



**PERSONNEL AND LICENSE COMMITTEE MEETING AGENDA  
TUESDAY, JANUARY 20, 2026**

A Personnel and License committee meeting is scheduled for Tuesday, January 20, 2026, at 4:45 p.m., or immediately following, the regular City of Marinette Board of Public Works committee meeting, whichever is later within the Common Council Chambers at Marinette City Hall, 1905 Hall Avenue.

1. Call the meeting to order.
2. Roll Call.
3. Consideration of Personnel and License Committee regular meeting minutes from December 16, 2025.
4. Discussion and possible action regarding sick time payouts at retirement for workers hired after 2011.
5. Consideration and possible recommendation to the Common Council regarding Appointment of Successor Agent for Kwik Trip 574.
6. Consideration of Alcohol license Premises Extension application from Red Brick Tavern LLC for event taking place at 801 Main St. on March 7, 2026.
7. Consideration of Sign Erector License for 2026
  - MJB Industries, Inc.
8. Consideration of eight (8) new operator license applications.
9. Items for next agenda.
10. Adjournment.

Rick Polzin, Personnel & License Committee Chairperson

*A possible quorum of Common Council members may be present at this meeting.*

**Requests from individuals with disabilities who need special accommodations to participate in this meeting or hearing should be made to the City Clerk's Office at 1-715-732-5140 with as much advance notice prior to the meeting as possible.**

## PERSONNEL AND LICENSE COMMITTEE REGULAR MEETING MINUTES FROM DECEMBER 16, 2025

1. Committee Chairperson, Rick Polzin, called the regular Personnel and License Committee Meeting to order at 05:14 PM in the Common Council Chambers at Marinette City Hall, 1905 Hall Ave.
2. Upon a call of the roll, it was determined, a quorum of Committee members were present and their attendance was documented as follows:  
**Present:** Alderpersons Polzin, Kowalski, Keller, Mikutowski & Klegin.  
**Absent:** None  
**Others present:** Mayor Genisot & Alderperson Oitzinger.
3. **Approval of Personnel and License Committee meeting minutes.**  
Alderpersons Kowalski moved/Klegin seconded and all concurred, (Alderperson Polzin & Mikutowski abstained) to approve, the City of Marinette Personnel & License Committee's meeting minutes from 11/18/25.
4. **Consideration of Temporary Class "B" beer application from Marinette Kiwanis for event being held on February 14, 2026 at 2501 Pierce Avenue.**  
Alderpersons Klegin moved/Kowalski seconded and all concurred, to recommend the Common Council approve the Temporary Class "B" beer license for Marinette Kiwanis for event being held on February 14, 2026 at 2501 Pierce Avenue.
5. **Consideration of Mobile Home Park License for 2026**  
Alderperson Klegin moved/ Keller seconded and all concurred to recommend the Common Council approve the following Mobile Home Park license for 2026 to Forest Glen, Foxx Glenn & Parkview Terrace.
6. **Consideration of Sign Erector License for 2026**  
Pursuant to Marinette Municipal Code §'s 13.3502(D) & 9.1302 schedule A, Alderpersons Mikutowski moved/Kowalski seconded and all concurred, to grant an annual City of Marinette Sign Erector license to Reinhold Sign Services, Inc.
7. **Consideration of Seven (7) new operator license applications.**  
Pursuant to Marinette Municipal Code § 9.0220, Personnel and License Committee Policy No. PLC - 1.0010 and Wis. Stat. § 125.17, Alderpersons Kowalski moved/Mikutowski seconded and all concurred to recommend the Common Council conditionally grant operator licenses to the following seven (7) new applicants: Patricia M. Beaudo, Morgan E. Beaver, Jedi A. Bianchetti, Stephanie A. Francour, Lynn A. Kramer, Kyra J. Michel (contingent upon Kyra paying all debts owed to the City of Marinette) & Brandee L. Peterson Each aforementioned operator license applicant, recommended to have licenses granted for the current licensing period expiring 6/30/2028, shall be contingent upon each applicant providing documentation to City Clerk's Office, prior to expiration date of their 60-day provisional operator license, confirming completion of a State of Wis. approved Responsible Beverage Server class.
8. **Future discussion items for next agenda.**  
None requested
9. **Adjourn**  
Alderpersons Klegin moved/ Kowalski seconded and all concurred to adjourn at 05:18 PM.

