

Original Alcohol Beverage Retail License Application

Submit to municipal clerk.

For the license period beginning 10-17 20 18 ;
ending 6-30 20 19 ;

TO THE GOVERNING BODY of the: Town of } Medford
 Village of }
 City of }

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

1. The named Individual Partnership Limited Liability Company
 Corporation / Nonprofit Organization

hereby makes application for the alcohol beverage license(s) checked above.

2. Name (individual/partners give last name, first, middle; corporations/limited liability companies give registered name): Rachel E Meyer

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 name, title, and place of residence of each person.

Title	Name (Last, First, M.I.)	Home Address	Post Office & Zip Code
President/Member	<u>Rachel E. Meyer</u>	<u>425 Cedar Street</u>	<u>Medford WI. 54451</u>
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent	<u>Rachel E. Meyer</u>		
Directors/Managers			

3. Trade Name Cravings Business Phone Number _____
4. Address of Premises 884 W. Broadway Ave. Post Office & Zip Code Medford WI. 54451

5. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? Yes No
6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? Yes No
7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? Yes No
8. (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? 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? Yes No
(NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.)

9. 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.) restaurant, patio, parking lot

10. Legal description (omit if street address is given above): _____
11. (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? _____

12. 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
13. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]. Yes No
14. 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.

Rachel E. Meyer 8/30/18
(Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>9-19-18</u>	Date reported to council / board <u>10-8-18</u>	Date provisional license issued <u>N/A</u>	Signature of Clerk / Deputy Clerk <u>Virginia Brust</u>
Date license granted <u>10-8-18</u>	Date license issued <u>10-9-18</u>	License number issued <u>BLB-9A</u>	

Cravings

884 W Broadway Ave

715-748-5785

- Cravings goals are to be in a brick and mortar location to serve the community.
- Cravings is a Sole Proprietorship
- Cravings is owned by Rachel Meyer
- Rachel has 25 years of restaurant experience from dishwashing to running multiple unit restaurants.
- Cravings will require a full time Manager which will be covered by Rachel, and a part time Manager.
- Cravings will offer a great place for the community to eat and have a cocktail beverage. Focus will be on the entire community.
- Cravings started as a mobile food truck and has had great success in the community.
- Cravings will employ approximately 12 employees.

Ginny Brost

From: Bob Christensen <rchristensen@medfordwi.us>
Sent: Thursday, August 30, 2018 4:48 PM
To: Virginia Brost
Subject: Filling Station inspection

I inspected the Filling Station today and only found 1 minor item which they will get fixed.

Robert Christensen
Inspection, Planning & Zoning
City of Medford

Medford Area Fire Department
Fire Inspection Report

Computer I.D. # _____

Inspectors Name Jason Erl

Address: 884 W. Broadway Ave

City: Medford

Town _____

Owner: _____

Occupant: Rachel Meyer

Use: Filling Station

Violations shall be corrected within thirty (30) days unless otherwise noted

Remarks: Extinguisher needs to be logged

CO2 cylinder needs to be secured to the wall. Both CO2 tanks

Rachel E. Meyer

Date: 09-09-18

Owner/Agent/Manager/Representative

You are hereby ordered to correct the violation(s) as indicated below:

