-28-28					
	BUSINE	ANT/AGENT: SS NAME: SS ADDRESS:	Hex Meadery Ll Hex Meadery 175 W. Wiscons	Agent	
	City Atto	mey/Paralegal Su	iggestions:		
	Okay a	s presented		ж. -	
	Signed:	Kevin W. D.	avidson		
	Title:	Attorney			
	Date: _	1/09/2023			



12. 1-

> APPLICANT/AGENT: **BUSINESS NAME: BUSINESS ADDRESS:** FILE NO .:

Hopeful to have on the 1-13-23 Agaida. Mu, Agent Shart you ! Hex Meader, LLC/Lexie J. Lau, Agent Hex Meader \* Winery License \* 175 W Wisconsin Ave.

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: Lody fast

Title: Assistan On xF/1 Date:

If denied, please specify why

1-9-23		Hopeful to have on the 1-13-23
1-12-23	APPLICANT/AGENT: DRIVER'S LICENSE: DATE OF BIRTH: ADDRESS:	Hex Meader, LLC/Lexie J. Lau, Agent L000-5309-1871-05 10/11/1991 403 Vanderloop Ct. Kaukauna, WI 54130
	BUSINESS NAME: BUSINESS ADDRESS:	Hex Meader 175 W wisconsin Ave. <i>* Winery License *</i>
	Police Department recom	mendation:
	I hereby certify that we har recommendation that the	ave checked municipal and state criminal records. It is our license be:
(	Approved	Signed: there same for
		RECEIVED
	Denied	Title: Assisters covet JAN 092023
	If denied, please specify	why
		BY:
-9-23		Hopeful to have as the 1-13-23 Agenda. Hex Meader, LLC/Lexie J. Lau. Agent
1-12-23	APPLICANT/AGENT: BUSINESS NAME: BUSINESS ADDRESS:	Hex Meader, LLC/Lexie J. Lau, Agent Hex Meader 175 W. Wisconsin Ave. * Winery License *
	Building Inspector approv	/al:
	municipal and state code knowledge, with the avail	e inspected the property above to see if they meet the s as it pertains to building inspection. To the best of my lable information, the property has passed inspection and I granting of the license for the above property. It is our license be:
	Approved	Signed: Red K

Title:	Sestor BUCTODAS	Dispector
	Sertor Building Date: 1/11/2023	

/

If denied, please specify why \_

Denied

1-9-23

1-12-23

#### **APPLICANT/AGENT: BUSINESS NAME: BUSINESS ADDRESS:**

Hopeful to have on the 1-13-23 Agenda. Lau, Agent Mank you / Hex Meader, LLC/Lexie J. Lau, Agent Hex Meader 175 W Wisconsin Ave. \* Winery License \*

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: <u>Allfaul</u> Title: <u>Associate Planner</u> Date: <u>1/12/23</u>

If denied, please specify why

<b>Original Alcohol Beverage Reta</b>	il License Application	Applicant's Wisconsin Seller's Perr		
(Submit to municipal clerk.)		456-10307283	38	1-02
(Submit to multicipal cicrit.)		FEIN Number	_	1
For the license period beginning: $(1) = 0 = 0$	623 ending: 01-36-2023	86-24451	3'	4
For the license period beginning: <u>O1 - O1 - O</u> (mm dd yyyy)		TYPE OF LICENSE REQUESTED		FE
To the Governing Body of the: $\Box$ Village of $\Box$ City of		Class A beer	\$	
To the Governing Body of the:  Village of	Kaukauna	Class B beer	\$	
💢 City of 🌙		Class C wine	\$	
		Class A liquor	\$	
County of OUTAGAMie	Aldermanic Dist. No (if required by ordinance)	Class A liquor (cider only)	\$	N
Ŭ	(in required by ordinance)	Class B liquor	\$	
		Reserve Class B liquor	\$	
Check one: 🗌 Individual 🛛 📈 Limited Liabilit	y Company	X Class B (wine only) winery	\$	17:
Partnership Corporation/No	onprofit Organization	Publication fee	\$	2:
		TOTAL FEE	\$	200
Name (individual / partners give last name, first, middle; corpo	orations / limited liability companies give registered	name)		

