A meeting of the City of Evansville Public Safety will be held on the date and time stated below. Requests for persons with disabilities who need assistance to participate in this meeting should be made by calling City Hall at (608) 882-2266 with as much notice as possible. The meeting will also be held virtually in response to COVID-19. To participate via video, go to this website: <a href="https://meet.google.com/xtf-ayun-xwn">https://meet.google.com/xtf-ayun-xwn</a>. To participate via phone, call this number: 475-222-5110 and enter PIN: 808 226 480# when prompted. (Your microphone may be muted automatically).

### Copies of the packet and agenda are available at:

www.ci.evansville.wi.gov/city\_government/public\_agendas\_minutes/public\_safety.php

### **Public Safety Committee**

Regular Meeting Wednesday, May 4, 2022 6:00 p.m. City Hall, 31 S. Madison Street, Evansville, WI

### **AGENDA**

- 1. Call to Order.
- 2. Roll Call.
- 3. Approval of Agenda.
- 4. Motion to approve the April 6, 2022 Public Safety regular meeting minutes.
- 5. Citizen appearances other than agenda items listed.
- 6. Old Business.
- 7. New Business.
  - A. Discussion and possible motion to approve the Long Term Street Closure License Application for Evansville Underground Music (EUM) at 23 N. First St, Evansville, WI 53536 from 3:30-9:30 p.m for the following dates in 2022:
    - Friday, May 6<sup>th</sup> 2022
    - Friday, May 27<sup>th</sup> 2022
    - Friday, June 24th 2022
    - Friday, July 15<sup>th</sup> 2022
    - Friday, August 5<sup>th</sup> 2022
    - Saturday, September 17<sup>th</sup> 2022
    - Saturday, October 8<sup>th</sup> 2022
  - **B.** Discussion and possible motion to approve the Temporary Class "B" Retailer's License Application for Evansville Underground Music (EUM) at 23 N. First St, Evansville, WI 53536 from 3:30-9:30 p.m for the following dates in 2022:
    - Friday, May 6<sup>th</sup> 2022
    - Friday, May 27th 2022
    - Friday, June 24<sup>th</sup> 2022
    - Friday, July 15<sup>th</sup> 2022
    - Friday, August 5<sup>th</sup> 2022
    - Saturday, September 17<sup>th</sup> 2022
    - Saturday, October 8<sup>th</sup> 2022
  - C. Motion to approve the Original Operators License application(s) for:

(approved by Police Lieutenant Chris Jones unless otherwise noted).

- (1) Jeremie Edward Cribben
- (2) Morgan Elizabeth Runaas
- (3) Taylor Scott Smith

- D. Motion to recommend to the Common Council approval of the Renewal Alcohol Beverage License Applications for a <u>Class A Beer/Class A Liquor License</u> for: (background check recommendations provided by Police Lieutenant Chris Jones, unless otherwise noted)
  - (1) Casey's Marketing Company, Anthony W. Hawks, Agent, 538 Biese Street, Combined Locks, WI 54113, d/b/a Casey's General Store # 3583, 230 E. Main Street, Evansville, WI 53536.
  - (2) **Kopecky's Worldwide Foods, Inc., James Dean Kopecky, Agent,** 8017 N. Ridge Court, Evansville, WI, 53536, d/b/a Kopecky's Piggly Wiggly, 8 N. County Road M, Evansville, WI 53536.
  - (3) Madison Street Express, Inc., Parminder K. Sekhon, Agent, 2644 Granite Road, Fitchburg, WI 53711, d/b/a All-N-One, 104 S. Madison Street, Evansville, WI 53536.
  - (4)**Olin Oil Co. Inc., Kristin Olin Olmedo, Agent,** 603 E 2<sup>nd</sup> Avenue, Brodhead, WI 53520, d/b/a Evansville Gas N Go, 350 Union Street, Evansville, WI 53536.
- E. Motion to recommend to the Common Council approval of the Renewal Alcohol Beverage License Application for a <u>Class A Beer License</u> for: (background check recommendations provided by Police Lieutenant Chris Jones, unless otherwise noted)
  - (1) Landmark Services Cooperative, Jessica Golz, Agent, 6909 N Cty Rd M #65, Evansville, WI 53536, d/b/a Cenex Convenience Store of Evansville, 9 John Lindemann Drive, Evansville, WI 53536.
- F. Motion to recommend to the Common Council approval of the Renewal Alcohol Beverage License applications for a <u>Class B Beer/Class B Liquor License</u> for: (background check recommendations provided by Police Lieutenant Chris Jones, unless otherwise noted)
  - (1) **Bessire Bowl, LLC, Tiffany Bessire, Agent,** 221 Noah's Arc Ct, Evansville, WI 53536, d/b/a Blue Devil Bowl, 108 E. Main Street, Evansville, WI 53536.
  - (2) Creekside Place Inc., Nicholle L Wagner, Agent, 14246 W Golf Air Drive, Evansville, WI 53536, d/b/a Creekside Place Inc., 102 Maple Street, Evansville, WI 53536.
  - (3)**The Night Owl Food & Spirits Inc., Gregory P Ardisson, Agent**, 217 N. Sixth Street, Evansville, WI 53536, d/b/a The Night Owl Sports Pub & Eatery, 189 E. Main Street, Evansville, WI 53536.
  - (4) **Pete's Inn Inc., Linda A Church, Agent**, 555 S. Fifth Street, Evansville, WI 53536, d/b/a Pete's Inn Inc., 14 N. Madison Street, Evansville, WI 53536.
  - (5) Whiskey Throttle Bar, Grill & Pizzeria Inc, DeeAnna K Straub, Agent, 1002 1st Center Ave, Brodhead, WI 53520, d/b/a Whiskey Throttle Bar, Grill & Pizzeria, 50 Union Street, Evansville WI 53536.
  - (6) El Vallarta De Evansville, Marco Antonio Lugo Valencia, Agent, 438 Almeron St, WI 53536, d/b/a El Vallarta, 609 E Main Street, Evansville WI 53536.
  - (7) Evansville Memorial Post 6905 VFW, John L Schneider, Agent, 15542 W. Francis Road, Evansville, WI 53536, d/b/a VFW Memorial Post, 179 E. Main Street, Evansville, WI 53536.
- G. Motion to recommend to the Common Council approval of the Renewal Alcohol Beverage License Application for a <u>Class B Beer and Class C Wine License</u> for: (background check recommendations provided by Police Lieutenant Chris Jones, unless otherwise noted)

- (1) **Angel's Pizza, LLC, Michael Barcena Agent**, 204 CTH D, Belleville, WI 53508, d/b/a Marsala's Pizzeria, 18 E. Main Street, Evansville, WI 53536.
- (2) **The Grove Market, LLC, Jennifer D. Wiedel, Agent**, 112 W. Liberty Street, Evansville, WI 53536, d/b/a The Grove Market, 24 E. Main Street, Evansville, WI 53536.
- (3) **Ceili, LLC, Shannon R. Arndt, Agent**, 414 Meadow Lane, Evansville, WI 53536, d/b/a Ceili Coffee and Wine, 16 W. Main Street, Evansville, WI 53536.
- 8. Evansville Police Department Report.
- 9. Evansville Emergency Medical Services Report.
- 10. Meeting Reminder: Next regular meeting scheduled for Wednesday, June 1, 2022 6:00 p.m.
- 11. Motion to adjourn.

Erika Stuart, Chairperson

Please turn off all cell phones while the meeting is in session. Thank you.

## Copies of the packet and agenda are available at:

www.ci.evansville.wi.gov/city\_government/public\_agendas\_minutes/public\_safety.php

## **Public Safety Committee Regular Meeting**

Wednesday, April 6<sup>th</sup>, 2022 6:00 p.m. City Hall, 31 S. Madison Street, Evansville, WI

### **MINUTES**

- 1. Call to Order The meeting was called to order by Public Safety Chair, Dianne Duggan at 6:00 pm.
- 2. Roll Call:

| Members                          | Present/Absent | Others Present                                |
|----------------------------------|----------------|---|
| Alderperson Dianne Duggan, Chair | P              | Patrick Reese, Police Chief                   |
| Alderperson Erika Stuart         | P              | Chris Jones, Police Lieutenant                |
| Alderperson Gene Lewis           | P              | Ian Reilly, Police Sergeant                   |
|                                  |                | Jamie Kessenich, EMS Chief                    |
|                                  |                | Leah Hurtley, Deputy Clerk<br>William Wassing |
|                                  |                | Jon Frey, Evansville Jays                     |

- 3. Motion to approve the agenda, by Duggan, seconded by Stuart. Approved unanimously.
- 4. Motion to waive the reading of the minutes of the March 2<sup>nd</sup>, 2022 meeting and approve as presented, by Lewis, seconded by Stuart. Approved unanimously.
- 5. Citizen appearances other than agenda items listed. None.
- **6. Old Business.** None.
- 7. New Business
  - A. <u>Motion was made by Stuart, seconded by Lewis to approve the Operator's License application(s)</u> for: (Approved by Chief Reese unless otherwise noted) Approved unanimously.
    - (1) Kimberly Sue Dienberg
    - (2) Matthew David Kroll
  - B. Motion was made by Lewis, seconded by Duggan to recommend to Common Council the "Place of Last Drink Cooperative Agreement between Janesville Mobilizing 4 Change and Evansville Police Department." Approved unanimously.
  - C. <u>Discussion with possible motion to approve the application for a Street Use License for Creekside Place Cruise Night for the period beginning May through September 2022, motion was made by Stuart, seconded by Lewis. Approved unanimously.</u>

Thursday, May 5, 2022 Thursday, June 2, 2022 Thursday, July 7, 2022 Thursday, August 4, 2022 Thursday, September 1, 2022

- D. <u>Discussion with possible motion to approve the Temporary Class "B" Retailer's License</u>
  Application for:
  - (1) <u>Evansville Home Talent Baseball Club Inc. (Evansville Jays)</u> for the period beginning April through September 2022, per Exhibit C (rev 1) at Lake Leota Park, Upper Diamond.

Duggan acknowledged proposed conditions from City Clerk, Darnisha Haley including: changes made to Exhibit C (rev 1) to reflect "if any of the games get rained out or postponed, license to cover new make-up game date" to be removed as well as the June 30<sup>th</sup> 2022 date as an option as it coincides with the Fourth of July events. Motion was made by Lewis, seconded by Duggan. Approved unanimously.

<u>Evansville Community Partnership (ECP)</u> for Lake Leota Fourth of July Celebration for the period beginning Thursday June 30<sup>th</sup> through Monday July 4<sup>th</sup> 2022.

Chief Reese wanted clarification on whether Thursday, was a festival day or a setup day for staffing concerns, Leah will get clarification and send out an email. <u>Motion was made by Lewis, seconded by Duggan. Approved unanimously.</u>

- **8. Evansville Police Department Report** Chief Reese read the enclosed monthly report covering the training, community outreach, updates in the department, and staffing matters.
- **9. Evansville Emergency Medical Services Report** Chief Kessenich read the enclosed monthly report covering the training, community outreach, updates in the department and staffing matters.
- 10. Meeting Reminder: Next regular meeting scheduled for Wednesday, May 4<sup>th</sup>, 2022 6:00 p.m.
- 11. Motion to adjourn, by Duggan, seconded by Stuart at 6:30 p.m. Approved unanimously

Leah Hurtley, Deputy Clerk

The minutes are not official until approved by the Public Safety Committee at the next regular meeting.



