

12-28-22

1-9-23

APPLICANT/AGENT: Hex Meadery LLC/Lexie J. Lau, Agent
BUSINESS NAME: Hex Meadery
BUSINESS ADDRESS: 175 W. Wisconsin Ave.

City Attorney/Paralegal Suggestions:

Okay as presented

Signed: Kevin W. Davidson

Title: Attorney

Date: 1/09/2023

1-9-23

1-11-23

APPLICANT/AGENT: Hex Meader, LLC/Lexie J. Lau, Agent
BUSINESS NAME: Hex Meader
BUSINESS ADDRESS: 175 W Wisconsin Ave. * Winery License *
FILE NO.:

*Hopeful to have on the 1-13-23
Agenda.
Thank you!*

Fire Department 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 fire and safety issues. 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

Denied

Signed: Cody Pass

Title: Assistant Chief / Prevention

Date: 1-11-23

If denied, please specify why _____

1-9-23

1-12-23

APPLICANT/AGENT: Hex Meader, LLC/Lexie J. Lau, Agent
DRIVER'S LICENSE: L000-5309-1871-05
DATE OF BIRTH: 10/11/1991
ADDRESS: 403 Vanderloop Ct. Kaukauna, WI 54130

Hopeful to have on the 1-13-23

Agenda.

Thank you!

BUSINESS NAME: Hex Meader
BUSINESS ADDRESS: 175 W wisconsin Ave. * Winery License *

Police Department recommendation:

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

Approved

Signed: [Signature]

Denied

Title: Assistant Chief

RECEIVED

JAN 09 2023

If denied, please specify why _____ BY: _____

1-9-23

1-12-23

APPLICANT/AGENT: Hex Meader, LLC/Lexie J. Lau, Agent
BUSINESS NAME: Hex Meader
BUSINESS ADDRESS: 175 W. Wisconsin Ave. * Winery License *

Hopeful to have on the 1-13-23 Agenda.

Thank you!

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: 1/11/2023

If denied, please specify why _____

1-9-23
1-12-23

APPLICANT/AGENT: Hex Meader, LLC/Lexie J. Lau, Agent
BUSINESS NAME: Hex Meader
BUSINESS ADDRESS: 175 W Wisconsin Ave. * Winery License *

Hopeful to have on the 1-13-23
Agenda.

Thank you!

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

Denied

Signed: _____

Title: _____

Date: _____

If denied, please specify why _____

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 01-01-2003 ending: 06-30-2003
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: ☐ Town of } Kaukauna
☐ Village of }
☒ City of }

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

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

Applicant's Wisconsin Seller's Permit Number <u>450-1030728381-02</u>	
FEIN Number <u>86-2445134</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 checked="" type="checkbox"/> Class B (wine only) winery	\$ <u>175.00</u>
Publication fee	\$ <u>25.00</u>
TOTAL FEE	\$ <u>200.00</u>

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

Hex Meadery 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 <u>Lau</u>	(First) <u>Lexie</u>	(Middle Name) <u>Jo</u>	Home Address (Street, City or Post Office, & Zip Code) <u>403 Vanderloop Ct Kaukauna WI 54130</u>
Vice President / Member Last Name <u>Schwalbach</u>	(First) <u>Jason</u>	(Middle Name) <u>M.</u>	Home Address (Street, City or Post Office, & Zip Code) <u>3400 Tulip Trail Appleton WI 54913</u>
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 Hex Meadery Business Phone Number 920-858-8930
2. Address of Premises 175 W. Wisconsin Ave Post Office & Zip Code Kaukauna WI 54130

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.)

