCE SQUARE JOINTS FREE OF BURRS AND DISTORTION.
4. REMOVE EXCESSIVE GLASS AND GLAZING MATERIAL FROM JOINTS.
5. INSTALL ANCHORS WITH EPOXY RESIN AND ISOLATORS TO PREVENT METAL CORROSION AND ELECTROLYTIC DEGRADATION.
6. SEAL JOINTS WITH BUTYL GUM OR OTHER GUM AS SPECIFIED.
7. SEAL JOINTS WITH POLYURETHANE SEALANT.
8. SEAL JOINTS WITH POLYURETHANE SEALANT.
9. SEAL JOINTS WITH POLYURETHANE SEALANT.
10. SEAL JOINTS WITH POLYURETHANE SEALANT.

06 71 00 HARDWARE

A. REQUIREMENTS:
1. ALL LOCKS SHALL BE LEVER TYPE AS REQUIRED TO MEET REQUIREMENTS OF A.D.A. AND OTHER APPLICABLE CODES.
2. ALL OTHER HARDWARE SHALL CONFORM TO THE REQUIREMENTS OF A.D.A. AND OTHER APPLICABLE CODES.
3. ALL EXISTING HARDWARE SHALL BE REPAIRED OR REPLACED WITH HARDWARE OF EQUAL OR BETTER QUALITY.
4. ALL HARDWARE SHALL BE INSTALLED IN ACCORDANCE WITH THE MANUFACTURER'S WRITTEN INSTRUCTIONS.
5. ALL HARDWARE SHALL BE INSTALLED IN ACCORDANCE WITH THE MANUFACTURER'S WRITTEN INSTRUCTIONS.
6. ALL HARDWARE SHALL BE INSTALLED IN ACCORDANCE WITH THE MANUFACTURER'S WRITTEN INSTRUCTIONS.
7. ALL HARDWARE SHALL BE INSTALLED IN ACCORDANCE WITH THE MANUFACTURER'S WRITTEN INSTRUCTIONS.
8. ALL HARDWARE SHALL BE INSTALLED IN ACCORDANCE WITH THE MANUFACTURER'S WRITTEN INSTRUCTIONS.
9. ALL HARDWARE SHALL BE INSTALLED IN ACCORDANCE WITH THE MANUFACTURER'S WRITTEN INSTRUCTIONS.
10. ALL HARDWARE SHALL BE INSTALLED IN ACCORDANCE WITH THE MANUFACTURER'S WRITTEN INSTRUCTIONS.

06 80 00 GLAZING

A. COMPLY WITH COMBINED WRITTEN INSTRUCTIONS OF MANUFACTURERS OF GLASS, SEALANTS, GASKETS, AND OTHER GLAZING MATERIALS. UNLESS MORE STRINGENT REQUIREMENTS ARE SPECIFIED, INCLUDING THOSE REFERENCED IN THESE SPECIFICATIONS.
B. PROTECT GLASS FROM DAMAGE DURING HANDLING AND INSTALLATION. REMOVE DAMAGED GLASS FROM PROJECT SITE IMMEDIATELY. REPAIR OR REPLACE WITH EQUAL OR BETTER QUALITY GLASS.
C. SAFETY GLASS SHALL BE ALL GLAZING LISTED BELOW UNLESS NOTED OTHERWISE.
1. SAFETY GLASS SHALL BE, BUT NOT LIMITED TO:
a. TEMPERED GLASS
b. LAMINATED GLASS
2. SAFETY GLASS SHALL MEET THE TEST REQUIREMENTS OF ASTM E 888 AND WHICH ARE CONSTRUCTED, TREATED, OR COMBINED WITH OTHER MATERIALS SO AS TO MINIMIZE THE LIKELIHOOD OF CUTTING AND PIERCING INJURIES RESULTING FROM GLASS IMPACT WITH THE GLAZING MATERIAL.
3. ALL SAFETY GLAZING MATERIAL SHALL BE LABELED PER LOCAL, STATE, AND FEDERAL REQUIREMENTS.
4. ALL SAFETY GLAZING MATERIAL SHALL BE LABELED PER LOCAL, STATE, AND FEDERAL REQUIREMENTS.
5. ALL SAFETY GLAZING MATERIAL SHALL BE LABELED PER LOCAL, STATE, AND FEDERAL REQUIREMENTS.
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9. ALL SAFETY GLAZING MATERIAL SHALL BE LABELED PER LOCAL, STATE, AND FEDERAL REQUIREMENTS.
10. ALL SAFETY GLAZING MATERIAL SHALL BE LABELED PER LOCAL, STATE, AND FEDERAL REQUIREMENTS.