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)
Lau	Lexie	Jo	403 Vander 100p Ct Kaukauna WI 54130 Home Address (Street, City or Post Office, & Zip Code)
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Schwalbach	Jason	M.	3400 Tulip Trail Appleten wi 54913
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)
		(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Agent Last Name	(First)	(Middle Name)	Home Address (Street, City of Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
1. Trade Name HEX M	eaden		Business Phone Number <u>920 - 858 - 8930</u>
		0.10	
2. Address of Premises 17	J VV. WILSCOV	non 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 a Hached 4. Legal description (omit if street address is given above): (b) If yes, under what name was license issued? Hex Meadery LIC

Hex Meadery LLC

FEE

N/A

200

00 75

00 25

00

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? <b>If yes, explain</b>	X Yes	🗌 No
	we will be serving alcohol by the glass as well as bottle sales.		
7.	Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant?	Yes	No
	*		
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 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
RE/	ND CAPEFULLY REFORE SIGNING: Under penalty provided by law the applicant states that each of the above questions has been t	ruthfully on	outored to

, ( s.

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000. Signer agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants, or one member of a partnership applicant must sign; one corporate officer, one member/manager of Limited Liability Companies must sign.) Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

Contact Person's Name (Last, First, M.I.)	Title/Member	Date
Lexie J. Lau	CO-OWNER/ DOOK Keeper	12-18-2022
Signature	Phone Number	Email Address
Perce Jau	920-858-8930	hermeadery@gnail.com

TO BE COMPLETED BY CLERK			$\sim$
Date received and filed with municipal clerk	Date reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk
12-19-2022			& could
Date license granted	Date license issued	License number issued	Sally Kenney
			0 0
AT-106 (R. 3-19)			

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

111

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

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

2-50 gal + 3-30 gallon +3-15 gallon + 5.5 gallon = 240.5 gallons

240.5 gal twice a month = 481 gallons

481 gallons for a calendar year = 5,772 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: Village of Kaukauna County of Outagamie.
The undersigned duly authorized officer/member/manager of <u>Hex Meadery</u> 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 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? Xes No
How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 31 flars
Place of residence last year 403 Vanderloop Ct Kaukauna WI 54130
For: Hex Meader y LLC
By: (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,, 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.
All Auc [Signature of Agent] [2:23-2022 Agent's age 3]
<u>403 Vanderloop (+ Kaukauna Wl 54130</u> (Home Address of Agent) Date of birth <u>10-11-1991</u>
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 _	(Date)	by	(Signature of Proper Local Official)	Title	(Town Chair, Village President, Police Chief)
					Manager Department of Devenue

## Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)	(first name)	(middle name)
Lan Lexie lo	1	
Home Address (street/route)' Post Office	City	State Zip Code
1/12 Mandarda a Ch	1 (0) () (0)	61 6112
403 Vanderia p Ct	Age Date of Birth	a WI 54130 Place of Birth
	-	Place of Birth
920-858-8930	31 10-11-1991	Appleton, WI
The above named individual provides the following infor	mation as a person who is (check one,	х
Applying for an alcohol beverage license as an ind	ividual.	
A member of a <b>partnership</b> which is making applic	ation for an alcohol beverage license.	
	-	
(Officer / Director / Member / Manager / Agent)	f <u>Hep Mcad</u> (Name of Corporation, Limited Li	ability Company or Nonprofit Organization)
which is making application for an alcohol beverage	e license.	•
The shows percent individual provides the fallowing info	mation to the line pairs with a due	<i>r</i>
The above named individual provides the following infor		
1. How long have you continuously resided in Wiscons		
<ol> <li>Have you ever been convicted of any offenses (othe violation of any federal laws, any Wisconsin laws, ar</li> </ol>		• ,
or municipality?		
If yes, give law or ordinance violated, trial court, trial		
status of charges pending. (If more room is needed, co		
,,,,,, _		*
3. Are charges for any offenses presently pending aga	inst you (other than traffic unrelated to	alcohol beverages)
for violation of any federal laws, any Wisconsin laws	, any laws of other states or ordinance	es 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 y		
organization or member/manager/agent of a limited	liability company holding or applying f	-
beverage license or permit?		Yes 🗌 No
If yes, identify. 175 W Wisconsin Ave	Kaukauna WI SY13	o Class A
5. Do you hold and/or are you an officer, director, stock		
member/manager/agent of a limited liability compan		
brewery/winery permit or wholesale liquor, manufact		
If yes, identify.		
(Name of Wholesale Licensee or	Permittee)	(Address By City and County)
6. Named individual must list in chronological order las		(, , , , , , , , , , , , , , , , , , ,
Employer's Name Employer's Address		nployed From To
Calumet County 204 Court	+St Chilton WI 53014 N	lay 2021 Dresent
Employer's Name Employer's Address		nployed From To
Bellevice Senior Living 110100 Hoffer	an Rd Green Bay WI J	une 2018 May 2021
in the second second second second	54311	