- | | | |
|---|--|--|
| 1. Aisles/Stair
Blocked A _____
Inadequate B _____
Not Lighted C _____
Other D _____ | 9. Extinguishers
Recharge A _____
Hang B _____
Out of Date C <u>X</u>
None D _____ | 17. Service Stations
Improper storage A _____
Waste Oil B _____
No Smoking signs C _____
Record Keeping D _____
Other E _____ |
| 2. Building Number
Inadequate A _____
Missing B _____ | 10. Fire Door
Blocked/Inoprtly A _____
No Closing Device B _____
None C _____
Other D _____ | 18. Smoke/Heat Detectors
Not Maintained A _____
Wrong Installation B _____
Other C _____ |
| 3. Electric Heaters
Combust Too Close A _____
Tip Over Switch B _____
Other C _____ | 11. Fire Escapes
Inoperable A _____
Other B _____ | 19. Sprinklers
FDC Operable A _____
Inoperable Heads B _____
Storage Too Close To Head C _____
Fire Pump D _____
Other E _____ |
| 4. Electricity
Fuses A _____
Defective B _____
Open Box C _____
Other D _____ | 12. Flammable Liquids
Improper Storage A _____
No Safety Can B _____
Improper Dispensing C _____ | 20. Alarm System
Outside Strobe/Light A _____
Inadequate B _____
Defective C _____
Log Missing D _____
Log Not Current E _____ |
| 5. Exits
Blocked/Locked A _____
Improper Hardware B _____
Other C _____ | 13. Furnace Room Enclosures
Incomplete A _____
Door Not To Code B _____
Unprotected C _____
Openings D _____
Other E _____ | 21. Lock Box
Operable A _____
Proper Keys B _____ |
| 6. Exit Lights
Out A _____
Other B _____ | 14. Hood Systems
Past Due A _____
Needs Cleaning B _____
Other C _____ | 22. Locked/Closed
Date A _____
Date B _____
Date C _____ |
| 7. Elevator
Keys A _____
Inspection B _____ | 15. Housekeeping
General Cleanup A _____
Other B _____ | 23. No Violations
Observed At This Time A _____ |
| 8. Extension Cords
Excessive Use A _____
As Perm Wire B _____
Thrh Construction C _____
Over Metal D _____
Spliced E _____
Other F _____ | 16. Paint Spray
Vent A _____
Booth Not To Code B _____
None C _____
No Sprinkler Heads D _____
Other E _____ | 24. Miscellaneous
Please Check A _____ |
| | | 25. Special Needs |

FOOD, BEVERAGE & RETAIL FOOD SERVICE INSPECTION REPORT

Business Name <i>Crawlings</i>		Address <i>884 W. Broadway</i>		City <i>Medford</i>	License ID Number <i>0211464</i>
Name of Legal Licensee <i>Rachel Crawlings LLC</i>		Mailing Address of Legal Licensee			Telephone Number <i>715.748-5785</i>
Current Date <i>9/19/18</i>	License Release Date <i>9/19/18</i>	License Code Type <i>OEM</i>	Type of Establishment <input checked="" type="checkbox"/> Restaurant <input type="checkbox"/> Retail		Is operator certified? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
INSPECTION TYPE (check one) <input type="checkbox"/> Pre-inspection <input type="checkbox"/> Routine <input type="checkbox"/> Reinspection			ACTION TAKEN (check one) <input type="checkbox"/> License Suspended <input type="checkbox"/> Revoke <input type="checkbox"/> Other		
<input type="checkbox"/> Complaint <input type="checkbox"/> Downtime <input type="checkbox"/> Visi/No Action <input type="checkbox"/> Onsite Visit <input type="checkbox"/> Other			<input type="checkbox"/> Operational <input type="checkbox"/> Conditional <input type="checkbox"/> Withhold		
Reinspection Fee to be Invoiced <input type="checkbox"/> Yes <input type="checkbox"/> No		Name, Number and Expiration Date of Certified Food Manager <i>Rachel E. Meyer 2022</i>			

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designed compliance status (IN, OUT, N/O, N/A) for each numbered item		Mark "X" in appropriate box for COS	
IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable		COS=corrected on site during inspection HO = Handout No.(circle if provided) Code= CDC Risk Factor	