Lana Bero, City Clerk

The next regular Personnel & License Committee meeting is scheduled for Tuesday 1/20/26 @ 04:45 PM, or immediately following the Board of Public Works meeting, whichever is later, within the Common Council Chambers @ Marinette City Hall, 1905 Hall Ave. Marinette.

operational needs of the department. The methodology used for determination of vacations schedules will be in the sole discretion of the department head.

Vacation should be taken in increments of at least one (1) day. However Department Heads will have discretion to allow employees in their respective departments to take vacation in increments of a 1/2 day or even smaller increments. Except in cases of emergency, requests for vacation of three (3) days or more must be submitted a minimum of three (3) days in advance of the requested vacation days.

An employee who, during the course of vacation, becomes ill and is hospitalized, or under a doctor's care, may utilize sick time instead of vacation for such period, provided a doctor's certificate is provided.

Employees terminating their employment shall be entitled to pay for the unused and accrued portion of their vacation leave to the last date of their employment. The last date of employment shall be the last date on which an employee worked a full eight (8) hour shift.

### **Sick Leave**

The City provides sick leave benefits as described herein for regular full and part-time employees; sick leave is paid time off for the employee to use when he or she cannot work due to illness. Each regular full-time or part-time employee can accumulate one day of paid sick leave for each month of continuous employment with the City, subject to a maximum balance in accordance with the following schedule:

- Police Chief and Police Supervisors may accumulate a maximum of 150 sick days;
- Fire Chief and Fire Department Supervisors may accumulate 66 sick days (a sick day for these employees equals a 24 hour day); and
- All other employees may accumulate 100 sick days.

Sick leave not used in a year carries over and accumulates.

Except as noted above, for purposes of sick leave, a "day" of sick leave equals the number of hours in the employee's typical work day at the time the sick leave is used. Sick leave must be taken in increments of at least 1 hour. This paid sick leave may be used for personal illness or injury occurring off the job, or for scheduled medical appointments. Employees on Worker's Compensation may, at their option, choose to utilize sick leave to supplement the difference between their normal wage and that being paid by Worker's Compensation.

It shall be the responsibility of the employee to notify his/her immediate supervisor and his or her department head as soon as possible, but not later than thirty (30) minutes prior to the start of the employee's shift, that he/she will be taking sick leave.

The City may require a doctor's note to verify the use of sick leave or to verify that an employee may return to work.

Upon termination, all accumulated paid sick leave is forfeited, except as described in the following schedule:

POSITION	PAY OUT OF ACCUMULATED SICK LEAVE
Police Chief/Police Captain/ hired on or before June 30, 2011	Upon retirement, the City will pay up to but not more than 100 days of accumulated sick leave. For full-time employees, a sick day shall equal 8 hours at the employee's hourly rate (based on 2080 work hours per year) in effect at retirement.
Fire Chief/Assistant Fire Chiefs hired on or before June 30, 2011	Upon retirement, disability retirement, or death, the City shall pay to the employee (or, in the case of death, to the employee's estate) up to 23 days of accumulated sick leave at the hourly rate based on a 40 hour work week and up to an additional 18 days of accumulated sick leave at 50% of the hourly rate based on a 40 hour work week. A sick day shall equal 24 hours for full time employees.
All other employees hired on or before June 30, 2011	Upon retirement, one-half unused sick leave up to but not exceeding 30 days, or up to 45 days pay to purchase health insurance. A day shall equal 8 hours for full time employees.

In the event of an employee's death, accumulated sick leave will be paid in accordance with the formula described above to a beneficiary designated by the employee. Beneficiary designations must be signed by the employee and will be kept in his/her personnel file. To designate or change a beneficiary, please see the City Payroll Clerk for the appropriate form.

**Funeral Leave**

In the event of a death in the employee's family, the City will provide funeral leave as described herein for regular full or part time employees to attend to funeral arrangements and personal business matters.