## APPLICATION FOR Street Closure License

(Section 106 Municipal Code)

CITY OF EVANSVILLE CLERK'S OFFICE 31 S. Madison St, PO Box 529, Evansville, WI 53536

(608) 882-2266 - Fax (608) 882-2282

| \$25.00                           | APPLICATION   | FEE WILL NOT BE                            | REFUNDED IF DENIE        | D OR WITHDRAWN              |
|-----------------------------------|---|--|--------------------------|-----------------------------|
| Short Term (4 hours               | or less) street Closure                                       | $\boxtimes$                                | Long Term (More tha      | in 4 hours) street Closure  |
| This permit shall license the cla | osure of a City Street for the p<br>full or partial closure o | urpose of business<br>f a road for a set p | , celebration or other e | vent that would require the |
| Name of Organization:             | ansville Und  |  | I II                     | 608-213-0797                |
| Organization address: 10          |   |  | vansville                | 5                           |
| Responsible Person: * Se          | e Appendix  | Middle                                     |                          | Last                        |
| Home Address:                     | ee Append   | 1xA  |                          |                             |
| City                              | State:  | ·  | Zip:                     |                             |
| Phone No: 1008 - 213 - 0          | TI T                      |  |                          |                             |
| Date(s) of Event(s): 5/6          | 122,5/27/22   | 6/24/22                                    | 7/15/22 8                | 15/22,9/17/22 4             |
| Hours of Operation: 3             | :30 pm - 9"   | :30 pm                                     |                          | 10/8/22                     |
| Location of Event: 23             | N First S   | t Evans                                    | sville wi                | <u> </u>                    |
| * 5                               | see Exhib   | it B                                       |                          |                             |
|                                   |   |  |                          |                             |
|                                   |   |  |                          |                             |

#### **Hold Harmless**

The applicant agrees to indemnify, defend and hold the city and its employees and agents harmless against all claims, liability, loss, damage or expense asserted against or incurred by the city on account of any injury or death of any person or damage to any property caused by or resulting from the activities for which the license is granted. As evidence of the applicant's ability to perform the conditions of the license, the public safety committee may require the applicant to furnish a certificate of comprehensive general liability insurance with the city and its employees and agents as an additional insured. The insurance shall include coverage for a contractual liability with minimum limits in an amount as required by the public safety committee. The certificate of insurance shall provide 30 days written notice to the city upon cancellation, non-renewal or material change in policy.

√ Please attach a copy of map, showing where you wish to have the road blocked off.

### Cancellation

The city, through its police department or other agents, may terminate, without prior notice, any use authorized by a street use license if the health, safety or welfare of the public appears to be endangered by activities generated by or associated with the use or if there are activities that violate any condition specified by the public safety committee when authorizing the issuance of the street use license.

Signature of Applicant

|                                | FOR MUNICIPALITY L        | use only below this line dation and Comments: |                 |
|--------------------------------|---------------------------|---|-----------------|
| Recommend                      |                           |   | with conditions |
|                                |                           |   |                 |
| 15                             |                           |   |                 |
|                                | Police Chief's            | s Signature                                   | Date            |
|                                | Municipal Services Recomm | endation and Comments:                        |                 |
| Recommend                      | Non-Recommend             |   |                 |
|                                |                           |   |                 |
|                                | 1-1                       |   |                 |
|                                |                           |   | s <del></del>   |
|                                | Municipal Service         | s Office:                                     | Date            |
| ublic Safety Meeting required? |                           |   |                 |
| ate License Issued:            |                           |   |                 |
| erks Notes and Receipt Inform  | ation:                    |   |                 |
|                                |                           |   |                 |
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|                                |                           |   |                 |
|                                |                           |   |                 |

## **Exhibit A**

Evansville Underground Music, Inc. 104 Garfield Ave. Evansville, WI 535361113

Officers:

Mark Schnepper-President Einar Floan-Vice President Event Manager-Joe Kaether Treasurer/Secretary-Ry Thompson

Addresses of people in charge of event:

Mark Schnepper 477 W. Main St. Evansville, WI 53536

Einar Floan 114 S. Third Street Evansville, WI 53536

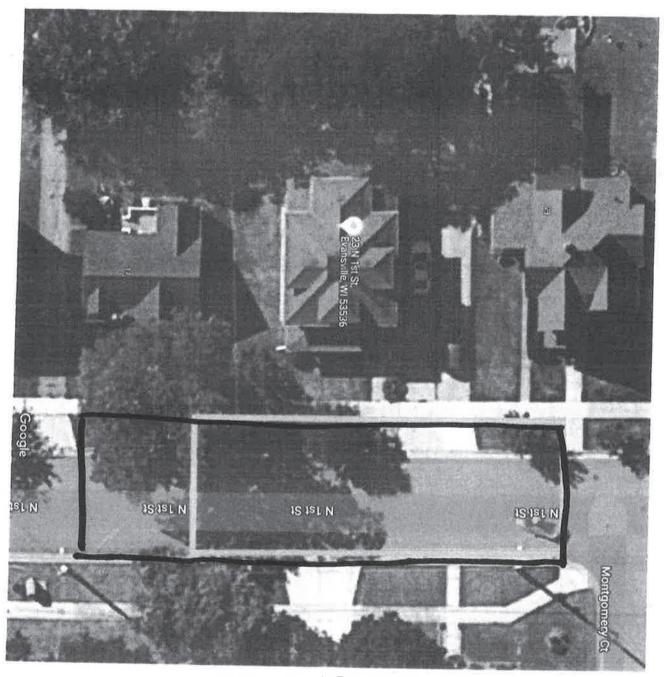
Joe Kaether 23 N. 1<sup>st</sup> Street Evansville, WI 53536

Ry Thompson 104 Garfield Ave. Evansville, WI 53536

Location of Events:

23 N First St Evansville, WI 53536

Areas to be impacted:
Close 15t & Mainto Montgomery Ct



Location: 23 N First St Evans ville, W1 53536

# Evansville Underground Music (EUM) Summer Calendar - 2022 (04/13//2022)

\*\*\*These are LIVE outdoor music concerts held in Evansville, Wisconsin at various locations and hosted by 'Evansville Underground Music' (EUM).\*\*\*

| April: (Address) (Musicians)  |
|---|
| 27th (W) 6pm @104 W Main St(EUM #39) Apes of the State / Pigeon Pit / Ben Myers   |
| Move  |
| May:  |
| 06th (F) 6pm @ 23 N First St(EUM #40) Call Me Bronco/ Jesse Roderick/ Little Foot/ Amelia Ford  |
| Darling Daughters/ Slipjig/Darious Pittman/The Straight 8s  |
| 18th (W) 6pm @102 Maple St(EUM #41) <b>The lowans</b> / AJ Vital / Allen Schwengals 27nd (F) 6pm @ 23 N First St(EUM #42) <b>Holy Locust</b> / Wristwatch / Fangerlis |
| 27 (1) Opin @ 23 N First St(EON #42) Holy Locust / Whistwatch / Fangeris  |
| June:   |
| 11th (S) 6pm @ Lake Leota Park(EUM #43) The Scratch-Offs/ Dog & Tony Show / JF Zastrow  |
| 15th (W) 6pm @ 102 Maple St (EUM #44) Kat and the Hurricane/ Ashley Bowman/ Luci Liska  |
| 24 <sup>th</sup> (S) 6pm @ 23 N First St (EUM #45) Yes Ma'am / Jason D West/ Tasche De Le Rocha   |
| Infinity MA/ Evansville Comm Theatre/The Blake Sisters  |
| luka.   |
| July:   |
| 08th (F) 6pm @ 344 Garfield Ave(EUM #46) Austin Stirling / Mall Crawler / Johnny Dissent  |
| 15th (F) 6pm @ 23 N First St (EUM #47) Carrie Nation & SE / RJ Halstead/ Dead Dead Swans  |
| 20th (W) 6pm @102 Maple St(EUM #48) Soggy Prairie / Ada Marcin  |
| August:   |
| 05th (F) 6pm @ 23 N First St (EUM #49) <b>SS Web</b> / Noah Tyson / JF Zastrow  |
| 17th (W) 6pm @ 102 Maple St (EUM #50) <b>DUSK /</b> The Johnson Sisters   |
| 27th (S) 6pm @ 245 Garfield Ave(EUM #51) <b>The Sapsuckers</b> / Darling Daughters  |
| 2. (e) opin & 2 to carnota / Won/Low #01) The capsuckers / Daning Daughters   |
| Sept:   |
| 10th (S) 6pm @ Lake Leota Park (EUM #52) Jazzcore Friction / Lunar Moth / Smoke Free Home   |
| 17th (S) 6pm @ 23 N First St (EUM #53) The Earthlings / Bucky Pope / Wristwatch   |
| 21st (S) 6pm @ 102 Maple St (EUM #54) Wise Jennings / Erin Shannon  |
|   |
| October:  |
| 08th (S) 6pm @ 23 N First St (EUM #55) Mayda / Tha Mid City Kid   |
| 29th (S) 6pm @ 104 W Main St (EUM #56) James Hunnicutt / WT Newton / Old Wolves   |

\*\*\* (Show dates, locations or times may change due to bad weather)\*\*\*

For up to date information, please check the:

'Evansville Underground Music' Facebook page OR evansvilleundergroundmusic@gmail.com



Evansville Underground Music 104 Garfield Ave. Evansville, WI 53536-1113

April 26, 2022

City of Evansville – Public Safety Committee 31 S. Madison Street, PO Box 76 Evansville, WI 53536

**Dear Public Safety Committee:** 

Evansville Underground Music, Inc. is applying for a Class "B" retailers license.

Please find enclosed:

Application Form AT-315
Exhibit A-Evansville Undergound Music info/officers
Exhibit B-Location of Premises

I will attend the the next public safety committee meeting on May 2nd, 2022.

A check for \$10 per event will be provided when picking up the licenses.

If you have any questions regarding this application, before the next Public Safety Committee Meeting: please call me at 608-213-0797.

Kind Regards,

Mark H. Schnepper

President - Evansville Underground Music

## Application for Temporary Class "B" / "Class B" Retailer's License

| See Additional Information on reverse side. Co  | ntact the municipal clerk i | l you have questions.                    |  |
|---|-----------------------------|--|--|
| FEE \$ 10 DATE  |                             | Application                              | Date: 4/26/22                                  |
| Town Village XCity of   | vansville                   | County of                                | Rock   |
| The named organization applies for: (check app<br>A Temporary Class "B" license to sell fermer<br>:: A Temporary "Class 8" license to sell wine a   | ited malt beverages at pic  |  |  |
| at the premises described below during a speci-<br>to comply with all laws, resolutions, ordinances<br>and/or wine if the license is granted.       | and regulations (state, fed | and ending areas or local) affecting the | and egrees<br>sale of fermented malt beverages |
| 1. Organization (check appropriate box) ->  | 🔀 Bone fide Club            | Church                                   | Lodge/Society                                  |
|   | Veteran's Organizatio       | n Fair Association                       | n or Agricultural Society                      |
|   |                             | e or similar Civic or Tra                | de Organization organizad under                |
| (a) Name Evansville Undergroup  | nd Music                    |  |  |
| (b) Address 104 Garffeld Ave, Evansy  |                             |  |  |
| (5) (15) (15)   | To                          | wn Village Cr                            | lv   |
| (c) Date organized 3/11/22  |                             |  | •  |
| (d) If corporation, give date of incorporation  | 3/11/22                     |  |  |
| (e) If the named organization is not required box:  | to hold a Wisconsin selle   | r's permit pursuant to s                 | 7.54 (7m), Wis. Stats , check this             |
| (f) Name» and addresses of all officers.  President   | See Exhibit A               |  |  |
| Vice President  |                             |  |  |
| Secretary   |                             |  |  |
| Treasurer   |                             |  |  |
| (g) Name and address of manager or person   | n charge of affair          |  |  |
| (4)   |                             |  |  |
|   |                             |  |  |
| 2. Location of Premises Where Beer and/or   | Wine Will Be Sold, Ser      | ved, Consumed, or Sta                    | red, and Areas Where Alcohol                   |
| Bevarage Records Will be Stored:  | .W. WESESE                  |  | 7  |
| (a) Street number 23 N. First St. Evans   | VIIIe, VVI 33330<br>Bloc    | . b                                      |  |
| (b) Lot   |                             |  |  |
| (c) Do premises occupy all or part of building<br>(d) If part of building, describe fully all premises  |                             | nliestion which floor or fi              | nore or coom or marine lightness is            |
| to cover:   | TO S COASISO ONGO THE OP    | products, which hoor of a                | oors, or room or rooms, needing is             |
|   |                             |  |  |
| (a) List name of the event Evansville U   | nderground Music            | 2022 Outdoor S                           | eries  |
| (b) Dates of event 5/6/22, 5/27/22, 6   | 174172 7/15/72 9            | 15/22 0/17/22 10                         | 19122  |
| (b) Dates of events/0/22, 5/21/22, 0/   | 24/22, 1/13/22, 0           | 13/22, 9/1//22, 10                       | 10(22  |
| ne ne   | OFCI ADATIO                 | M4                                       | •  |
|   | DECLARATIO                  |  | -Manthan to have and correct to the            |
| An officer of the organization, declares under perbeat of his/her knowledge and belief. Any personally he required to torfor por more than \$1,000. |                             |  |  |
| Ma 1216 Xolo 18/1   | 4-20-2                      | vancuilla Under-                         | round Music                                    |
| Officer   White the world   | -COO                        | vansville Underg                         |  |
| (othware mus)   |                             | trame of                                 | Organization)                                  |
| Date Filed with Clerk 4 26 2025   | Date                        | Reported to Council or Bo                | pard   |
| Date Granted by Council   | Licer                       | se No.                                   |  |
|   | 2,001                       |  |  |
| 45.315 (4 8.10)   |                             |  | Wiscomin Oppgriment of Revenue                 |

