

**APPLICANT/AGENT:** Player's Pub LLC/Tracy  
**BUSINESS NAME:** Player's Pub  
**BUSINESS ADDRESS:** 701 dodge Street, Kaukauna, wI 54130

**City Attorney/Paralegal Suggestions:**

Okay as presented.

**Signed:** Tim Greenwood

**Title:** City Attorney

**Date:** 8.14.2024

**APPLICANT/AGENT:** Player's Pub LLC/Tracy Blackwell (formerly Benchwarmers)  
**DRIVER'S LICENSE:** B424-8166-3807-04  
**DATE OF BIRTH:** 08/27/83  
**ADDRESS:** 209 W. 7<sup>th</sup> St., Kaukauna

**BUSINESS NAME:** Player's Pub  
**BUSINESS ADDRESS:** 701 Dodge Street

Police Department recommendation:

I hereby certify that we have checked municipal and state criminal records. It is our recommendation that the license be:

**Approved**

**Denied**

**Signed:** Brenda Sauer

**Title:** Assignment chief

If denied, please specify why \_\_\_\_\_



**APPLICANT/AGENT:** Player's Pub LLC/Tracy Blackwell (formerly Benchwarmers)  
**BUSINESS NAME:** Player's Pub  
**BUSINESS ADDRESS:** 701 Dodge Street

Planning and Community Development approval:

I hereby certify that I have inspected the property above to see if they meet the municipal and state codes as it pertains to planning and community development. To the best of my knowledge, with the available information, the property has passed inspection and I have no objection to the granting of the license for the above property. It is our recommendation that the license be:

Approved

Signed: David Kithl

Denied

Title: Director of Planning and Community Development

Date: 8/13/2024

If denied, please specify why \_\_\_\_\_

**APPLICANT/AGENT:** Player's Pub LLC/Tracy Blackwell (formerly Benchwarmers)  
**BUSINESS NAME:** Player's Pub  
**BUSINESS ADDRESS:** 701 Dodge Street

Building Inspector approval:

I hereby certify that I have inspected the property above to see if they meet the municipal and state codes as it pertains to building inspection. To the best of my knowledge, with the available information, the property has passed inspection and I have no objection to the granting of the license for the above property. It is our recommendation that the license be:

Approved

Signed: [Signature]

Denied

Title: Senior Building Inspector

Date: 8/14/2024

If denied, please specify why \_\_\_\_\_



Form  
AB-200

## Alcohol Beverage License Application

| For Municipal Use Only |                     |
|------------------------|---------------------|
| Municipality           | City of Kaukauna    |
| License Period         | 08/21/24 - 06/30/25 |

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer ..... \$ \_\_\_\_\_ ☒ Class "B" Beer ..... \$ ~~83.70~~ 91.74
- ☐ "Class A" Liquor ..... \$ \_\_\_\_\_ ☒ "Class B" Liquor ..... \$ 320.87
- ☐ "Class A" Liquor (cider only) \$ \_\_\_\_\_ ☐ Reserve "Class B" Liquor \$ \_\_\_\_\_
- ☐ "Class C" Liquor (wine only) \$ \_\_\_\_\_

| Fees                 |               |
|----------------------|---------------|
| License Fees         | \$ 412.61     |
| Background Check Fee | \$ —          |
| Publication Fee      | \$ 25.00      |
| Total Fees           | Id. \$ 437.61 |

### Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)

Player's Pub LLC

2. Business Trade Name or DBA

Player's Pub

3. FEIN

99-4335701

4. Wisconsin Seller's Permit Number

456-1021392965-05

5. Entity Type (check one)

- ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

6. State of Organization

WI

7. Date of Organization

8.7.24

8. Wisconsin DFI Registration Number

P 092504

9. Premises Address

701 Dodge St.

10. City

Kaukauna

11. State

WI

12. Zip Code

54130

13. County

Outagamie

14. Governing Municipality: ☒ City ☐ Town ☐ Village

of: Kaukauna

15. Aldermanic District

2

16. Premises Phone

17. Premises Email

18. Website

19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.