The City will provide up to five (5) working days paid funeral leave due to the death of the employee's spouse or child (which includes step and adopted children).

The City will provide up to three (3) working days paid funeral leave due to the death of the employee's parent (including step and adoptive parents), sibling (including step and adopted siblings), grandparent, grandchildren, mother-in-law, father-in-law, brother-in-law, or sister-in-law.

# Alcohol Beverage Appointment of Agent

Date 1-2-26

**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)  
Kwik Trip, Inc.

2. Business Trade Name or DBA  
Kwik Trip 574

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.

New agent assigned to the store.

**Part B: Agent Information**

1. Last Name Dunn	2. First Name Jennifer	3. M.I. L.
4. Email	5. Phone	
6. Home Address		
7. City	8. State WI	9. Zip Code
11. Drivers License/State ID Number	10. Date of Birth	
	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 (licensee) or Form AB-300, Alcohol Beverage Personal Questionnaire (permittee)?  Yes     No
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 Zietlow	First Name Scott	M.I. P.
Title President	Email	Phone
Signature <i>Scott P. Zietlow</i>	Date 1/2/26	

**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 Dunn	First Name Jennifer	M.I. L.
Signature <i>JD</i>	Date 1-2-26	

# Alcohol Beverage Individual Questionnaire

Date 1-2-26

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

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- 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>Kwik Trip, Inc.</b>			
2. Business Trade Name or DBA <b>Kwik Trip 574</b>			
3. Entity Type (check one)			
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company	<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization

<b>Part B: Individual Information</b>			
1. Last Name <b>Dunn</b>		2. First Name <b>Jennifer</b>	
4. Relationship to Business (Title) <b>Agent</b>		5. Email	
7. Home Address			
8. City <b>[ ]</b>		9. State <b>WI</b>	10. Zip Code
12. Drivers License/State ID Number <b>[ ]</b>		13. Drivers License/State ID/State of Issuance <b>WI</b>	
		3. M.I. <b>L.</b>	
		6. Phone	

<b>Part C: Address History</b>			
1. Do you currently live in Wisconsin?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide the month and year when you permanently moved to Wisconsin			(MM/YY)
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
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 <b>WI</b>	County	State	County
State <b>WI</b>	County	State	County

Continued →

**WI**

**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	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

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



Date

1-2-26

Form  
CTV-102

# Cigarette, Tobacco, and Electronic Vaping Device Appointment of Agent

Date 1-2-26

Agent Type (check one):  Original  Change

<b>Part A: Agent Information</b>		
1. Last Name <b>Dunn</b>	2. First Name <b>Jennifer</b>	3. M.I. <b>L.</b>
4. Email		5. Phone
6. Home Address		
7. City		8. State <b>WI</b>
		9. Zip Code
10. Date of Birth	11. Drivers License/State ID Number	12. Drivers License/State ID State of Issuance <b>WI</b>

<b>Part B: Questions</b>	
1. Have you completed Form CTV-101, <i>Cigarette, Tobacco, and Electronic Vaping Device - Individual Questionnaire</i> ? Submit a completed Form CTV-101 with this form. . . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2. If this is a change of agent, please describe the reason for the agent change. Attach additional sheets if necessary. <b>New agent assigned to the store.</b>	

<b>Part C: Business Information</b>	
1. Legal Business Name (individual name if sole proprietor) <b>Kwik Trip, Inc.</b>	
2. Business Trade Name or DBA <b>Kwik Trip 574</b>	
3. Entity Type (check one) <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation	
4. Premises Address <b>2103 Hall Ave.</b>	
5. City <b>Marinette</b>	6. State <b>WI</b>
	7. Zip Code <b>54143</b>

**Part D: Attestations**

**READ CAREFULLY BEFORE SIGNING:** I, the Licensee or Permittee, authorize the above-named individual to act for the above-named corporation or limited liability company with full authority and control of the premises and of all business relative to cigarettes, tobacco products, and/or electronic vaping devices conducted therein. I certify that I am authorized by the 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.