## **Exhibit A**

Evansville Underground Music, Inc. 104 Garfield Ave. Evansville, WI 535361113

Officers:

Mark Schnepper-President Einar Floan-Vice President Event Manager-Joe Kaether Treasurer/Secretary-Ry Thompson

Addresses of people in charge of event:

Mark Schnepper 477 W. Main St. Evansville, WI 53536

Einar Floan 114 S. Third Street Evansville, WI 53536

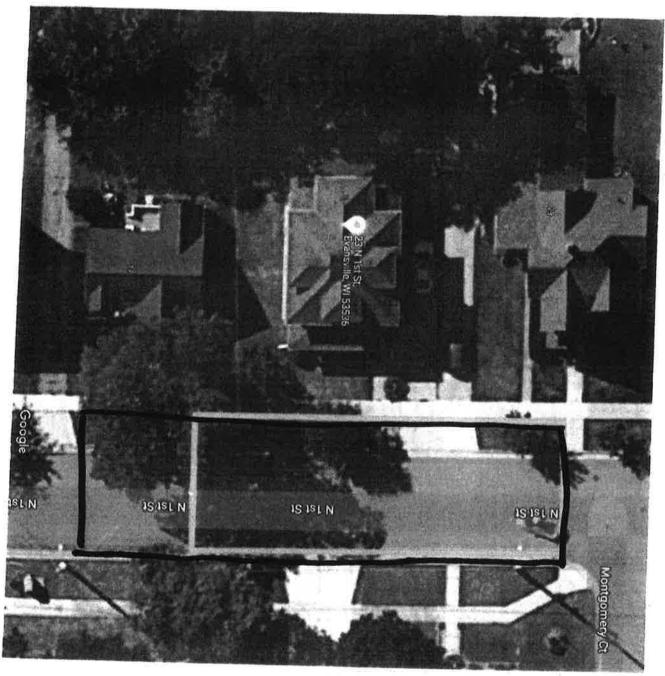
Joe Kaether 23 N. 1<sup>st</sup> Street Evansville, WI 53536

Ry Thompson 104 Garfield Ave. Evansville, WI 53536

Location of Events: 23 N First St Evansville, WI 53536

Areas to be impacted.
Close 1st & Main to Montgomery Ct

## Exhibit B



Location: 23 N First St Evans ville, W1 53536



Police Chief's Signature

## APPLICATION FOR OPERATOR'S LICENSE

7C1

CITY OF EVANSVILLE CITY CLERK'S OFFICE
31 S. Madison St, PO Box 529, Evansville, WI 53536

New Operator's License: \$35.00 Renewal Operator's License: \$35,00 Provisional License: \$15.00 NOTE: APPLICATION FEE WILL NOT BE REFUNDED IF DENIED OR WITHDRAWN. A Police check will be completed. Please read carefully and answer honestly. Falsification and/or misrepresentation may be grounds for denial of license/permit. Applicant cannot reapply for a 6 month period from date of denial, if you have any doubt as to whether to include the facts of a specific incident it is recommended that you disclose the Information. If you are unsure about how to respond to any questions on this form, check with the City Clerk for clarification. You can obtain information regarding your arrest and conviction record from the police department and/or the court with which you interacted, or the Wisconsin Circuit Court Access website at: https://www.wicourts.gov/casesearch.htm (CCAP may not provide comprehensive list of all arrests/convictions). I. LEGAL NAME: DEFEMIE dward bben DATE Laut PHONE ary: Evansuille STATE: WI ZIP:53536 GENDER Female Driver's License No.: Issuing State: HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? Former Name(s): Prior Street Address If Above Address is Less Than 5 Years State Zip From To City Zip From To ARREST AND CONVICTION RECORD (Anywhere within the United States of America). 2. Have you ever been cited and/or convicted of a felony? No 3. Have you ever been cited and/or convicted of a misdemeanor? YES No 4. Within the past ten (10) years, have you been arrested for, received a summons to appear in court for, or forfeited a bond for any of the following: a) Any underage alcohol violation? Yes b) Operating a motor vehicle while intoxicated? Yes c) Selling or furnishing alcoholic beverages to underage person? Yes **(10)** d) Permitting underage person on licensed premises? Yes NO e) Allowing persons on licensed premises after closing? Yes f) Any alcohol related violation other than a, b, c, d, and e? Yes g) Sale of legal or Illegal drugs to include prescription medications or possession of any Illegal drugs to include prescription medications not prescribed to you? Yes h) Fighting, disorderly conduct, assault, or battery? Yes i) Resisting arrest, interfering with a police officer or obstructing an officer? Yes Any crime or ordinance violation not listed above other than traffic or parking tickets? s. For such yes response above, you must identify all violations below. Arrech additional sheets if necessary or continue on the back of this application. Yes NO. TYPE OF ARREST, SUMMONS, VIOLATION OR CHARGE MONTH/YEAR CITY STATE WI Within the last two (2) years, did you have end/or complete one of the following: Attuch certificate of completion for Responsible Alcohol Servers Course Successfully completed a Responsible Alcohol Servers Course An alcohol agent for a retail alcohol license Held an Operator's License issued in Wisconsin The sole proprietor of retail alcohol license  $\Box$ 6. CERTIFICATION: I do hereby swear, under penalty of perjury, that I am the person who made and signed the foregoing application for an operator's license, and that all statements herein are complete, true and correct. I further understand a full background investigation may be conducted by the Evansville Police Department prior to consideration of this application. Additionally, I upgerstand that this application may be denied if it contains any faisification and that I will not be able to reapply for a 6 month period. I do further agree to comply with all lower resolutions, ordinances, and regulations, federal, state or local affecting the sale of fermented mait beverages and intoxicating liquors. Signature: Printed Name: FOR MUNICIPALITY USE ONLY BELOW THIS LIN Police Department Recommendation and Comments: Paid To: Public Safety Committee: Approved: Denled: City of Evanswickle Clerk's Office Signature Date Receipt # Denled: Receipt: 1,147789 50.00 JEREMIE CRIBBEN Apr 13, 2022 03:40PM



# APPLICATION FOR OPERATOR'S LICENSE

CITY OF EVANSVILLE CITY CLERK'S OFFICE

**7C2** 

31 S. Madison St, PO Box 529, Evansville, WI 53536

| New Operator's License: \$35.00 Renewal Op   | erator      | 's License:      | \$35.00           | X           | Provision        | nal Licen       | se: \$15 (       | 00       |
|--|-------------|------------------|-------------------|-------------|------------------|-----------------|------------------|----------|
| NOTE: APPLICATION FEE WILL NOT B   | RE REELL    | NDED IE DEN      | HED OR WITH       | DRAW        |                  |                 |                  |          |
| A Police check will be completed. Please read carefully and answer honestly. Falsik  | fication a  | nd/as missaus    |                   |             |                  | al of ligance   | In a number 11 A | .0.      |
|  |             |                  |                   |             |                  |                 |                  |          |
|  |             |                  |                   |             |                  |                 |                  |          |
|  |             |                  |                   | e Wisco     | onsin Circuit    | Court Ac        | tarumg your      | arrest   |
| https://www.wicourts.gov/casesearch.htm (CCAP may not provide comprehensive  | e list of a | arrests/conv     | rictions).        |             | Sitsiii Circuit  | COURT ACC       | -622 MGD211      | te at:   |
| 1. LEGAL NAME: Morgan Elizabeth  |             |                  |                   |             |                  |                 |                  |          |
| First Middle   |             | Buna             | las               | _           |                  |                 |                  |          |
| ADDRESS: 5   |             | Last             |                   |             |                  |                 |                  |          |
| ADDRESS: ()  |             |                  |                   | -           |                  |                 |                  |          |
| CITY: EVONSVILLE STATE: WI   |             | 575              | = 21              |             |                  | V 420 - 100 - 1 |                  |          |
|  |             | ZIP: 53%         | 230               | GEN         | DER: Ma          | ile             | (Female)         |          |
| Driver's License No.: Y  |             | Issuing Stat     | LIT               |             |                  |                 |                  |          |
| WANGE CONTROL OF THE PROPERTY  |             | issuing Stat     | re: W.T.          |             |                  |                 |                  |          |
| HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? LO YEARS   |             | Former Na        | me(s):            |             |                  |                 |                  |          |
| Prior Street Address if Above Address is Less Than 5 Years State Zip From To   | City        |                  | State             |             | 7to              |                 |                  | 120      |
|  |             |                  | State             | _           | Zip              | From            | r                | To       |
|  |             |                  |                   |             |                  |                 |                  |          |
|  |             |                  |                   |             |                  |                 |                  |          |
| Approximation  | ****        |                  |                   |             |                  |                 |                  |          |
| ARREST AND CO  | DNVICTI     | ON RECORD        |                   |             | -                |                 |                  |          |
| 2. Have you push been sided and the side of the side o | United S    | tates of Amer    | rica).            |             |                  |                 |                  |          |
| 2. Have you ever been cited and/or convicted of a felony?  |             |                  |                   |             | Yes              |                 | (NO)             |          |
| 3. Have you ever been cited and/or convicted of a misdemeanor?   |             |                  |                   |             | Yes              |                 | (Vo              | 5        |
| 4. Within the past ten (10) years, have you been arrested for, received a summons t  | 0.200021    | in anual for     |                   |             | 163              |                 | QUO              |          |
| a) Any underage alcohol violation?   | o appear    | in court for,    | or forteited a bi | ond for     |                  |                 |                  |          |
| b) Operating a motor vehicle while intoxicated?  | _           |                  |                   |             | Yes              |                 | (No)             | )        |
| c) Selling or furnishing alcoholic beverages to underage person?   |             |                  |                   |             | Yes              |                 | (No)             | )        |
| d) Permitting underage person on licensed premises?  |             |                  |                   |             | Yes              |                 | (No              | )        |
| e) Allowing persons on licensed premises after closing?  |             |                  |                   |             | Yes              |                 | (No.)            | )        |
| f) Any alcohol related violation other than a, b, c, d, and e?   |             |                  |                   |             | Yes              |                 | (No              | )        |
| g) Sale of legal or illogal drugs to include an a, b, c, d, and e?   |             |                  |                   |             | Yes              |                 | (No)             | 5        |
| g) Sale of legal or illegal drugs to include prescription medications or possession of ar<br>medications not prescribed to you?  | ny illegal  | drugs to inclu   | de prescription   |             |                  |                 |                  |          |
| h) Fighting, disorderly conduct, assault, or battery?  |             |                  |                   |             | Yes              |                 | (No)             | )        |
| i) Parieting accept interfering with a sile of   |             |                  |                   |             | Yes              |                 | No               |          |
| i) Resisting arrest, interfering with a police officer or obstructing an officer?  |             |                  |                   |             | Yes              |                 | (No)             |          |
| j) Any crime or ordinance violation not listed above other than traffic or parking ticke   | ts?         |                  |                   |             | Yes              |                 | (No)             |          |
| 5. For each YES response above, you must identify all violations below. Attach additi  | ional she   | ets if necessar  | ry or continue o  | on the b    | ack of this app  | olication.      | Law Yalling      | W 31     |
| TYPE OF ARREST, SUMMONS, VIOLATION OR CHARGE   |             |                  | ONTH/YEAR         |             | CITY             |                 | STATE            | -        |
| Dropped disorderly Conduct   |             | October , 2019   |                   |             |                  |                 | TOWN STONE       | -        |
| THE THOUSENING CONTINUES   |             | OCIODE           | 1 001             | 9           | Evans            | SVIIIe          | -MI              |          |
|  |             |                  |                   |             |                  |                 |                  |          |
| Constitution of the Consti |             |                  |                   |             |                  |                 |                  |          |
| Within the last two (2) years, did you have and/or complete one of the following:  |             | Attach certifi   | icate of comple   | tion for    | Possansible      | Alaskatos       |                  |          |
| Successfully completed a Responsible Alcohol Servers Course  |             |                  |                   |             |                  |                 | ers Course       |          |
| Held an Operator's License issued in William   |             |                  | An alcohol agen   |             |                  |                 |                  |          |
| Held an Operator's License issued in Wisconsin   |             |                  | he sole proprie   | tor of re   | tail alcohol lic | ense            |                  |          |
| 6. CERTIFICATION: I do hereby swear, under penalty of perjury, that I am the persor tatements herein are complete, true and correct. I further understand a full background  | n who m     | ade and signe    | ed the foregoin   | g applica   | ation for an o   | perator's lic   | ense, and t      | that all |
| tatements herein are complete, true and correct. I further understand a full backgrountion of this application. Additionally, I understand that this application may be depiced  | nd invest   | igation may b    | e conducted by    | the Eva     | nsville Police   | Department      | prior to cor     | nsider-  |
| tion of this application. Additionally, I understand that this application may be denied to further agree to comply with all laws, resolutions, ordinances, and regulations, fede  | IT IT cont  | ains any faisifi | ication-and that  | t I will no | ot be able to r  | eapply for a    | 6 month pe       | eriod. I |
| Mo 10 0  | iai, state  | or local arrect  | ting the sale of  | terment     | ed malt bever    | ages and int    | oxicating liq    | quors.   |
| rinted Name: Morgan Runaas   | Ema         | ii Maa           | runaa             | 020         | 00               |                 | 0000             |          |
| 11.//  |             |                  | <i>J</i> 1        |             | remain           | TICLL           | TOIL)            | j        |
| rinted Name: Morgan Kunaas Date: 0411512022  |             |                  |                   | Ų.          |                  |                 |                  |          |
|  |             |                  |                   |             |                  |                 |                  |          |
| FOR MUNICIPALITY US  | E ONLY B    | ELOW THIS LI     | NE                |             |                  |                 |                  |          |
| lice Department Recommendation and Comments:   | — Public    | Safety Comn      | nittee:           | Lifty       | of Evansus       | Tle             |                  |          |
|  | Appro       |                  | Denie             | d+          | D                | ate:            |                  |          |
|  |             |                  | - ocane           | T           |                  | o.c             |                  |          |
|  | -           |                  |                   |             |                  |                 |                  |          |
|  |             | Clerk's Offi     | ce Signature      |             |                  | no Date         | 144-177          |          |
|  | Recei       |                  |                   | 16. E       | ipt: 1.1476      | CZ -            | 30,00            |          |
| proved IV  | -           |                  |                   | REH         | AAS JORSAN       |                 |                  |          |
| proved: Denied:  |             |                  |                   | Apr         | 15, 2022 1       | 2-4254          |                  |          |
| WIV III.CIDO   |             |                  |                   | 1           |                  |                 |                  |          |
| 4118104  |             |                  |                   |             |                  |                 |                  |          |
| Palice Chief's Signature Date  | 7           |                  |                   |             |                  |                 |                  |          |
|  |             |                  |                   |             |                  |                 |                  |          |