See Attached

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? Hex Meadery LLC

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 serving alcohol by the glass as well as bottle sales.
7. Is the applicant an employee 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 _____ 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.) <u>Lerie J. Lau</u>	Title/Member <u>CO-owner/bookkeeper</u>	Date <u>12-18-2022</u>
Signature <u>Lerie Lau</u>	Phone Number <u>920-858-8930</u>	Email Address <u>hexmeadery@gmail.com</u>

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>12-19-2022</u>	Date reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk <u>Sally Kenney</u>
Date license granted	Date license issued	License number issued	

The wine premises consists of the entire first floor of the building with the street entrance to the north of the building and the rear entrance to the southwest of the building. The main floor consists of a single stall bathroom of approximately 40.27 sq ft with one window inside of it located on the east side of the building. The main floor consists of 468 sq ft with a basement access. The main floor connects to the production area which is south of the main. This is connected by a doorway. The production area consists of approximately 499 sq ft. The production area has a hallway that splits to the north and south. The north room from the hallway has a full size bathroom and one window located on the east portion of the building. The southern room has a closet and one window located on the south portion of the building and one window facing east. The southern room is for tax paid product and general storage to be secured. The production area has three windows located on the west side of the building along with the rear entrance. The building is a brick and mortar style with a basement and apartment located on top. The apartment has a separate entrance not connected to the first floor entrance.

Wisconsin State Statute 125.51(1)(a)

States that a winery capable of producing at least 5,000 gallons of wine per year, the municipality may issue the winery a "Class B" (wine only) license.

At our current capacity we are able to produce 5,352 gallons a year. This is possible by using the below capacity fermenters twice a month for an entire calendar year:

- 2 - 55 gallon fermenters
- 3 - 33 gallon fermenters
- 3 - 17 gallon fermenters
- 1 - 7.5 gallon fermenter

Even without filling the fermenters completely we can fulfill the following:

$2 \times 50 \text{ gal} + 3 \times 30 \text{ gallon} + 3 \times 15 \text{ gallon} + 5.5 \text{ gallon} = 240.5 \text{ gallons}$

$240.5 \text{ gal twice a month} = 481 \text{ gallons}$

$481 \text{ gallons for a calendar year} = 5,772 \text{ gallons for entire production season}$

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 ☒ City of Kaukauna County of Outagamie

The undersigned duly authorized officer/member/manager of Hex Meadery 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 Hex Meadery
(Trade Name)

located at 175 W Wisconsin Ave Kaukauna WI 54130

appoints Lexie Lau
(Name of Appointed Agent)

403 Vanderloop Ct Kaukauna WI 54130
(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? 31 years

Place of residence last year 403 Vanderloop Ct Kaukauna WI 54130

For: Hex Meadery 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, Lexie Lau, 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] 12-23-2022 Agent's age 31
(Signature of Agent) (Date)
403 Vanderloop Ct Kaukauna WI 54130 Date of birth 10-11-1991
(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)

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name) (first name) (middle name)	
Law Lexie Jo	
Home Address (street/route)	Post Office City State Zip Code
403 Vanderloop Ct	Kaukauna WI 54130
Home Phone Number	Age Date of Birth Place of Birth
920-858-8930	31 10-11-1991 Appleton, 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 Hex Meadery LLC of Hex Meadery 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? 31 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. 175 W Wisconsin Ave Kaukauna WI 54130 Class A
(Name, Location and Type of License/Permit)

5. Do you hold and/or are you an officer, director, stockholder, agent or employee 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.

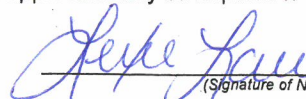
(Name of Wholesale Licensee or Permittee)

(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
Calumet County	206 Court St Chilton WI 53014	May 2021	Present
Bellevue Senior Living	1660 Hoffman Rd Green Bay WI 54311	June 2018	May 2021

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)

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Schwalbach		Jason		M	
Home Address (streetside)		Post Office	City	State	Zip Code
3400 Telip Hill			Appleton	WI	54913
Home Phone Number		Age	Date of Birth	Place of Birth	
920-470-1833		43	3-30-1979	NEENAH	

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 HEX MEMBERS 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? 43 yrs
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? ☐ Yes ☒ No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? ☐ Yes ☒ No
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? ☒ Yes ☐ No
 If yes, identify. 175 W WISCONSIN AVE KAUKAUNA CLASS A
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employee 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 License or Permit) (Address By City and County)
- Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
MENASKA Corp	1645 Bergstrom Rd	2001	2002
Sonoco	1200 Independence Dr	2001	2011

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)