Signature of Licensee or Permittee (owner, member, or authorized signatory) <i>Scott P. Zietlow</i>	Date <b>1/2/26</b>
Name of Person Signing <b>Scott P. Zietlow</b>	Title <b>President/CEO</b>

**READ CAREFULLY BEFORE SIGNING:** I, the Agent, hereby accept this appointment as agent for the above-named corporation or limited liability company and assume full responsibility for the conduct of all business relative to sales of cigarettes, tobacco products, and/or electronic vaping devices conducted 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 form, and that any person who knowingly provides materially false information on this form may be required to forfeit not more than \$1,000 if convicted.

Signature of Agent <i>[Signature]</i>	Date <b>1-2-26</b>
--	-----------------------

Date 1-2-26

Form  
CTV-101

## Cigarette, Tobacco, and Electronic Vaping Device - Individual Questionnaire

**Part A: Business Information**

1. Legal Business Name (individual name if sole proprietor):  
**Kwik Trip, Inc.**

2. Business Trade Name or DBA:  
**Kwik Trip 574**

3. Entity Type (check one)  
 Sole Proprietor     
 Partnership     
 Limited Liability Company     
 Corporation

**Part B: Individual Information**

1. Name (Last) <b>Dunn</b>	2. Name (First) <b>Jennifer</b>	3. Name (M.I.) <b>L</b>
4. Relationship to Business (Title) <b>Agent</b>	5. Email	6. Phone
7. Home Address		
8. City	9. State <b>WI</b>	10. Zip Code
12. Drivers License/State ID Number		11. Date of Birth
		13. Drivers License/State ID State of Issuance <b>WI</b>

**Part C: Individual's Address History**

List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address	City	State	Zip Code
Previous Address 1			
Previous Address 2			
Previous Address 3			
Previous Address 4			
Previous Address 5			
Previous Address 6			

If applicable, 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>WI</b>							

**WI**

Continued →

**Part D: Individual's Criminal History**

1. Have you ever been convicted of any offenses (other than traffic offenses) 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:

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	
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 currently pending against you (other than traffic offenses) 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 by Individual**

**READ CAREFULLY BEFORE SIGNING:** 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 an application for cigarette, electronic vaping devices, and tobacco products retail license may be required to forfeit not more than \$1,000 if convicted. I declare under penalties of the law that I have examined this information and, to the best of my knowledge, it is true, correct, and complete to the best of my knowledge and belief.

Signature:  Date: 1-2-26

**Part F: Licensing Authority Approval**

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, this individual does not have a criminal record that would disqualify them from having an interest in a cigarette, tobacco product, or electronic vaping device retailer license according to sec. 134.65(1m), Wis. Stats.

Name of Local Official: \_\_\_\_\_ Title: \_\_\_\_\_  
 Signature of Local Official: \_\_\_\_\_ Date: \_\_\_\_\_

# CITY OF MARINETTE

## ALCOHOL LICENSE PREMISES EXTENSION APPLICATION

PLEASE FILL IN ALL BLANKS COMPLETELY, AS INCOMPLETE APPLICATIONS WILL BE REJECTED.

**Please Check:**

- Request for premises extension to sidewalk café       Request for temporary (special event) premises extension
- Request for premises extension to permanent outdoor area       Other request for premises extension

**Application Checklist:**

- Applicant must currently hold a valid alcohol license
- Applicant obtained a Temporary Use Permit or Conditional Use Permit from the Building and Zoning Department (for special events and permanent outdoor areas)
- Scaled diagram which accurately depicts the location of the premises extension. Such drawing shall include the access points, fencing (if applicable) and the location of where alcohol will be stored and/or served.
- Application Fee of \$25.00 to amend an already approved licensed premises. This fee is charged to defray the cost of review and re-issuance of the license. This fee does NOT apply to premises extensions requested at the time of annual renewal of the license.