# APPLICATION FOR OPERATOR'S LICENSE

CITY OF EVANSVILLE CITY CLERK'S OFFICE

**7C3** 

| 31 S. Madison St, PO Bo  | x 529                                  | , Evansvi                    | lle, WI 535          | 36 /                   |                |               |
|--|--|------------------------------|----------------------|------------------------|----------------|---------------|
| New Operator's License: \$35.00 Renewal Oper   | ator's                                 | License: \$3                 | 5.00                 | Provisional            | icense: \$     | 15.00         |
| NOTE: APPLICATION FEE WILL NOT BE  | REFUND                                 | ED IF DENIED                 | OR WITHORAW          | At                     |                |               |
| A Police check will be completed. Please read carefully and answer honestly. Falsifical cannot reapply for a 6 month period from date of denial. If you have any doubt as to will  | ition and,                             | /or misrepresen              | tation may be gro    | ounds for denial of    | .1             |               |
| I will also in the are also a good flow to respond to any diestible by this form, the  | eck with 1                             | ha City Clark for            | rdesilias V          |                        |                |               |
| I am agreement again the bourge debaltilleut audyor the contr with   | which                                  | vitu interactor              | d or the Wiles       | onsin Circuit Cou      | irt Access w   | vebsite at:   |
| CCAP may not provide comprehensive il  | st of all a                            | rests/conviction             | 19).                 |                        |                |               |
| 1. LEGAL NAME: / CA/Or SCOTT   |  | SMIT                         | h_                   |                        |                |               |
| ADDRESS:   |  | Last                         |                      |                        |                |               |
| CITY: EVOLASUITE STATE: WIS COM  | in                                     | 21P: 535                     | 36 GE                | NDER: (Male)           | Féma           | le            |
| Oriver's Ucense No.:   |  | Issuing State:               | WISCO                | 20500                  |                |               |
| HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS? 20 + Years'  |  |                              |                      | 10111                  |                |               |
| Prior Street Address if Above Address is less Than 5 Years State Zin Brow To   |  |                              |                      |                        |                |               |
| The state of the s | City                                   | - 50                         | ate                  | Zip                    | From           | То            |
|  |  |                              |                      |                        |                |               |
|  |  |                              |                      |                        |                |               |
| ARREST AND COM (Anywhere within the U  | IVICTION                               | N RECORD<br>tes of America). |                      | W. Z                   |                | -             |
| 2. Have you ever been cited and/or convicted of a felony?  |  |                              |                      | Yes                    |                | Ne            |
| 3. Have you ever been cited and/or convicted of a misdemeanor?   |  |                              |                      | Yes                    |                | No            |
| 4. Within the past ten (10) years, have you been arrested for, received a summons to   | appear In                              | court for, or fo             | rfeited a bond for   | any of the following   | ng:            |               |
| a) Any underage alcohol violation?     b) Operating a motor vehicle while intoxicated?   |  |                              |                      | Yes                    | (              |               |
| c) Selling or furnishing alcoholic beverages to underage person?   |  |                              |                      | Yes                    | _              | (10)          |
| d) Permitting underage person on licensed premises?  |  |                              |                      | Yes                    |                | No.           |
| e) Allowing persons on licensed premises after closing?  |  |                              |                      | Yes                    | <del></del>    |               |
| f) Any alcohol related violation other than a, b, c, d, and e?   |  |                              |                      | Yes                    |                | No )          |
| g) Sale of legal or illegal drugs to include prescription medications or possession of any   | illegal dr                             | ugs to include pi            | rescription          |                        |                |               |
| medications not prescribed to you?  h) Fighting, disorderly conduct, assault, or battery?  |  |                              |                      | Yes                    |                | No            |
| I) Resisting arrest, Interfering with a police officer or obstructing an officer?  |  |                              |                      | Yes                    |                | NO            |
| Any crime or ordinance violation not listed above other than traffic or parking tickets  | 7                                      |                              |                      | Yes                    |                | Na            |
| s for each Yes response above, you must identify all violations below. Attack addition   | nelsheat                               | i if necessary dr            | configure on the     | PARAMENTAL ACTUAL      | 26.500         | (No           |
| TYPE OF ARREST, SUMMONS, VIOLATION OR CHARGE   |  | MONT                         |                      | CITY                   |                | STATE         |
|  |  |                              |                      | uii v                  |                | JIMIE         |
|  |  |                              | ~                    |                        | -              |               |
|  |  |                              |                      | <del></del>            |                |               |
| Within the last two [2] years, did you have and/or complete one of the following:  | -                                      | ttach coetificate            | n of committee ou de | r Responsible Alco     |                | DALUMEN       |
| Seccessfully completed a Responsible Alcohol Servers Course  | 1                                      | An al                        | cohol agent for a    | retali alcohol licens  | noi Servers Co | ourse         |
| Held an Operator's License Issued In Wisconsin 99 0 - OLL 0  | 5                                      |                              |                      | retall alcohol license |                |               |
| the nerson is  | who man                                | A and classed th             | o formation avail    |                        |                |               |
|  |  |                              |                      |                        |                |               |
| ition of this application. Additionally, I understand that this application may be denied if the further agree to comply with all laws, resolutions, ordinances, and regulations, federa   |  |                              |                      |                        |                |               |
|  | state o                                |                              |                      | A 1                    | s and intoxica | ring liquors. |
| ignature:  | Email: 15 mith 2 4 7 36 @ 9me: 1 o Com |                              |                      |                        |                | M             |
| Inted Name: Faylor Smith Date: 4/12/22   |  |                              |                      |                        | 20             |               |
|  |  | 1                            | - VI                 |                        |                |               |
| IICE Department Recommendation and Comments:   | OUTA REI                               | OW THIS LINE                 |                      |                        |                |               |
| Comments:  | The second second second               | Sefety Committe              |                      | id To:                 |                |               |
|  | Approv                                 | ed:                          | Denled: [2]          | ty of Evansosile       | .8             |               |
|  | -                                      |                              |                      |                        |                |               |
| <u>\</u>   |  | Clerk's Office S             | lgnature             |                        | Date           |               |
| provide: Denled:   | Receipt                                | H                            |                      | *                      |                |               |
|  | 1                                      |                              |                      | ceipt: 1.147770        | ]              | 50,00         |
| W// 1/21-2   |  |                              |                      | ILL N ONE              |                |               |
| 1113172  |  |                              | AF                   | r 12, 2022 (02:        | :26PM          |               |
| Police Chief's Signature Date  |  |                              |                      |                        |                |               |



## City of Evansville

## www.ci.evansville.wi.gov

Date:Friday, April 29, 2022
To:Police Department
From:Leah Hurtley
Number of pages (including cover sheet):
Phone:608-882-2266
Fax:608-882-2282
RE:Background Checks: Renewals