Compliance Status, Handouts & CDC Risk Factor	COS/HO	Code	Compliance Status, Handouts & CDC Risk Factor	COS/HO	Code
Demonstration of Knowledge					
1a	IN	OUT NA	Certified food manager, duties	4	O
1b	IN	OUT	Person in Charge (PIC) id knowledgeable; duties and responsibilities	14	O
Employee Health					
2	IN	OUT	Management Awareness; Policy present	19	O
3	IN	OUT	Proper use of reporting, restriction & exclusion	19	PH
Good Hygienic Practices					
4	IN	OUT N/O	Proper eating, tasting, drinking,	6	PH
5	IN	OUT N/O	No discharge from eyes, nose, and mouth	6	PH
Preventing Contamination by Hands					
6	IN	OUT N/O	Hands cleaned and properly washed	1,2	PH
7	IN	OUT N/O N/A	No bare hand contact or using approved plan	3,5	PH
8	IN	OUT	Adequate handwashing facilities supplied and accessible, soap, towels, signage	29	PH
Approved Source					
9	IN	OUT	Food obtained from approved source	25	US
10	IN	OUT(N/O N/A)	Food received at proper temperature	28	US
11	IN	OUT	Food in good condition, safe, & unadulterated	28	US
12	IN	OUT N/O N/A	Required records available: Shellstock tags, parasite destruction	31	US
Protection from Contamination					
13	IN	OUT N/A	Food separated and protected	20	CC
14	IN	OUT N/A	Food contact surfaces: cleaned and sanitized	22	CC
15	IN	OUT	Proper disposition of returned, previously served, reconditioned & unsafe food		CC
Potentially Hazardous Food Time/Temperature					
16	IN	OUT N/O N/A	Proper cooking time and temperature	11	IC
17	IN	OUT N/O N/A	Proper reheating procedures for hot holding	11	IC
18	IN	OUT N/O N/A	Proper cooling time and temperature	8	IH
19	IN	OUT N/O N/A	Proper hot holding temperatures	11	IH
20	IN	OUT N/O N/A	Proper cold holding temperatures	11	IH
21	IN	OUT N/O N/A	Proper date marking and disposition	16	IH
22	IN	OUT N/O N/A	Time as a public health control: procedures and record	15	IH
Consumer Advisory					
23	IN	OUT N/A	Consumer Advisory provided	9	O
Highly Susceptible Populations					
24	IN	OUT N/A	Pasteurized foods used; prohibited foods not offered		O
Chemical					
25	IN	OUT N/A	Food additives: approved and properly used		O
26	IN	OUT	Toxic substances properly identified, stored and used		O
Conformance with Approved Procedures					
27	IN	OUT N/A	Compliance with variance, specialized process, or HACCP plan	21	
Risk factors: Other (O) <input checked="" type="checkbox"/> Personal Hygiene (PH) <input type="checkbox"/> Unsafe Sources (US) <input type="checkbox"/> Cross Contamination (CC) <input checked="" type="checkbox"/> Inadequate Cooking (IC) <input type="checkbox"/> Improper Hold (IH) <input checked="" type="checkbox"/>					

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into food
 Mark "X" in box if item is not in compliance Mark "X" in appropriate box for COS. COS=corrected onsite during inspection

Safe Food and Water	Proper Use of Utensils
28	41
29	42
30	43
31	44
32	45
33	46
34	47
35	48
36	49
37	50
38	51
39	52
40	53
	54

I understand and agree to comply with the corrections ordered on this report. I understand that failure to comply could result in legal action or loss of license.

SIGNATURE - Person in Charge <i>Rachel E. Meyer</i>	Date Signed <i>9/19/18</i>
SIGNATURE - Inspector <i>Chris Meyers</i>	Reinspection Needed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Reinspection Date: <i>Annual 3 months</i>

Ginny Brost

From: Carey Bryan <bryan.carey@co.taylor.wi.us>
Sent: Thursday, September 20, 2018 12:03 PM
To: Ginny Brost
Subject: RE: Application - Class B Beer/Liquor License - Rachel Meyer

I've completed my background investigation. Nothing to report that would be a negative impact on the applicant.