**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.

Named Individual)

Wisconsin Department of Revenue

### Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

	105/7708)	(Wrst name)		(crestche	name)
Schmallohch		Jirres	~	h	r
Home Address (streestroute)	Post Office		City	State	Zip Code
3400 Tolip til			APPICaco	21	54913
Home Phone Number	an dalam anggi na sang salan ganga pananan ng sala na sanan na sala ka	Age	Date of Birth	Place of	Birth
920-470-183	73	43	3-30-1979	ne	Engil
The above named individual provides	s the following informat	tion as a pers	on who is (crieck crie).		
Applying for an alcohol beverage	e license as an Individ	lual	1		
A member of a partnership which	ch is making applicatio	n for an alcoh	ol beverage license.		
DILEMBE				CLC	
			ine of Conservation. Linders was	ility Campainy as Manore	aht Coya weatan)
which is making application for a	in alcohol beverage lic	07S0.			
The above named individual provides	s the following informat	tion to the lice	nsing authority:		
. How long have you continuously r			14 A.		
2. Have you ever been convicted of					
violation of any federal laws, any t					
or municipality?					Yas / Skin
or municipality? If yes, give law or ordinance violat	ted trial court trial dat	ic and penalty	imposed and/or date	description and	Yes Xio
If yes, give law or ordinance violal				description and	The Lives 2040
				, description and	LIYes ZNKO
If yes, give law or ordinance violat status of charges pending (// mor	re morn is needed, contin	We on reverse s	ide of this form.)		
If yes, give law or ordinance violat status of charges pending jit more	re room is needed, contin sently pending against	ve on reverse s you (other thu	ide of this form.) en traffic unrelated to a	sloohol beverage	\$}
If yes, give law or ordinance violat status of charges pendingmmor . Are charges for any offenses pres for violation of any federal laws, a	re room is needed, contin sently pending against	ve on reverse s you (other thu	ide of this form.) en traffic unrelated to a	sloohol beverage	5)
If yes, give law or ordinance violat status of charges pending jit more Are charges for any offenses press for violation of any federal laws, a municipality?	re room is needed, contin eently pending against iny Wisconsin laws, an	ve on reverse s you (other thu	ide of this form.) en traffic unrelated to a	sloohol beverage	\$}
If yes, give law or ordinance violat status of charges pending (if more Are charges for any offenses press for violation of any federal laws, a municipality? If yes, describe status of charges	re room is needed, contin sently pending against my Wisconsin laws, an pending	ve on reverse s you (other tha iy laws of othe	vide of this form.) an traffic unrelated to a ar states or ordinances	Boohol beverage of any county or	s) Yes XDo
If yes, give law or ordinance violat status of charges pending (if more Are charges for any offenses press for violation of any federal laws, a municipality? If yes, describe status of charges Do you hold, are you making appl	re room is needed, contin sently pending against my Wisconsin laws, an pending lication for or are you a	you (other that you (other that iy laws of othe an officer, dire	ade of this form.) an traffic unrelated to a ar states or ordinances clor or agent of a corp	slophol beverage of any county or oralion/nonprofit	s) Yes XDo
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If yes, give law or ordinance violat status of charges pending (if more Are charges for any offenses press for violation of any federal laws, a municipality? If yes, describe status of charges Do you hold, are you making appli organization or member/manager	re room is needed, contin sently pending against my Wisconsin laws, an pending lication for or are you a lagent of a limited liabr	you (other the you (other the ly laws of othe an officer, dire @ty company	ade of this form.) an traffic unrelated to a ar states or ordinances clor or agent of a corp holding or applying for	slophol beverages of any county or oration/nonprofit any other alcoho	s) Yes XDo