31 S Madison St PO Box 529 Evansville, WI 53536 (608) 882-2266 phone (608) 882-2282 fax

|  | 1            | lame          |           | Po       | olice Departmen                 | t Review            |
|--|--------------|---------------|-----------|----------|---------------------------------|---------------------|
| Establishment                                | First        | Last          | DOB       | Date     | Approve/Den<br>y<br>w/ Initials | Notes               |
| The Grove Market, LLC                        | Jennifer D   | Wiedel        |           | 05/02/28 | A - 05                          |                     |
| Whiskey Throttle Bar & Grill & Pizzeria Inc. | Deanna K.    | Straub        |           | 05/02/20 | A-04                            |                     |
| Ceili  | Shannon R    | Arndt         |           | 05/02/22 | A-00                            |                     |
|  | Carl J       | Maly          |           | 0 \$0000 | Acct                            |                     |
| Madison Street Express Inc.                  | Parminder K  | Sekhon        |           | 05/02/27 | A-CT                            |                     |
|  | Jay          | Sekhon        |           | 05/00/22 | A-CT                            |                     |
|  | Neil         | Sekhon        |           | 05/02/02 | A-05                            |                     |
| Kopecky's Worldwide Foods Inc.               | James D      | Kopecky       |           | 05/02/02 | A.CT                            |                     |
|  | Jean Louis   | Kopecky       |           | 05/00/02 | A.O                             |                     |
| Olin Oil Co., Inc.                           | Kristin O    | Olmedo        |           | 05/02/02 | A-CT                            |                     |
|  | Brenda       | Olin          |           | 05/02/02 | A-C5                            |                     |
| Creekside Place Inc                          | Nicholle L   | Wagner        |           | 05/02/23 | A - CT                          | 05/06/21 -          |
|  | Kari         | Fehrenbacher  |           | 05/02/82 | A-CI                            | No sellers          |
|  | Dierdre      | Beltran       |           | 05/02/22 | A.EJ                            | Perm 7 poste        |
|  | William K    | Davis         | -         | 02/09/03 | A -05                           | EU2105130           |
|  | Mary A       | Alt           |           | 05/02/22 | A-05                            |                     |
| Pete's Inn Inc                               | Linda A      | Church        |           | 05/02/22 | A-65                            | 05/31/21-           |
|  | Brett bret   | Church        | 5         | 05/02/22 | A-05                            | Da offichas         |
| /FW  | John L       | Schneider     |           | 05/02/22 | A-C5                            | EU2105973           |
|  | Mike E       | George        | 1         | 05/02/02 | A .05                           |                     |
|  | Lon L        | Zhe           | 1         | 05/02/02 | A.05                            |                     |
|  | Danny J      | Schneider     | 1         | 05/00/00 | A-OT                            |                     |
|  | Lynda        | Laursen       | 5         | 05/02/22 | A . CT                          |                     |
| Casey's Marketing Company                    | Anthony      | Hawks (WI)    |           | 05/02/22 |                                 | 07/01/21 - Court Ca |
|  | Samuel J.    | James (Iowa)  |           | 03/08/82 | A-05                            | F/10 0,00           |
|  | Eric Matthew | Larsen (lowa) | 6/24/196/ | 05/02/02 | A-05                            |                     |

|                                   | Brian<br>Joseph        | Johnson<br>(lowa) |   |   | 05/02/22  | A-C5     |             |   |
|-----------------------------------|------------------------|-------------------|---|---|-----------|----------|-------------|---|
|                                   | Scott Allen<br>Douglas | Faber (lowa)      |   | - | 05/02/02  | 1-05     |             |   |
|                                   | Marshall               | Beech (MN)        | 2 | 2 | 05/02/22  | A - C5   |             |   |
| Bessire Bowl LLC                  | Tiffany F              | Bessire           |   |   | 05/00/180 | A -CT    |             |   |
|                                   | Joel David             | Bessire           |   |   | 05/08/22  | A.CJ     |             |   |
| Angel's Pizza LLC                 | Michael                | Barcena           |   |   | 05/02/22  | A-05     |             |   |
| Landmark Services                 |                        |                   |   |   | ,         |          |             |   |
| Cooperative                       | Jessica E              | Golz              |   |   | 05/02/20  | 1.05     |             |   |
|                                   | James                  | Dell              |   |   | 05/00/27  | A-05     |             |   |
|                                   | Monte                  | Bullock           |   |   | 05/02/22  | Dered-05 | Missing Nob | 4 |
| ·**                               | Timothy<br>John        | Toraason          |   |   | 05/02/22  | A - CO   |             |   |
| El Vallarta De Evansville<br>LLC  | Marco A                | Lugo              |   |   | 05/02/22  | A-CT     |             |   |
| The Night Owl Food & Spirits Inc. | Gregory P              | Ardisson          |   |   | 15-62/20  | ALT      | 04/10/02    |   |

Open atter hours.

EU2203769

\*See Mext page.

|                                   | Brian<br>Joseph        | Johnson (Jawa) |   |          |      |  |
|-----------------------------------|------------------------|----------------|---|----------|------|--|
|                                   | Scott Allen<br>Douglas | Faber (lowe)   |   |          |      |  |
|                                   | Marshall               | Beech (MN)     | 2 |          |      |  |
| Bessire Bowl LLC                  | Tiffany F              | Bessire        |   |          |      |  |
|                                   | Joel David             | Bessire        |   |          |      |  |
| Angel's Pizza LLC                 | Michael                | Barcena        |   |          |      |  |
| Landmark Services Cooperative     | Jessica 1              | Galz           |   |          |      |  |
|                                   | James                  | Dell           |   |          |      |  |
|                                   | Monte                  | Bullock        |   | 05/02/22 | A-OT |  |
|                                   | Timothy,<br>John       | Torasson       |   |          |      |  |
| El Vallada De Evansville<br>LLC   | Marco A                | Lugo           |   |          |      |  |
| The Night Owl Food & Spirits Inc. | Gregory P              | Ardisson       |   |          |      |  |

| Panawal Alaahal  | Days and 1                        |                        | 3 * 4 9                                    |  | 7D1                             |
|--|-----------------------------------|------------------------|--|--|---------------------------------|
| Renewal Alcohol (Submit to municipal clerk.  |                                   |                        | plication                                  | Applicant's Wisconsin Seller's Per<br>456-0000602957-03  | rmit Number                     |
|  |                                   | ,                      | 00/00/0000                                 | FEIN Number<br>42-1435913  |                                 |
| For the license period beginn  | (mm dd yyyy)                      | ending:                | 06/30/2023                                 |  |                                 |
|  |                                   |                        | (inm dd yyyy)                              | TYPE OF LICENSE REQUESTED  | FEE                             |
| To the Governing Bady of the   | Town of )                         | EVANSVII               | i E  | Class A beer   | s                               |
| To the Governing Body of the   |                                   | _VANOVII               |  | Class B beer   | \$                              |
|  | City of                           |                        |  | ☐.Class C wine   | \$                              |
| County of ROCK   |                                   | Aldermar               | ic Dist. No.                               | Class A liquor   | \$                              |
|  |                                   |                        | d by ordinance)                            | Class A liquor (cider only)  | \$ N/A                          |
| Check one: Individual  | T Charles of Challette            |                        |  | Class B liquor   | \$                              |
| Acron  | Limited Liability                 |                        |  | Reserve Class B liquor   | \$                              |
| ☐ Partnership  | ✓ Corporation/No                  | onprofit Organiza      | ation                                      | Class 8 (wine only) winery   | \$                              |
| Complete A or B. All must  | complete C.                       |                        |  | Publication fee TOTAL FEE  | \$                              |
| A. Individual or Partnership   | );                                |                        |  | TOTAL FEE  | S                               |
| Full Name (Last)   | (First)                           | (Middle Name)          | Home Address (Street, 6                    | City or Post Office, & Zip Code)   |                                 |
| Editor and   |                                   |                        |  |  |                                 |
| Full Name (Last)   | (First)                           | (Middle Name)          | Home Address (Street, 0                    | City or Post Office, & Zip Code)   |                                 |
| Full Name (Last)   | (First)                           | (Middle Name)          | Home Address (Street, C                    | City or Post Office, & Zip Code)   |                                 |
|  |                                   | 1                      |  |  |                                 |
| 3. LLC or Corporation (and   |                                   |                        |  |  |                                 |
| Full Legal Name of Corporation / Noni<br>CASEY'S MARKETING COM   | orofit Organization / Limite      | d Liability Company    | Address of Corporation / Li                | mited Liebility Company (if different from   | m licensed premises)            |
| All corporations/organizations   |                                   | mpanies applyin        | PO BOX 3001, ANK                           | (20040027)   | nd/or intovicating              |
| quoi must appoint an agent.  |                                   |                        |  | The state of the s | ndror irroxicating              |
| Agent Last Name<br>HAWKS   | (First)<br>ANTHONY                | (Middle Name)<br>WAYNE | Home Address (Street, C<br>538 BIESE STREE | City or Post Office, & Zip Code)<br>ET, COMBINED LOCKS, WI 54  | l<br>1113                       |
| All Officer(s) Director(s) of (  | Cornoration and Ma                | mhore I Money          | are of the total the Li                    | the manufacture  |                                 |
| President / Member Last Name   | (First)                           | (Middle Name)          | Home Address (Street C                     | ity or Post Office, & Zip Code)  |                                 |
| PLEASE SEE ATTACHE   | OFFICER LIST                      | (Made Helle)           | Tionia Address (difest, C                  | nly of Post Office, a zip Code)  |                                 |
| Vice President / Member Last Name  | (First)                           | (Middle Name)          | Home Address (Street, C                    | ilty or Post Office, & Zip Cods)   |                                 |
| Secretary / Member Last Name   | (First)                           | (Middle Name)          | Home Address (Street, C                    | illy or Post Office, & Zip Code)   |                                 |
| Treasurer / Member Last Name   | (First)                           | (Middle Name)          | Home Address (Street, C                    | ily or Post Office, & Zip Code)  |                                 |
| Shookan (Alasana Tarah)  |                                   |                        | 1  |  | 9                               |
| Olrectors / Managers Last Name   | (First)                           | (Middle Name)          | Home Address (Street, C                    | ity or Post Office, & Zip Code)  |                                 |
| Directors / Managers Last Name   | (First)                           | (Middle Name)          | Home Address (Street, C                    | ity or Post Office, & Zip Code)  |                                 |
| . Business Information   |                                   |                        |  |  |                                 |
| . Trade Name CASEY'S   | SENERAL STORE                     | #3583                  | Pusinas Dh                                 | 608-882-5699   |                                 |
| 2. Address of Premises 230   |                                   |                        | Business Phon                              | ip Code EVANSVILLE, W  | <br>L53536                      |
|  |                                   |                        |  |  |                                 |
| b. Does the applicant underst and brewpubs?  | * * * * * * * * * * * * * * * * * |                        |  | Yes  | ✓ No                            |
| <ul> <li>Premises description: De-<br/>include all rooms including<br/>records. (Alcohol beverage</li> </ul> | living quarters, if us            | sed, for the sales     | s. service, consumpti                      | on, and/or storage of alcohol.   | applicant must<br>beverages and |
| 1 STORY PRESTRUC   |                                   |                        |  |  |                                 |
|  |                                   |                        |  |  |                                 |
|  |                                   |                        |  |  |                                 |
|  |                                   | 8                      |  |  |                                 |

| D.                                | Legal description (omit it street address  | s is given on previous pa   | age):  |  |  |  |   |
|-----------------------------------|--|---|--|--|--|--|---|
| 6.                                | a. Since filing of the last application, the member, officer, director, manager organization licensee been conviction violation of any federal laws, an or municipality? If yes, complete  | or agent for either a lir<br>ted of any offenses (e<br>y Wisconsin laws, any                          | mited liability company<br>excluding traffic offens<br>laws of other states, o                           | licensee, o<br>es not relate<br>r ordinances   | r nonprofit<br>ed to alcohol)<br>of any county                           | ☐ Yes  | No  |
|                                   | b. Are charges for any offenses pres<br>the named licensee or any other pe   | ently <b>pending</b> (excluding rsons affiliated with this  | ng traffic offenses not r<br>s license? If yes, expl   | elated to ald<br>ain fully on  | ohol) against<br>page 3  | ☐ Yes  | <b>V</b> Nα                                 |
| 7.                                | Except for questions 6a and 6b, have by you on your last application for this  | there been any change<br>license? If yes, expla   | es in the answers to thain   | e questions  | as submitted   | ☐ Yes  | No  |
|                                   |  |   |  |  |  |  |   |
| 8.                                | Was the profit or loss from the sale of a or Franchise Tax return of the licensee?   | lcohol beverages for the  | previous year reported   | d on the Wis   | consin Income  | √Yes   | □ No  |
|                                   |  |   |  |  |  |  |   |
| 9.                                | Does the applicant understand they mu [phone (608) 266-2776]   | ust hold a Wisconsin Se   | eller's Permit?  | 16 (N. 16 | C. D. S. P. J. J. S.                 | Yes  | □ No  |
|                                   | Does the applicant understand that alco<br>from the date of invoice and made avail   |   |  |  |  | Yes  | □ No  |
| 11.                               | Is the applicant indebted to any wholes  | aler beyond 15 days fo  | r beer or 30 days for lie  | quor?  |  | ☐ Yes  | <b>√</b> No                                 |
|                                   | Does the applicant owe municipal prop (Note: Renewal of licenses may be deassessments or other fees).  | erty taxes, assessment<br>mied pursuant to a loca   | s, or other fees?<br>I ordinance, if the licen   | see owes n   | unicipal taxes,  | ☐ Yes  | <b>√</b> No                                 |
| bee<br>app<br>and<br>voic<br>this | AD CAREFULLY BEFORE SIGNING: Use truthfully answered to the best of the bilication; that the applicant has read and a correct. The undersigned further under the dunder penalty of state law, the application. Any person who knowingly a \$1,000. | mowledge of the signer.<br>made a complete answ<br>rstands that any license<br>plicant may be prosecu | The signer agrees tha<br>ver to each question, a<br>e issued contrary to Ch<br>ited for submitting false | t he/she is the did that the a apter 125 or statements   | ne person name<br>inswers in each<br>f the Wisconsin<br>and affidavits i | d in the fo<br>instance<br>Statutes<br>n connect | regoing<br>are true<br>shall be<br>ion with |
|                                   | lact Person's Name (Last, First, M.I.)<br>EECH, DOUGLAS M  | 15  | Title / Member<br>ASSISTANT SEC  | RETARY   | Date 4/21/22   |  |   |
| Sigr                              | Jaiure Jourges M. Been   | <del>.</del>  | Phone Number 515-381-5109  |  | Email Address<br>LICENSINGTEA  | M@CASEY  | S.COM                                       |
| TO 1                              | BE COMPLETED BY CLERK  |   |  |  |  |  |   |
| _                                 | e received and filed with municipal clerk  | Date reported to council / 6  | oard   | Date license g   | ranted   |  |   |
| Líce                              | nse number issued  | Date license issued   |  | Signature of C   | lerk / Deputy Clerk  |  |   |

## Instructions for Renewal Alcohol Beverage License Application

### THIS RENEWAL FORM CANNOT BE USED IF:

- There is a change in business entity (i.e., individual has changed to partnership or corporation/limited liability company; partnership changed to individual or corporation/limited liability company; corporation changed to individual, partnership or limited liability company) and if limited liability company has been dissolved.
- 2. Partners are added or dropped.
- 3. Application is made in a different municipality.