**APPLICANT INFORMATION**

Applicant Name: James Kitzinger

Establishment Name: Red Brick Tavern LLC

Address: 801 Main St Marinette

Alcohol License No.: 22-25 Phone: \_\_\_\_\_

Describe area of premises extension:

The building, the parking lot, and the street if we can get 8th street blocked off from main st to the alley

**SPECIAL EVENT INFORMATION (For Temporary Premises Extension Only)**

Event Title: Benefit for Trish Beauda

Date and Time of Event: 3-7-26 10-Am-7pm

Have you obtained a Temporary Use Permit (or Conditional Use Permit) from the Building and Zoning Department?      Yes      No

Event Description:

Benefit for Trish Beauda who is under going a serious medical condition and is unable to work to help with medical bills, travel expenses

  
SIGNATURE OF APPLICANT

1-13-26  
DATE

**For Office Use Only**

Date Filed with Clerk: 1/13/2026  
Total Amount: \$ 25.00      Receipt No.: \_\_\_\_\_  
Date Forwarded to Police Chief: 1/13/2026  
Police Chief Signature:       Approved      Denied  
Date Forwarded to Zoning Administrator: N/A (for non-sidewalk cafe applications)  
Zoning Administrator Signature: \_\_\_\_\_      Approved      Denied  
Date of FLR/Council Approval: \_\_\_\_\_  
Copies Provided to:      Police Chief



CITY OF MARINETTE  
 C/O CITY CLERK'S OFFICE  
 1905 HALL AVENUE  
 MARINETTE WI 54143

PHONE 1-715-732-5140  
 FAX 1-715-732-5199  
 WEB SITE <http://www.marinette.wi.us>  
 E-MAIL [lbero@marinette.wi.us](mailto:lbero@marinette.wi.us)

### ANNUAL SIGN ERECTOR LICENSE APPLICATION

- Complete application, sign, and date.
- Make check or money order payable to the City of Marinette.
- **Mail application, certificate of insurance, and check to the above address. (All these items must be included for your application to be processed.)**
- This application is for the licensing period of January 1, 2026 through December 31, 2026.

The listed applicant hereby applies to the City of Marinette for a license to engage in the business of installing, erecting, constructing, replacing, renovating, or removing signs within the City of Marinette.

The applicant certifies a **Certificate of Liability Insurance** has been filed with the City Clerk of Marinette as required by Marinette Municipal Code § 465-221 through 465-261.

**PLEASE TYPE OR PRINT**

**FEE: \$175.00**

Name of Business MJB INDUSTRIES, INC.		
Contact Person MICHAEL J BIEHL	Phone Number ( 715)735-9771	
Street Address W1923 FLAME ROAD	PO Box Number P.O. BOX 628	
City/State/Zip MARINETTE, WI 54143		
Name of Insurance Company AON/ ACUTY	Insurance Phone Number ( 800)437-0555	
X 	PRESIDENT	12/05/2025
Signature of Owner or Agency Representative	Title	Date

2026 City of Marinette Operator License Database

PROV NUMBER	APPLY DATE	LAST NAME	FIRST NAME	M I DATE	BIRTH DATE	DWELLING NO	STREET, CNTY OR HWY	CITY	STATE	ZIP	PHONE	EXPIRES	NEW OR RENEW
85-25	12/30/2025	DECORAH	LYNN	M	/ /	3030	PIERCE AVE	MARINETTE	WI	54143	9063670435	6/30/2028	NEW
01-26	1/5/2026	FRANKE	MELANIE	L	/ /	2104	15TH AVE	MENOMINEE	MI	49858	9067924924	6/30/2028	NEW
04-26	1/6/2026	HOLT	SHAWN	A	/ /	931	OCONTO AVE	PESHTIGO	WI	54157	7153309177	6/30/2028	NEW
02-26	1/5/2026	KOSTELECKY	KATIE	L	/ /	N5115	CTY RD E	MARINETTE	WI	54143	7159381785	6/30/2028	NEW
05-26	1/7/2026	MICHAELS	MICKY	R	/ /	2812	15TH ST	MENOMINEE	MI	49858	9062901067	6/30/2028	NEW
06-26	1/7/2026	POSEPHNY	MARIE	L	/ /	231	LAKE ST	MARINETTE	WI	54143	9208890428	6/30/2028	NEW
03/26	1/5/2026	SMITH	NATHAN	D	/ /	905	MADISON AVE #4	MARINETTE	WI	54143	7157019579	6/30/2028	NEW
07/26	1/12/2026	VANHOFF	GINA	M	/ /	730	ELIZABETH AVE	MARINETTE	WI	54143	906293403	6/30/2028	NEW