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If yes, give law or ordinance violat status of charges pending (if more Are charges for any offenses press for violation of any federal laws, a municipality? If yes, describe status of charges Do you hold, are you making appl organization or member/manager beverage license or permit? If yes, identify.	re room is needed, contin sently pending against my Wisconsin laws, an pending lication for or are you a lagent of a limited liabi W WISCOM	you (other that you (other that iy laws of other an officer, dire bity company 5177 A	ade of this form.) an traffic unrelated to a at states or ordinances clor or agent of a corp holding or applying for UC KAUKAC and Type of License/Perrup	slophol beverage of any county or oration/nonprofit any other alcoho	s) I Yes Xdo I Yes No Clifiss M
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If yes, give law or ordinance violat status of charges pending (if mor Are charges for any offenses pres for violation of any federal laws, a municipality? If yes, describe status of charges Do you hold, are you making appl organization or member/manager/ beverage license or permit? If yes, identify.	re room is needed, contin sently pending against my Wisconsin laws, an pending lication for or are you a fagent of a limited liabi id cuts(con licer, director, stockhok ed liability company ho	you (other that you (other that iy laws of other by company SIM grant of where Lection der, agent or e alding or apply	ade of this form.) an traffic unrelated to a at states or ordinances clor or agent of a corp holding or applying for DC KAUKAU and Type of Joanse/Henrip employe of any parson ing for a wholesale be	alcohol beverage of any county or oration/nonprofit any other alcoho or corporation or corporation or permit.	s) Ves Do Ves No CINSS A
If yes, give law or ordinance violatistatus of charges pending (if more status of charges pending (if more for violation of any federal laws, a municipality? If yes, describe status of charges Do you hold, are you making appliorganization or member/manager/beverage license or permit? If yes, identify.	re room is needed, contin sently pending against my Wisconsin laws, an pending lication for or are you a fagent of a limited liabi id cuts(con licer, director, stockhok ed liability company ho	you (other that you (other that iy laws of other by company SIM grant of where Lection der, agent or e alding or apply	ade of this form.) an traffic unrelated to a at states or ordinances clor or agent of a corp holding or applying for DC KAUKAU and Type of Joanse/Henrip employe of any parson ing for a wholesale be	alcohol beverage of any county or oration/nonprofit any other alcoho or corporation or corporation or permit.	s) I Yes Xdo I Yes No Clifiss M
If yes, give law or ordinance violatistatus of charges pending <i>(it more</i> ). Are charges for any offenses press for violation of any federal laws, a municipality? If yes, describe status of charges Do you hold, are you making appli organization or member/manager beverage license or permit? If yes, identify. <u>175</u> Do you hold and/or are you an off member/manager/agent of a limits brewery/winery permit or wholesa If yes, identify.	re room is needed, contin sently pending against my Wisconsin laws, an pending lication for or are you a fagent of a limited liabi id cuts(con licer, director, stockhok ed liability company ho	you (other than you (other than iy laws of other shows of other shows of other shows of other invariant of o	ade of this form.) an traffic unrelated to a at states or ordinances clor or agent of a corp holding or applying for DC KAUKAU and Type of Joanse/Henrip employe of any parson ing for a wholesale be	alcohol beverage of any county or oration/nonprofit any other alcoho or corporation or corporation or permit.	s) Ves XDio Ves No CINSS A Yes XNo
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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.

AT-103 (R. 7-18)

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