#### **PARTNERSHIPS:**

Indicate full name and home address of each partner. One partner must sign application. **Reminder**: If partners have been added or dropped since your last application, you must use Form AT-106 (Original Beverage License Application).

### **CORPORATIONS:**

One officer must sign application. Be sure to answer Question No. 7 by indicating any change of officers, directors, and/or changes in home address. If there are any changes in officers and/or directors each must complete Form AT-103 (Auxiliary Questionnaire). If there has been a change in agent since your last approved agent, he/she must complete Forms AT-104 (Schedule for Appointment of Agent) AND AT-103 (Auxiliary Questionnaire) in addition to this (AT-115) form.

#### LIMITED LIABILITY COMPANY:

One member/manager must sign application. Follow procedure under Corporations for any change of members or agent.

**NOTE:** Use ink or typewriter when filling in applications. Be sure to answer all questions fully and accurately. 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.

## **DISCRIMINATION CLAUSE** – (City of Milwaukee only)

The applicant shall not willfully refuse to provide those services offered under this license or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry, the applicant shall not seek information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion solely on the basis of such information. The applicant also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

Complete, sign and return this form to the clerk.

If answer to Questions No. 6a and/or 6b on page 2 are "YES," outline details below:

## **CONVICTIONS**

| 1. | NAME           | STATUTE NO./LOCAL ORDINANCE |     |
|----|----------------|-----------------------------|-----|
|    | CHARGE         | WHERE CONVICTED             |     |
|    | DATE PENALTY   | MISDEMEANOR FELC            | YNC |
| 2. | NAME           | STATUTE NO./LOCAL ORDINANCE |     |
|    | CHARGE         | WHERE CONVICTED             |     |
|    | DATE PENALTY   | MISDEMEANOR FELC            | YNC |
| 3. | NAME           | STATUTE NO./LOCAL ORDINANCE |     |
|    | CHARGE         | WHERE CONVICTED             |     |
|    | DATE PENALTY   | MISDEMEANOR FELC            | YNC |
|    | PE             | NDING CHARGE                |     |
| ١. | NAME           | STATUTE NO./LOCAL ORDINANCE |     |
|    | PENDING CHARGE | DATE                        |     |

## CASEY'S MARKETING COMPANY

Federal Tax I.D. 42-1435913 Date of Incorporation: March 15, 1995

Effective 10/8/2021

## **OFFICERS**

Samuel J. James, President & Chairman 2501 SE 19<sup>th</sup> Court Ankeny, IA 50021

Brian J. Johnson, Vice President 9129 NW 73<sup>rd</sup> Circle Johnston, IA 50131

Scott A. Faber, Secretary 6749 Cardiff Court Johnston, IA 50131

Eric Larsen, Treasurer 4407 NW 5<sup>th</sup> Street Ankeny, IA 50023

Douglas M. Beech, Assistant Secretary 729 NE Brook Haven Drive Ankeny, IA 50021

## **BOARD OF DIRECTORS**

Samuel J. James, Chairman 2501 SE 19<sup>th</sup> Court Ankeny, IA 50021 Brian J. Johnson 9129 NW 73rd Circle Johnston, IA 50131

Scott Faber 6749 Cardiff Court Johnston, IA 50131

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# Schedule for Appointment of Agent by Corporation / Nonprofit Organization or Limited Liability Company

Submit to municipal clerk.

|  | ·  |
|--|--|
| (Data) (Signature of Pro   | per Local Official) Title (Town Chair, Village President, Police Chief)  |
| Approved on by   |  |
| hereby certify that   have checked municipal and above the   | BY MUNICIPAL AUTHORITY behalf of Municipal Official)   |
|  |  |
| (Hame Address of Agent)  | Date of birth  |
| (Signature of Agent) 538 BIESE ST, COMBINED LOCKS, WI 54113  | (Date) Agent's age   |
| Huls   | 03/21/2022   |
| beyerages conducted on the premises for the corporation/organ  | nization/limited liability company.  |
| beverages conjucted on the promises for the promise for the promises for the promise for the promi | full responsibility for the conduct of all business relative to alcohol  |
| (Print / Type Agent's Name)  | , hereby accept this appointment as agent for the  |
| I, ANTHONY HAWKS   |  |
| ACCEPTA  | ANCE BY AGENT  |
| \$1,000.   | in an application for a license may be required to forfeit not more than   |
| Any person who knowingly provides materially false to a  | (Signeture of Officer / Member / Manager)  |
| By: Dougles in Break   |  |
| D. (Name o   | of Corporation / Organization / Limited Liability Company)   |
| For: CASEY'S MARKETING COMPA   | ANY  |
| Place of residence last year 538 BIESE ST, COMBINED LO   | CKS, WI 54113  |
| How long immediately prior to making this application has the ag   | pplicant agent resided continuously in Wisconsin? 33 YEARS   |
| Is applicant agent subject to completion of the responsible beve   | rage server training course? X Yes No  |
|  |  |
| IT SO, Indicate the corporate name(s)/in   | nited liability company(ies) and municipality(ies).  |
| organization/limited liability company having or applying for a be   | with full authority and control of the premises and of all business relative sently acting in that capacity or requesting approval for any corporation/  |
| to act for the corporation/organization/limited liability company to alcohol beverages conducted therein is conducted to accompany.  | with full authority and control of the premises and of all business relative   |
|  | ess of Appointed Agent)  |
| 556 BIESE ST, COMBINED LOCKS, WI 54113   |  |
| Alexander  | of Appointed Agent)  |
| appoints ANTHONY WAYNE HAWKS   |  |
| located at 230 E MAIN ST EVANSVILLI  | Trade Name)  |
| LASETS GENERAL STORE #3383   |  |
| a corporation/organization or limited liability company making a   | pplication for an alcohol beverage license for a premises known as   |
| The undersigned duly authorized officer/member/manager of  | (Registered Name of Corporation / Description  |
| The undersigned duly outbestern affine to  | CASEMONANTICE  |
| To the governing body of: Village of EVANSVILLE  | County of ROCK   |
| Liown  |  |
| corporation/organization or one member/manager of a limited lie  | ying for a license to sell fermented malt beverages and/or intoxicating liquor<br>/ered by the agent. The appointment must be signed by an officer of the<br>ability company and the recommendation made by the proper local official. |
| an agent. The following questions must be answ   | vered by the agent. The appointment developes and/or intoxicating liquor   |
| must appoint an agent. The fellowing manifely companies apply  | ying for a license to sell fermented malt beverages and/or intoxicating liquor   |

Submit to municipal clerk.