Back storage room / bar area.

20. Mailing Address (if different from premises address)

701 Dodge St.

~~Back storage room / bar area~~ TB

21. City

Kaukauna

22. State

WI

23. Zip Code

54130

### Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No
- If yes, list the details of violation below. Attach additional sheets if necessary.

|                        |  |            |
|------------------------|--|------------|
| Law/Ordinance Violated | Location   | Trial Date |
| Penalty Imposed        | Was sentence completed? . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No |            |
| Law/Ordinance Violated | Location   | Trial Date |
| Penalty Imposed        | Was sentence completed? . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No |            |

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . . ☐ Yes ☒ No  
beverages.  
If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . . ☐ Yes ☒ No  
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? . . . ☐ Yes ☒ No  
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

|                             |                          |
|-----------------------------|--------------------------|
| 4a. Name of Business Entity | 4b. Business Entity FEIN |
|-----------------------------|--------------------------|

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. . . . . ☒ Yes ☐ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? . . . . . ☐ Yes ☒ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? . . . . . ☐ Yes ☒ No

### Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

| Last Name | First Name | Title | Phone      |
|-----------|------------|-------|------------|
| Blackwell | Tracy      | Owner | 9202056337 |
|           |            |       |            |
|           |            |       |            |

### Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor
- one general partner of a partnership
- one corporate officer
- one member of an LLC

**READ CAREFULLY BEFORE SIGNING:** Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

|                          |                           |                   |
|--------------------------|---------------------------|-------------------|
| Last Name<br>Blackwell   | First Name<br>Tracy       | M.I.<br>R.        |
| Title<br>owner           | Email<br>tracy81983@gmail | Phone<br>205 6337 |
| Signature<br>[Signature] |                           | Date<br>8/7/24    |

### Part E: For Clerk Use Only

|                                       |                |   |                     |
|---------------------------------------|----------------|---|---------------------|
| Date Application Was Filed With Clerk | License Number | Date License Granted                            | Date License Issued |
| Signature of Clerk/Deputy Clerk       |                | Date Provisional License Issued (if applicable) |                     |



Form  
AB-100

Alcohol Beverage  
Individual Questionnaire

Date 8/7/24

All individuals involved in the alcohol beverage business must complete this form, including:

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

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

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

|  |  |                                   |   |                                  |  |
|--|--|-----------------------------------|---|----------------------------------|--|
| <b>Part B: Individual Information</b>                        |  |                                   |   |                                  |  |
| 1. Last Name <b>Blackwell</b>                                |  | 2. First Name <b>Tracy</b>        |   | 3. M.I. <b>R.</b>                |  |
| 4. Relationship to Business (Title) <b>owner</b>             |  | 5. Email <b>Tracy 81983@gmail</b> |   | 6. Phone <b>920 2056337</b>      |  |
| 7. Home Address <b>209 W. 7th St.</b>                        |  |                                   |   |                                  |  |
| 8. City <b>Kaukauna</b>                                      |  | 9. State <b>WI</b>                | 10. Zip Code <b>54130</b>                                       | 11. Date of Birth <b>8.27.83</b> |  |
| 12. Drivers License/State ID Number <b>B424-8168-3807-04</b> |  |                                   | 13. Drivers License/State ID State of Issuance <b>WISCONSIN</b> |                                  |  |