The State

# CITY OF MARINETTE WISCONSIN APPLICATION FOR LICENSE TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS

To the Clerk of the City of Marinette, Wisconsin:

I hereby apply for a license to serve fermented malt beverages and intoxicating liquors, from date hereof to June 30, 06/30/2028, subject to the limitations imposed by applicable sections of Chapter 125 of the Wis. Statutes, as amended, and I agree to comply with all Federal, State and Local laws, resolutions, ordinances and regulations, affecting the sale of such beverages and liquors if a license is granted to me.

**Please answer the following questions fully and completely: Warning: Any misstatement or omission of a material fact may result in denial or revocation.**

1. Applicant name: Lynn M DeCorah 9063670435  
FIRST NAME MIDDLE INITIAL LAST NAME HOME PHONE

2. Address: 3030 Pierce Ave Marinette W. 54143  
NUMBER STREET OR ROAD VILLAGE/TOWN/CITY STATE ZIP

3. Birth Date:

4. Is your application **new** () or; renewal () If renewed within the past 2 years, where was license obtained?

5. Pursuant to Wis. Statutes § 125.17(6), have you completed the required responsible alcoholic beverage server course? () YES --- If yes, indicate where? Online () NO  
If no, have you registered for the class () YES () NO --- If no, you are not eligible to be licensed at this time.

6. Lynn DeCorah 1/23/25  
Signature of Applicant Today's Date

### Office use only below this line

Lynn M. DeCorah, being first duly sworn on oath says that they are the person who made and signed the foregoing application for an operator's license; that all statements made by the applicant are true. Subscribed and sworn to before me this  day of  20

Dana K. [Signature]  
Notary Signature  
{STATE OF WISCONSIN, Marinette County}

Provisional License # 85-2025  
Two - Year License # -20  
YEAR

NOTICE TO ALL APPLICANTS: A background check shall be done to verify your alcoholic beverage server license eligibility.

Dome Lanes

# CITY OF MARINETTE WISCONSIN APPLICATION FOR LICENSE TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS

To the Clerk of the City of Marinette, Wisconsin:

I hereby apply for a License to serve fermented malt beverages and intoxicating liquors, from date hereof to June 30, 2028 subject to the limitations imposed by applicable sections of Chapter 125 of the Wis. Statutes, as amended, and I agree to comply with all Federal, State and Local laws, resolutions, ordinances and regulations, affecting the sale of such beverages and liquors if a license is granted to me.

**Please answer the following questions fully and completely: Warning: Any misstatement or omission of a material fact may result in denial or revocation.**

1. Applicant name: Melanie L Franke 906-792-4924  
FIRST NAME MIDDLE INITIAL LAST NAME HOME PHONE

2. Address: 2104 15<sup>th</sup> Ave Menominee MI 49858  
NUMBER STREET OR ROAD VILLAGE/TOWN/CITY STATE ZIP

3. Birth Date:

4. Is your application **new** () or; renewal ( ) If renewed within the past 2 years, where was license obtained?

5. Pursuant to Wis. Statutes § 125.17(6), have you completed the required responsible alcoholic beverage server course? () YES --- If yes, indicate where? Learn 2 serve online. ( ) NO  
If no, have you registered for the class ( ) YES ( ) NO --- If no, you are not eligible to be licensed at this time.