|  | *****   |  | me)  |   | (middle n                                   | arre)                           |
|--|---|--|--|---|---|---------------------------------|
|  | AWKS  | ANTHON   | Υ  |   | WAYN  | ΙE                              |
| ome Address (street/route)   | Post  | Office   | City   |   | State                                       | Zip Code                        |
| 38 BIESE ST  |   |  | COMBINED LO  | CKS   | WI  | 54113                           |
| me Phone Number  |   | 1  | Photo of Pitals  |   | Place of i                                  |                                 |
| 20-540-2529  |   |  |  |   | NOR   | RTON, KS                        |
| e above named individual pro   | vides the following   | o information as a ne  | IFSON Who is Ichack anal   |   |   |                                 |
| Applying for an alcohol bev  |   |  | TOOL WILL IS (DIOCK OND).  |   |   |                                 |
| A member of a partnership  | -   |  | ohol hayaraga linanca  |   |   |                                 |
| AGENT  |   |  | MARKETING COM  | ΙΡΔΝΙ   | ,   |                                 |
| (Officer / Director / Member   | / Manager / Agent)  | Carl Million   | Name of Corporation, Limited Liebilin  |   |   | fil Organization)               |
| which is making application  | for an alcohol bev  | verage license.  |  |   |   |                                 |
| e above named individual pro   | vides the following   | a information to the I   | Icensing authority   |   |   |                                 |
| How long have you continue   | usly resided in Wi  | isconsin prior to this   | nate? 33 YEARS   |   |   |                                 |
| Have you ever been convict   |   |  |  | es) for   |   |                                 |
| violation of any federal laws  | , any Wisconsin la  | iws, any laws of any   | other states or ordinances   | of any c  | ounty                                       |                                 |
|  |   |  |  |   |   | ✓ Yes                           |
| or municipality?   | 4-4 4 4 4 4 4   |  |  |   | on and                                      |                                 |
| or municipality?   | violated, trial cour  | n, mai date and pena   | alty imposed, and/or date, o   | ieschpu   |   |                                 |
| or municipality?  If yes, give law or ordinance status of charges pending.  Are charges for any offense for violation of any federal lamunicipality?  If yes, describe status of ch  | violated, trial cour<br>(If more room is need<br>a presently pendin<br>aws, any Wisconsidary<br>arges pending.  | nded, continue on reven<br>ng against you (other<br>in laws, any laws of o   | e side of this farm.) than traffic unrelated to alc ther states or ordinances o  | cohol be<br>of any co   | verages<br>ounty or                         |                                 |
| or municipality?  If yes, give law or ordinance status of charges pending.  Are charges for any offense for violation of any federal lamunicipality?  If yes, describe status of ch. Do you hold, are you makin organization or member/ma beverage license or permit?  | violated, trial cour<br>(If more room is need<br>a presently pending<br>aws, any Wisconsi<br>arges pending.<br>g application for or<br>nager/agent of a li  | nded, continue on reven<br>ing against you (other<br>in laws, any laws of o<br>in are you an officer, o<br>imited liability compa  | than traffic unrelated to alc<br>ther states or ordinances o<br>director or agent of a corpor<br>ny holding or applying for a  | cohol be<br>of any co<br>cation/no  | verages<br>ounty or<br>onprofit<br>r alcoho | ☐ Yes 🔽                         |
| or municipality?  If yes, give law or ordinance status of charges pending.  Are charges for any offense for violation of any federal lamunicipality?  If yes, describe status of ch. Do you hold, are you makin organization or member/ma.   | violated, trial cour<br>(If more room is need<br>a presently pending<br>aws, any Wisconsi<br>arges pending.<br>g application for or<br>nager/agent of a li  | ng against you (other<br>in laws, any laws of o<br>r are you an officer, o<br>imited liability compa   | than traffic unrelated to alc<br>ther states or ordinances o<br>director or agent of a corpor<br>ny holding or applying for a  | cohol be<br>of any co<br>cation/no  | verages<br>ounty or<br>onprofit<br>r alcoho | ☐ Yes 🔽                         |
| or municipality?  If yes, give law or ordinance status of charges pending.  Are charges for any offense for violation of any federal lamunicipality?  If yes, describe status of ch. Do you hold, are you makin organization or member/mabeverage license or permit?  If yes, identify. SEE ATTACE.  | violated, trial cour<br>(If more room is need<br>s presently pendin<br>aws, any Wisconsi<br>arges pending.<br>g application for or<br>nager/agent of a light<br>HED   | ng against you (other<br>in laws, any laws of o<br>ir are you an officer, o<br>imited liability compa<br>(Name, Loca<br>r, stockholder, agent  | than traffic unrelated to alcome ther states or ordinances of the states of a corporary holding or applying for a state of the st | cohol be<br>of any co<br>ration/no<br>any othe                                    | verages<br>unty or<br>enprofit<br>r alcoho  | Yes Yes                         |
| or municipality?  If yes, give law or ordinance status of charges pending.  Are charges for any offense for violation of any federal lamunicipality?  If yes, describe status of ch. Do you hold, are you makin organization or member/mabeverage license or permit?  If yes, identify. SEE ATTACL.  Do you hold and/or are you member/manager/agent of  | violated, trial cour<br>(If more room is need<br>a presently pending<br>aws, any Wisconsider<br>arges pending.<br>g application for or<br>nager/agent of a light<br>HED   | ng against you (other in laws, any laws of our are you an officer, of imited liability company, stockholder, agent company holding or as   | than traffic unrelated to alcount than traffic unrelated to alcount ther states or ordinances of the states of a corporary holding or applying for a polying for a wholesale been  | cohol be<br>fany co<br>ration/no<br>my other                                      | verages<br>unty or<br>enprofit<br>r alcoho  | Yes Yes                         |
| or municipality?  If yes, give law or ordinance status of charges pending.  Are charges for any offense for violation of any federal lamunicipality?  If yes, describe status of ch. Do you hold, are you makin organization or member/mabeverage license or permit?  If yes, identify. SEE ATTACE  Do you hold and/or are you member/manager/agent of brewery/winery permit or whether it is to be a status of the permit of the permit or whether it is to be a status of the permit or whether it is to be a status of the permit or whether it is to be a status of the permit of the permit or whether it is to be a status of the permit of the pe | violated, trial cour<br>(If more room is need<br>a presently pending<br>aws, any Wisconsider<br>arges pending.<br>g application for or<br>nager/agent of a light<br>HED   | ng against you (other in laws, any laws of our are you an officer, of imited liability company, stockholder, agent company holding or as   | than traffic unrelated to alcount than traffic unrelated to alcount ther states or ordinances of the states of a corporary holding or applying for a polying for a wholesale been  | cohol be<br>fany co<br>ration/no<br>my other                                      | verages<br>unty or<br>enprofit<br>r alcoho  | Yes Yes                         |
| or municipality?  If yes, give law or ordinance status of charges pending.  Are charges for any offense for violation of any federal lamunicipality?  If yes, describe status of ch. Do you hold, are you makin organization or member/mabeverage license or permit?  If yes, identify. SEE ATTACL.  Do you hold and/or are you member/manager/agent of  | violated, trial cour<br>(If more room is need<br>a presently pending<br>aws, any Wisconsinarges pending.<br>g application for or<br>nager/agent of a light<br>HED<br>an officer, director<br>a limited liability conclessed liquor, ma                                | ng against you (other in laws, any laws of our are you an officer, of imited liability company, stockholder, agent ompany holding or aganufacturer or rectifie   | than traffic unrelated to alcount than traffic unrelated to alcount ther states or ordinances of the states of a corporary holding or applying for a polying for a wholesale been  | ration/no<br>iny other<br>or corpor<br>r permit,<br>consin?                       | verages<br>unty or<br>enprofit<br>r alcoho  | Yes V                           |
| or municipality?  If yes, give law or ordinance status of charges pending.  Are charges for any offense for violation of any federal lamunicipality?  If yes, describe status of ch Do you hold, are you makin organization or member/mabeverage license or permit?  If yes, identify. SEE ATTACE  Do you hold and/or are you member/manager/agent of brewery/winery permit or will yes, identify.   | violated, trial cour (If more room is need s presently pending aws, any Wisconsi arges pending g application for or nager/agent of a li  HED  an officer, director a limited liability co nolesale liquor, ma   | ng against you (other in laws, any laws of our are you an officer, of imited liability company, stockholder, agent company holding or aganufacturer or rectifie  | than traffic unrelated to alcount ther states or ordinances of the states or ordinances of the states of a corporary holding or applying for a corporary holding or applying for a corporary holding or applying for a corporary person of the state of Wise or permit in the State of Wise  | ration/no<br>iny other<br>or corpor<br>r permit,<br>consin?                       | verages<br>unty or<br>enprofit<br>r alcoho  | Yes V                           |
| or municipality?  If yes, give law or ordinance status of charges pending.  Are charges for any offense for violation of any federal lamunicipality?  If yes, describe status of ch. Do you hold, are you makin organization or member/mabeverage license or permit?  If yes, identify. SEE ATTACE  Do you hold and/or are you member/manager/agent of brewery/winery permit or whether the status of the  | violated, trial cour (If more room is need s presently pending aws, any Wisconsi arges pending g application for or nager/agent of a li  HED  an officer, director a limited liability co nolesale liquor, ma   | ng against you (other in laws, any laws of our are you an officer, of imited liability company, stockholder, agent company holding or aganufacturer or rectified consecutors or Permittee)                               | than traffic unrelated to alcome ther states or ordinances of the states or ordinances of the states of a corporary holding or applying for a corporary holding or applying for a corporary holding or applying for a wholesale bear or permit in the State of Wiscons.  Employers.  | ration/no<br>ration/no<br>iny other<br>or corpor<br>r permit,<br>consin?          | verages<br>unty or<br>enprofit<br>r alcoho  | Yes V                           |
| or municipality?  If yes, give law or ordinance status of charges pending.  Are charges for any offense for violation of any federal lamunicipality?  If yes, describe status of ch. Do you hold, are you makin organization or member/man beverage license or permit?  If yes, identify. SEE ATTACE  Do you hold and/or are you member/manager/agent of brewery/winery permit or will yes, identify.  Named individual must list in the status of charges in the status of charges.   | sylviolated, trial courtiff more room is need as presently pending aws, any Wisconsinarges pending gapplication for or nager/agent of a limited liability conclessale liquor, matching of Wholesale Licin chronological on Employer's                                 | ng against you (other in laws, any laws of our are you an officer, of imited liability company, stockholder, agent company holding or aganufacturer or rectified consecutors or Permittee)                               | than traffic unrelated to alcome ther states or ordinances of the states or ordinances of the states or agent of a corporary holding or applying for a corporary holding or applying for a corporary person of any person of plying for a wholesale been permit in the State of Wiscons.   | ration/no<br>ration/no<br>iny other<br>or corpor<br>r permit,<br>consin?          | verages<br>unty or<br>enprofit<br>r alcoho  | Yes Yes Yes Yes Yes Yes Yes Yes |
| or municipality?  If yes, give law or ordinance status of charges pending.  Are charges for any offense for violation of any federal lamunicipality?  If yes, describe status of ch. Do you hold, are you makin organization or member/mabeverage license or permit?  If yes, identify. SEE ATTACE  Do you hold and/or are you member/manager/agent of brewery/winery permit or will yes, identify.  Named individual must list is Employer's Name   | s violated, trial cour (If more room is need s presently pending aws, any Wisconsi arges pending. g application for or nager/agent of a li  HED  an officer, director a limited liability conclesate liquor, ma  (Name of Wholesale Lic n chronological or Employer's | ng against you (other in laws, any laws of our are you an officer, of imited liability compart, stockholder, agent company holding or aganufacturer or rectified consector Permittee) and the last two employeds Address | than traffic unrelated to alcount their states or ordinances of their states or ordinances of their states or ordinances of their states or agent of a corporary holding or applying for a minimal type of License/Permit) or employe of any person of applying for a wholesale been permit in the State of Wisers.  Employed  | ation/no<br>ation/no<br>ary other<br>or corpor<br>r permit<br>consin?<br>(Address | verages<br>unty or<br>enprofit<br>r alcoho  | Yes V                           |

Submit to municipal clerk.