|  |                  |                 |                |           |              |                 |                  |
|--|------------------|-----------------|----------------|-----------|--------------|-----------------|------------------|
| <b>Part C: Address History</b>   |                  |                 |                |           |              |                 |                  |
| 1. Do you currently reside in Wisconsin? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No         |                  |                 |                |           |              |                 |                  |
| If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application? . . . .       |                  |                 |                |           |              | Years <b>40</b> | Months <b>11</b> |
| 2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary. |                  |                 |                |           |              |                 |                  |
| Previous Address 1   |                  | City            |                | State     | Zip Code     |                 |                  |
| <b>209 W. 7th St.</b>  |                  | <b>Kaukauna</b> |                | <b>WI</b> | <b>54130</b> |                 |                  |
| Previous Address 2   |                  | City            |                | State     | Zip Code     |                 |                  |
| Previous Address 3   |                  | City            |                | State     | Zip Code     |                 |                  |
| Previous Address 4   |                  | City            |                | State     | Zip Code     |                 |                  |
| Previous Address 5   |                  | City            |                | State     | Zip Code     |                 |                  |
| 3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.                |                  |                 |                |           |              |                 |                  |
| State  | County           | State           | County         | State     | County       | State           | County           |
| <b>WI</b>  | <b>Outagamie</b> | <b>WI</b>       | <b>Calumet</b> |           |              |                 |                  |
| <b>WI</b>  | <b>Winnebago</b> |                 |                |           |              |                 |                  |

Continued →

**Part D: Criminal History**

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? . . . . . ☒ Yes ☐ No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

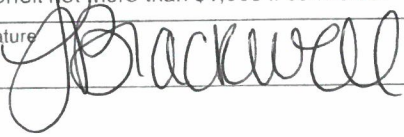
|   |                                 |   |
|---|---------------------------------|---|
| Law/Ordinance Violated<br><b>DUI</b>                | Location<br><b>Appleton, WI</b> | Conviction Date<br><b>2007</b>  |
| Penalty Imposed<br><b>lost license for 6 months</b> |                                 | Was sentence completed? . . . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Law/Ordinance Violated                              | Location                        | Conviction Date   |
| Penalty Imposed                                     |                                 | Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| Law/Ordinance Violated                              | Location                        | Conviction Date   |
| Penalty Imposed                                     |                                 | Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No            |

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? . . . . . ☐ Yes ☒ No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

**Part E: Attestation**

**READ CAREFULLY BEFORE SIGNING:** Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. 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<br> | Date<br><b>8/7/24</b> |
|--|-----------------------|

Form  
AB-101

Alcohol Beverage  
Appointment of Agent

Date 8/7/24

Agent Type (check one)

- ☒ Original (no fee) ☐ Successor (\$10 fee for municipal licensees only)

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor) Player's Pub LLC
2. Business Trade Name or DBA Player's Pub
3. Entity Type (check one) ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization
4. Alcohol Beverage Business Authorization (check one) ☒ Municipal Retail License ☐ State Permit
5. If successor agent, provide State Permit or Municipal Retail License Number
6. Describe the reason for appointing a successor agent, if successor is checked above.

Part B: Agent Information

1. Last Name Blackwell
2. First Name Tracy
3. M.I. R.
4. Email Tracy81983@gmail.com
5. Phone 9202056337
6. Home Address 209 W. 7th St.
7. City Kaukauna
8. State WI
9. Zip Code 54130
10. Age 40
11. Drivers License/State ID Number B424 8168 3807 04
12. Drivers License/State ID State of Issuance WI

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? ..... ☒ Yes ☐ No  
Submit proof of completion.
2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire? ..... ☒ Yes ☐ No  
Submit a completed Form AB-100 with this form.
3. Have you been a Wisconsin resident for at least 90 continuous days? ..... ☒ Yes ☐ No  
See instructions for exceptions.

Continued →



**Part D: Business Attestation**

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I 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.

|           |             |            |                  |       |             |
|-----------|-------------|------------|------------------|-------|-------------|
| Last Name | Blackwell   | First Name | Tracy            | M.I.  | R.          |
| Title     | owner       | Email      | tracy81983@gmail | Phone | 920 2056337 |
| Signature | J Blackwell | Date       | 8/7/24           |       |             |

**Part E: Agent Attestation**

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. 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.

|           |             |            |        |      |    |
|-----------|-------------|------------|--------|------|----|
| Last Name | Blackwell   | First Name | Tracy  | M.I. | R. |
| Signature | J Blackwell | Date       | 8/7/24 |      |    |