Bryan Carey, Chief
Medford Police Department
224 South 2nd Street
Medford, WI 54451
Office: 715.748.1447
Fax: 715.748.3813



From: Ginny Brost [<mailto:vbrost@medfordwi.us>]
Sent: Thursday, September 20, 2018 7:44 AM
To: Carey Bryan <bryan.carey@co.taylor.wi.us>
Subject: Application - Class B Beer/Liquor License - Rachel Meyer

Bryan-

Attached are the documents relating to Rachel Meyer's application for a Class B beer/liquor license. Please review, and let me know your comments. Thanks.

Ginny Brost, Clerk
City of Medford
639 South Second Street
Medford, WI 54451
Phone: 715-748-1181
Fax: 715-748-1289
Population: 4,362



Ginny Brost

From: Mary Sperry <msperry@medfordwi.us>
Sent: Thursday, September 20, 2018 11:07 AM
To: 'Ginny Brost'
Subject: RE: Rachel Meyer d/b/a Craving

There are no outstanding A/R or utilities.

Mary Sperry
Medford Utilities
639 S Second St.
Medford, WI 54451

From: Ginny Brost [<mailto:vbrost@medfordwi.us>]
Sent: Thursday, September 20, 2018 10:37 AM
To: Kevin Doberstein; Ashley Lemke; Mary Sperry; Rita Hess
Subject: Rachel Meyer d/b/a Craving

Rachel Meyer has applied for a Class B beer/liquor license for the former Filling Station located at 884 West Broadway Avenue. Please let me know if there are any delinquencies or unpaid bills. Thank you.

Ginny Brost, Clerk
City of Medford
639 South Second Street
Medford, WI 54451
Phone: 715-748-1181
Fax: 715-748-1289
Population: 4,362



From: Kevin Doberstein [<mailto:kdoberstein@medfordwi.us>]
Sent: Thursday, September 27, 2018 9:57 AM
To: 'Ginny Brost'
Subject: RE: Delinquent Taxes - Filling Station

On our end (City Hall) everything is paid up for PP tax. Not sure on the County side, does that pertain to us?

From: Ginny Brost [<mailto:vbrost@medfordwi.us>]
Sent: Thursday, September 27, 2018 9:55 AM
To: Kevin Doberstein <kdoberstein@medfordwi.us>
Subject: Delinquent Taxes - Filling Station

Kevin-

Did you check to see if there are any delinquent taxes on the Filling Station (884 West Broadway Avenue)? Thank you.

Ginny Brost, Clerk
City of Medford
639 South Second Street
Medford, WI 54451
Phone: 715-748-1181
Fax: 715-748-1289
Population: 4,362



Ginny Brost

From: Holtz Sarah <sarah.holtz@co.taylor.wi.us>
Sent: Thursday, September 27, 2018 10:24 AM
To: 'Kevin Doberstein'
Cc: 'Ginny Brost'
Subject: RE: Delinquent Taxes - Filling Station

All taxes are paid in full for 884 West Broadway for Michael J. Strama.
Have a wonderful day.

Sarah Holtz

Taylor County Treasurer
224 S. 2nd Street
Medford, WI 54451
715-748-1466
sarah.holtz@co.taylor.wi.us

From: Kevin Doberstein <kdoberstein@medfordwi.us>
Sent: Thursday, September 27, 2018 10:05 AM
To: Holtz Sarah <sarah.holtz@co.taylor.wi.us>
Cc: 'Ginny Brost' <vbrost@medfordwi.us>
Subject: FW: Delinquent Taxes - Filling Station

Hi Sarah, are there any delinquent taxes on the Filling Station 884 West Broadway?

From: Ginny Brost [<mailto:vbrost@medfordwi.us>]
Sent: Thursday, September 27, 2018 10:02 AM
To: 'Kevin Doberstein' <kdoberstein@medfordwi.us>
Subject: RE: Delinquent Taxes - Filling Station

Yes.

Ginny Brost, Clerk
City of Medford
639 South Second Street
Medford, WI 54451
Phone: 715-748-1181
Fax: 715-748-1289
Population: 4,362