06 20 18 EXTERIOR FINISH CARPENTRY

A. METAL EXTERIOR FINISH CARPENTRY LEVEL, PLUMB, TRUE, AND ALIGNED WITH ADJACENT MATERIALS.
B. SQUARE AND CUT EXTERIOR FINISH CARPENTRY TO FIT ADJACENT WORK. REFRESH AND SEAL CUTS AS RECOMMENDED BY MANUFACTURER.
C. METAL TRIM WITH MINIMUM NUMBER OF JOINTS PRACTICAL. USE FULL LENGTH PIECES FROM MAXIMUM LENGTH OF LUMBER AVAILABLE.
D. INSTALL EXTERIOR FINISH CARPENTRY TO COMPLY WITH MANUFACTURER'S WRITTEN INSTRUCTIONS.
E. SEE PLANS FOR BIDDING, TRAFFIC, SCHED, ETC MATERIAL TYPE AND LOCATION.

DIVISION 07 THERMAL AND MOISTURE PROTECTION

07 21 00 INSULATION

A. ALL INSULATION MATERIALS AND INSTALLATION SHALL COMPLY WITH LOCAL AND STATE CODES, FEDERAL SPECIFICATIONS, CERTIFIED TEST REPORTS, AND MANUFACTURER'S WRITTEN INSTRUCTIONS.
B. INSULATION SHALL BE INSTALLED IN ACCORDANCE WITH THE MANUFACTURER'S WRITTEN INSTRUCTIONS.
C. INSULATION SHALL BE INSTALLED IN ACCORDANCE WITH THE MANUFACTURER'S WRITTEN INSTRUCTIONS.
D. INSULATION SHALL BE INSTALLED IN ACCORDANCE WITH THE MANUFACTURER'S WRITTEN INSTRUCTIONS.
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I. INSULATION SHALL BE INSTALLED IN ACCORDANCE WITH THE MANUFACTURER'S WRITTEN INSTRUCTIONS.
J. INSULATION SHALL BE INSTALLED IN ACCORDANCE WITH THE MANUFACTURER'S WRITTEN INSTRUCTIONS.

07 22 00 SEALANTS

A. GENERAL: IT IS THE INTENTION OF THIS SPECIFICATION THAT ALL JOINTS ARE TO RECEIVE QUALITY SEALANT. SEALANT SHALL BE APPLIED IN ALL LOCATIONS INDICATED ACCORDING TO THE MANUFACTURER'S WRITTEN INSTRUCTIONS, INCLUDING BUT NOT LIMITED TO: JOINT WITH SURFACE PREPARATION, PRIMERS, APPLICATION TEMPERATURES, AND MATERIAL STORAGE. SEALANT IS TO BE APPLIED AFTER FINISH OPERATIONS ARE COMPLETE UNLESS OTHERWISE NOTED IN THE MANUFACTURER'S INSTRUCTIONS. APPROPRIATE SIZED BRUSHES AND BOND BREAKER (AS REQUIRED) AT ALL JOINTS.
B. EXTERIOR:
1. SEAL FRAMING OF ALL WINDOWS, DOORS, LOUVERES, VENT OPENINGS, AND ANY LOCATION WHERE DIFFERENT MATERIALS MEET. WITH SEALANT TYPES E-1, E-2, E-3, E-4, E-5, E-6, E-7, E-8, E-9, E-10, E-11, E-12, E-13, E-14, E-15, E-16, E-17, E-18, E-19, E-20, E-21, E-22, E-23, E-24, E-25, E-26, E-27, E-28, E-29, E-30, E-31, E-32, E-33, E-34, E-35, E-36, E-37, E-38, E-39, E-40, E-41, E-42, E-43, E-44, E-45, E-46, E-47, E-48, E-49, E-50, E-51, E-52, E-53, E-54, E-55, E-56, E-57, E-58, E-59, E-60, E-61, E-62, E-63, E-64, E-65, E-66, E-67, E-68, E-69, E-70, E-71, E-72, E-73, E-74, E-75, E-76, E-77, E-78, E-79, E-80, E-81, E-82, E-83, E-84, E-85, E-86, E-87, E-88, E-89, E-90, E-91, E-92, E-93, E-94, E-95, E-96, E-97, E-98, E-99, E-100, E-101, E-102, E-103, E-104, E-105, E-106, E-107, E-108, E-109, E-110, E-111, E-112, E-113, E-114, E-115, E-116, E-117, E-118, E-119, E-120, E-121, E-122, E-123, E-124, E-125, E-126, E-127, E-128, E-129, E-130, E-131, E-132, E-133, E-134, E-135, E-136, E-137, E-138, E-139, E-140, E-141, E-142, E-143, E-144, E-145, E-146, E-147, E-148, E-149, E-150, E-151, E-152, E-153, E-154, E-155, 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