6. Melanie Franke 11-5-26  
Signature of Applicant Today's Date

## Office use only below this line

Melanie L Franke, being first duly sworn on oath says that they are the person who made and signed the foregoing application for an operator's license; that all statements made by the applicant are true. Subscribed and sworn to before me this 5<sup>th</sup> day of January 2026

Lana Dno  
Notary Signature  
{STATE OF WISCONSIN, Marinette County}

Provisional License # 01-2026  
Two - Year License # -20  
YEAR

*Jacks*

# CITY OF MARINETTE WISCONSIN APPLICATION FOR LICENSE TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS

To the Clerk of the City of Marinette, Wisconsin:

I hereby apply for a License to serve fermented malt beverages and intoxicating liquors, from date hereof to June 30, 2028 subject to the limitations imposed by applicable sections of Chapter 125 of the Wis. Statutes, as amended, and I agree to comply with all Federal, State and Local laws, resolutions, ordinances and regulations, affecting the sale of such beverages and liquors if a license is granted to me.

**Please answer the following questions fully and completely: Warning: Any misstatement or omission of a material fact may result in denial or revocation.**

1. Applicant name: Shawn A Holt 715-330-9177  
FIRST NAME MIDDLE INITIAL LAST NAME HOME PHONE

2. Address: 931 Oconto Ave Apt 204 Peshigo WI 54157  
NUMBER STREET OR ROAD VILLAGE/TOWN/CITY STATE ZIP

3. Birth Date:

4. Is your application **new** (  ) or; renewal (  ) If renewed within the past 2 years, where was license obtained?

5. Pursuant to Wis. Statutes § 125.17(6), have you completed the required responsible alcoholic beverage server course? (  ) YES --- If yes, indicate where?  (  ) NO  
If no, have you registered for the class (  ) YES (  ) NO --- If no, you are not eligible to be licensed at this time.

6. Shawn Holt / 01-06-26  
Signature of Applicant Today's Date

## Office use only below this line

Shawn A. Holt, being first duly sworn on oath says that they are the person who made and signed the foregoing application for an operator's license; that all statements made by the applicant are true. Subscribed and sworn to before me this 6 day of Jan 2026.

Notary Public, Marinette County, Wis.  
Melinda M. Campbell  
Notary Signature  
{STATE OF WISCONSIN, Marinette County}

Provisional License # 04-2026  
Two - Year License # -20  
YEAR

NOTICE TO ALL APPLICANTS: A background check shall be done to verify your alcoholic beverage server license eligibility.



Cusacks

# CITY OF MARINETTE WISCONSIN APPLICATION FOR LICENSE TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS

To the Clerk of the City of Marinette, Wisconsin:

I hereby apply for a License to serve fermented malt beverages and intoxicating liquors, from date hereof to June 30, 2028, subject to the limitations imposed by applicable sections of Chapter 125 of the Wis. Statutes, as amended, and I agree to comply with all Federal, State and Local laws, resolutions, ordinances and regulations, affecting the sale of such beverages and liquors if a license is granted to me.

**Please answer the following questions fully and completely: Warning: Any misstatement or omission of a material fact may result in denial or revocation.**

1. Applicant name: Micky FIRST NAME R MIDDLE INITIAL Michaels LAST NAME 906-290-1067 HOME PHONE

2. Address: 2812 NUMBER 15th STREET OR ROAD Menominee VILLAGE/TOWN/CITY Mich STATE 49858 ZIP

3. Birth Date: \_\_\_\_\_

4. Is your application new ( ) or; renewal ( ) If renewed within the past 2 years, where was license obtained? \_\_\_\_\_

5. Pursuant to Wis. Statutes § 125.17(6), have you completed the required responsible alcoholic beverage server course? ( YES ) -- If yes, indicate where? on line ( ) NO  
If no, have you registered for the class ( ) YES ( ) NO --- If no, you are not eligible to be licensed at this time.

6. Micky R Michael Signature of Applicant 1-17-26 Today's Date

### Office use only below this line

Mick Michaelles, being first duly sworn on oath says that they are the person who made and signed the foregoing application for an operator's license; that all statements made by the applicant are true. Subscribed and sworn to before me this 7 day of Jan, 2026.

Notary Public, Marinette County, Wis.  
Melinda M. Campbell  
Notary Signature  
{STATE OF WISCONSIN, Marinette County}

Provisional License # 05-2026  
Two - Year License # \_\_\_\_\_ -20  
YEAR

NOTICE TO ALL APPLICANTS: A background check shall be done to verify your alcoholic beverage server license eligibility.



# CITY OF MARINETTE WISCONSIN APPLICATION FOR LICENSE TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS

Kwik Trip

To the Clerk of the City of Marinette, Wisconsin:

I hereby apply for a License to serve fermented malt beverages and intoxicating liquors, from date hereof to June 30, 2028, subject to the limitations imposed by applicable sections of Chapter 125 of the Wis. Statutes, as amended, and I agree to comply with all Federal, State and Local laws, resolutions, ordinances and regulations, affecting the sale of such beverages and liquors if a license is granted to me.

Please answer the following questions fully and completely: Warning: Any misstatement or omission of a material fact may result in denial or revocation.

1. Applicant name: Nathan D Smith 715 701 8579  
FIRST NAME MIDDLE INITIAL LAST NAME HOME PHONE

2. Address: 905 Madison Ave APT 114 Marinette WI 54143  
NUMBER STREET OR ROAD VILLAGE/TOWN/CITY STATE ZIP

3. Birth Date:

4. Is your application new () or; renewal ( ) If renewed within the past 2 years, where was license obtained?

5. Pursuant to Wis. Statutes § 125.17(6), have you completed the required responsible alcoholic beverage server course? (  YES - If yes, indicate where? KWIK TRIP ) NO  
If no, have you registered for the class ( ) YES ( ) NO --- If no, you are not eligible to be licensed at this time.

6. [Signature] 10/05/2026  
Signature of Applicant Today's Date

## Office use only below this line

Nathan D. Smith, being first duly sworn on oath says that they are the person who made and signed the foregoing application for an operator's license; that all statements made by the applicant are true. Subscribed and sworn to before me this 5 day of Jan, 2026.

Notary Public, Marinette County, Wis.  
Melinda M. Campbell  
Notary Signature  
{STATE OF WISCONSIN, Marinette County}

Provisional License # 03-2026  
Two - Year License # -20  
YEAR

NOTICE TO ALL APPLICANTS: A background check shall be done to verify your alcoholic beverage server license eligibility.

Cusacks

# CITY OF MARINETTE WISCONSIN APPLICATION FOR LICENSE

## TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS

To the Clerk of the City of Marinette, Wisconsin:

I hereby apply for a License to serve fermented malt beverages and intoxicating liquors, from date hereof to June 30, 2028, subject to the limitations imposed by applicable sections of Chapter 125 of the Wis. Statutes, as amended, and I agree to comply with all Federal, State and Local laws, resolutions, ordinances and regulations, affecting the sale of such beverages and liquors if a license is granted to me.

**Please answer the following questions fully and completely: Warning: Any misstatement or omission of a material fact may result in denial or revocation.**

1. Applicant name: Gina m Van Hoff 906 290-3403  
FIRST NAME MIDDLE INITIAL LAST NAME HOME PHONE

2. Address: 730 Elizabeth Ave Marinette WI 54143  
NUMBER STREET OR ROAD VILLAGE/TOWN/CITY STATE ZIP

3. Birth Date: \_\_\_\_\_

4. Is your application **new** ( ) or; renewal ( ) if renewed within the past 2 years, where was license obtained? new

5. Pursuant to Wis. Statutes § 125.17(6), have you completed the required responsible alcoholic beverage server course? (X) YES --- If yes, indicate where? online ( ) NO

If no, have you registered for the class ( ) YES ( ) NO --- If no, you are not eligible to be licensed at this time.

6. Gina Van Hoff 1/12/26  
Signature of Applicant Today's Date

### Office use only below this line

Gina M. Van Hoff, being first duly sworn on oath says that they are the person who made and signed the foregoing application for an operator's license; that all statements made by the applicant are true. Subscribed and sworn to before me this 12 day of Jan 2026.

Notary Public, Marinette County, Wis.  
Melinda M. Campbell  
Notary Signature  
{STATE OF WISCONSIN, Marinette County}

Provisional License # 07-2026  
Two - Year License # -20  
YEAR

NOTICE TO ALL APPLICANTS: A background check shall be done to verify your alcoholic beverage server license eligibility.