| JAMES  | ame)<br>SA  | (first name)<br>MUEL  |   | (middie na<br>J                                  | me)            |      |
|--|---|---|---|--|----------------|------|
| Home Address (street/route)  | Post Office   | City  |   | State  | Zip Code       |      |
| 2501 SE 19TH COURT   | T OST OTHOS   | ANKENY  |   | IA   | 50021          |      |
| Hame Phone Number  |   | Age Date of Birth   | 0   | Place of Bi                                      |                |      |
| 515-446-6506   |   |   |   | WAT  | ERLOO, I       | IOWA |
| he above named individual provides   | the following information a   | as a person who is <i>(check c</i>  | nne):   |  |                |      |
| Applying for an alcohol beverage   | _   | , , ,   |   |  |                |      |
| A member of a partnership which  |   | an alcohol heverage licen   | se  |  |                |      |
| X OFFICER  |   | SEY'S MARKETIN  |   | ΔΝΥ  |                |      |
| (Officer / Director / Member / Manag   |   | (Name of Corporation, Limite  |   |  | Organization)  | -    |
| which is making application for an   | alcohol beverage license  | ).  |   |  |                |      |
|  |   |   |   |  |                |      |
| he above named individual provides   | **  | · ·   | SECIDENT  | -  |                |      |
| . How long have you continuously re  | ·   |   |   |  |                |      |
| Have you ever been convicted of a  | •   |   |   | oo mh  |                |      |
| violation of any federal laws, any V or municipality?  |   |   |   |  | TYes           | XIN  |
| If yes, give law or ordinance violate  |   |   |   |  | 163            | Δ    |
| status of charges pending. (If more  |   |   | ecous, account  | orr arra   |                |      |
|  |   | ,   |   |  |                |      |
|  |   |   |   |  |                |      |
| . Are charges for any offenses prese   | ently pending against you   | other than traffic unrelated  | to alcohol be   | everages)  | -              |      |
| <ul> <li>Are charges for any offenses prese<br/>for violation of any federal laws, an</li> </ul>   | y Wisconsin laws, any law   | vs of other states or ordina  | nces of any c   | ounty or   |                |      |
| for violation of any federal laws, an municipality?  | y Wisconsin laws, any law   | vs of other states or ordina  | nces of any c   | ounty or   | 🗌 Yes          | X    |
| for violation of any federal laws, an municipality?  | y Wisconsin laws, any law<br>ending   | vs of other states or ordina  | nces of any c   | ounty or   | 🗌 Yes          | XN   |
| for violation of any federal laws, an municipality?  If yes, describe status of charges p Do you hold, are you making applic   | y Wisconsin laws, any law<br>ending.<br>cation for or are you an off  | vs of other states or ordina  | nces of any concession of a corporation | ounty or   | 🗌 Yes          | XN   |
| for violation of any federal laws, an municipality?  If yes, describe status of charges p Do you hold, are you making applic organization or member/manager/a  | y Wisconsin laws, any law<br>ending.<br>cation for or are you an off<br>agent of a limited liability c  | vs of other states or ordina ficer, director or agent of a company holding or applyin   | corporation/ng for any other  | ounty or<br>onprofit<br>ar alcohol               | grahesi        |      |
| for violation of any federal laws, an municipality?  | y Wisconsin laws, any law<br>ending.<br>cation for or are you an off<br>agent of a limited liability c  | vs of other states or ordina ficer, director or agent of a company holding or applyin   | corporation/ng for any other  | ounty or<br>onprofit<br>ar alcohol               | grahesi        |      |
| for violation of any federal laws, an municipality?  If yes, describe status of charges p Do you hold, are you making applic organization or member/manager/a  | y Wisconsin laws, any law<br>pending<br>cation for or are you an off<br>agent of a limited liability o  | vs of other states or ordina ficer, director or agent of a company holding or applyin   | corporation/n   | ounty or<br>onprofit<br>ar alcohol               | grahesi        |      |
| for violation of any federal laws, an municipality?  If yes, describe status of charges p Do you hold, are you making applic organization or member/manager/a beverage license or permit?  If yes, identify.  SEE ATTA   | y Wisconsin laws, any law<br>ending.<br>cation for or are you an off<br>agent of a limited liability of<br>ACHED  | vs of other states or ordina<br>ficer, director or agent of a<br>company holding or applyin   | corporation/ng for any othe   | ounty or<br>onprofit<br>or alcohol               | grahesi        |      |
| for violation of any federal laws, an municipality?  If yes, describe status of charges p Do you hold, are you making applic organization or member/manager/a beverage license or permit?  If yes, identify.  SEE ATTA   | y Wisconsin laws, any law ending cation for or are you an off agent of a limited liability c ACHED (Name) eer, director, stockholder, a   | vs of other states or ordina<br>ficer, director or agent of a<br>company holding or applyin<br>the, Location and Type of License/Perm<br>agent or employe of any pe   | corporation/nig for any other   | ounty or onprofit or alcohol                     | grahesi        |      |
| for violation of any federal laws, an municipality?  If yes, describe status of charges p Do you hold, are you making applic organization or member/manager/a beverage license or permit?  If yes, identify.  SEE ATTA  Do you hold and/or are you an office   | y Wisconsin laws, any law<br>cending.<br>cation for or are you an off<br>agent of a limited liability of<br>ACHED  (Name) (Name) (Name) (Hisconsin laws, any law  | visiof other states or ordinal ficer, director or agent of a company holding or applying the Location and Type of License/Pornagent or employe of any pergor applying for a wholesa   | corporation/nig for any other   | ounty or<br>onprofit<br>er alcohol               | X Yes          | N    |
| for violation of any federal laws, an municipality?  If yes, describe status of charges p Do you hold, are you making applic organization or member/manager/a beverage license or permit?  If yes, identify.  SEE ATTA  Do you hold and/or are you an office member/manager/agent of a limited   | y Wisconsin laws, any law<br>cending.<br>cation for or are you an off<br>agent of a limited liability of<br>ACHED  (Name) (Name) (Name) (Hisconsin laws, any law  | visiof other states or ordinal ficer, director or agent of a company holding or applying the Location and Type of License/Pornagent or employe of any pergor applying for a wholesa   | corporation/nig for any other   | ounty or<br>onprofit<br>er alcohol               | X Yes          | N    |
| for violation of any federal laws, an municipality?  If yes, describe status of charges p Do you hold, are you making applic organization or member/manager/a beverage license or permit?  If yes, identify.  SEE ATTA  Do you hold and/or are you an offic member/manager/agent of a limited brewery/winery permit or wholesale If yes, identify.   | y Wisconsin laws, any law<br>cending.<br>cation for or are you an off<br>agent of a limited liability of<br>ACHED  (Name) (Name) (Name) (Hisconsin laws, any law  | visiof other states or ordinal ficer, director or agent of a company holding or applying the Location and Type of License/Pornagent or employe of any pergor applying for a wholesa   | corporation/nig for any other   | ounty or<br>onprofit<br>er alcohol               | Yes            | N    |
| for violation of any federal laws, an municipality?  If yes, describe status of charges p Do you hold, are you making applic organization or member/manager/a beverage license or permit?  If yes, identify.  SEE ATTA  Do you hold and/or are you an offic member/manager/agent of a limited brewery/winery permit or wholesale If yes, identify.   | y Wisconsin laws, any law ending cation for or are you an off agent of a limited liability cater, director, stockholder, and liability company holding a liquor, manufacturer or reserved.  | rise, director or agent of a company holding or applying the Location and Type of License/Pornagent or employe of any pergor applying for a wholesa ectifier permit in the State of   | corporation/nig for any other   | ounty or<br>onprofit<br>er alcohol<br>tration or | Yes            | X N  |
| for violation of any federal laws, an municipality?  If yes, describe status of charges properties to you hold, are you making applied organization or member/manager/abeverage license or permit?  If yes, identify.  SEE ATTA  Do you hold and/or are you an office member/manager/agent of a limited brewery/winery permit or wholesaled if yes, identify.  (Name of Name o | y Wisconsin laws, any law pending cation for or are you an off agent of a limited liability cater, director, stockholder, and liability company holding a liquor, manufacturer or resit Wholesale Licensee or Permittee) cological order last two emembers address  | rise of other states or ordinal ficer, director or agent of a company holding or applying the Location and Type of License/Permagent or employe of any pergor applying for a wholesa ectifier permit in the State of apployers. | corporation/none of corporation of corporation of corporation of corporation of Wisconsin?  (Address  Employed From   | ounty or onprofit or alcohol or alcohol          | Yes Yes        | N N  |
| for violation of any federal laws, an municipality?  If yes, describe status of charges p Do you hold, are you making applic organization or member/manager/a beverage license or permit?  If yes, identify.  SEE ATTA  Do you hold and/or are you an offic member/manager/agent of a limited brewery/winery permit or wholesale If yes, identify.  (Name of Named individual must list in chronical entire that is a second content of the chronic  | y Wisconsin laws, any law pending cation for or are you an off agent of a limited liability cater, director, stockholder, and liability company holding a liquor, manufacturer or resit Wholesale Licensee or Permittee) cological order last two emembers address  | rise, director or agent of a company holding or applying the Location and Type of License/Pornagent or employe of any pergor applying for a wholesa ectifier permit in the State of   | corporation/ning for any other  | ounty or onprofit or alcohol or alcohol          | Yes Yes        | N N  |
| for violation of any federal laws, an municipality?  If yes, describe status of charges p Do you hold, are you making applic organization or member/manager/a beverage license or permit?  If yes, identify.  SEE ATTA  Do you hold and/or are you an offic member/manager/agent of a limited brewery/winery permit or wholesale If yes, identify.  (Name of Name of N | y Wisconsin laws, any law pending cation for or are you an off agent of a limited liability cater, director, stockholder, and liability company holding a liquor, manufacturer or resit Wholesale Licensee or Permittee) cological order last two emembers address  | rise of other states or ordinal ficer, director or agent of a company holding or applying the Location and Type of License/Permagent or employe of any pergor applying for a wholesa ectifier permit in the State of apployers. | corporation/none of corporation of corporation of corporation of corporation of Wisconsin?  (Address  Employed From   | ounty or onprofit er alcohol ration or           | Yes Yes        | N N  |
| for violation of any federal laws, an municipality?  If yes, describe status of charges p Do you hold, are you making applic organization or member/manager/a beverage license or permit?  If yes, identify.  SEE ATTA  Do you hold and/or are you an office member/manager/agent of a limited brewery/winery permit or wholesaled if yes, identify.  (Name of Name of CASEY'S   | y Wisconsin laws, any law sending. cation for or are you an off agent of a limited liability of the care, director, stockholder, and liability company holding a liquor, manufacturer or residual order last two ememological order last last last last last last last last | rise of other states or ordinal ficer, director or agent of a company holding or applying the Location and Type of License/Permagent or employe of any pergor applying for a wholesa ectifier permit in the State of apployers. | corporation/nig for any other or corporation or corporation of Wisconsin?  (Address  Employed From 2012   | ounty or onprofit er alcohol ration or           | Yes Yes CURREI | □ N  |

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 Nameu (nativiaual)

Submit to municipal clerk.

| Individual's Full Name (please print) (last name<br>LARSEN | (first name)  ERIC   |                                | lle <b>name)</b><br>THEW                |
|--|--|--------------------------------|---|
| Hame Address (street/route)                                | Post Office City   | State                          |   |
| 4407 NW 5TH ST   | ANKENY   | IA                             | 50021                                   |
| Home Phone Number  |  | Place                          | of Birth                                |
| 515-446-6803   |  | C                              | EDAR FALLS, IOWA                        |
| he above named individual provides the                     | s following information as a person who is <i>(chec</i>  | k anal:                        |   |
| Applying for an alcohol beverage lice                      |  | n onej.                        |   |
|  | making application for an alcohol beverage lic   | າກະລ                           |   |
| X OFFICER  | of CASEY'S MARKET  |                                | ,                                       |
| (Officer / Director / Member / Manager /                   |  | nited Liability Company or Non |   |
| which is making application for an al                      | cohol beverage license.  |                                | 1 + 0 + 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
|  | following information to the licensing authority   |                                |   |
| . How long have you continuously resident                  |  | RESIDENT                       |   |
|  | offenses (other than traffic unrelated to alcoho   |                                |   |
|  | consin laws, any laws of any other states or ord   |                                | 1                                       |
|  |  |                                | 2777                                    |
|  | trial court, trial date and penalty imposed, and/  |                                | HITTO COO INC.                          |
| status of charges pending. (If more roo                    | om is needed, continue on reverse side of this form.)  |                                |   |
| Public Intoxication citation and arrest (s                 | mple misdemeanor) closed August 3, 2019  |                                |   |
| . Are charges for any offenses present                     | y pending against you (other than traffic unrela   | ted to alcohol beverag         | jes)                                    |
| for violation of any federal laws, any V                   | Visconsin laws, any laws of other states or ordi   | nances of any county           |   |
| municipality?  |  |                                | Yes 🗶 N                                 |
| If yes, describe status of charges pen                     |  |                                |   |
|  | on for or are you an officer, director or agent of   |                                |   |
|  | nt of a limited liability company holding or appl  |                                | Table 1                                 |
| -  | es appropriate and appropriate |                                | X Yes N                                 |
| If yes, identify. SEE ATTACHED                             |  |                                |   |
|  | (Name, Location and Type of License/F  |                                |   |
|  | director, stockholder, agent or employe of any   |                                | Ot.                                     |
|  | ability company holding or applying for a whole  |                                | FT V FT N                               |
|  | uor, manufacturer or rectifier permit in the Stat  | e of wisconsin(                | Yes X N                                 |
| If yes, identify.  |  |                                |   |
|  | olesale Licensee or Permittee)   | (Address By City               | and County)                             |
| Named individual must list in chronolo                     |  |                                |   |
|  | Employer's Address   | Employed From                  | CURRENT                                 |
|  | 1 SE CONVENIENCE BLVD, ANKENY I  |                                |   |
| Employer's Name  | Emoloyer's Address   | Employed From                  | То                                      |
|  |  | 1                              |   |
|  |  |                                |   |

**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 inconnection with this application. Any person who knowingly provides materially false information on this application may be required to origin to more than \$1,000.

ERIC LARSEN FOR CASEY'S MARKETING COMPANY

Submit to municipal clerk.

| Individual's Full Name (piease print) (last name) | (first name)  |                    | (middie name) |               |
|---|---|--------------------|---------------|---------------|
| JOHNSON   | BRIAN   |                    | JOSEPH        |               |
| Home Address (street/route)                       | Post Office City                                      |                    | State         | Zip Code      |
| 9129 NW 73RD CIRCLE                               | JOHNSTO   | N                  | IA            | 50131         |
| Home Phone Number                                 | Ann Duto of Right                                     |                    | Place of Bi   |               |
| 515-446-6587                                      |   |                    | DES           | MOINES, IOWA  |
| The above named individual provides the           | following information as a person who is (check       | k one).            |               |               |
| Applying for an alcohol beverage lice             |   | . 01107.           |               |               |
|   | making application for an alcohol beverage lice       | anse               |               |               |
| X OFFICER   | of CASEY'S MARKETI                                    |                    | ΔΝΥ           |               |
| (Officer / Director / Member / Manager / )        |   |                    |               | Organization) |
| which is making application for an alc            | cohol beverage license.                               |                    |               |               |
| The above named individual provides the           | following information to the licensing authority:     |                    |               |               |
| 1. How long have you continuously resid           |   | RESIDENT           | Γ             |               |
|   | offenses (other than traffic unrelated to alcohol     |                    |               |               |
| violation of any federal laws, any Wisc           | consin laws, any laws of any other states or ord      | inances of any     | county        | 7-17          |
|   |   |                    |               | 🗌 Yes 🗶 N     |
|   | trial court, trial date and penalty imposed, and/o    | or date, descript  | ion and       |               |
| status of charges pending. (If more roo           | om is needed, continue on reverse side of this form.) |                    |               |               |
| 3. Are charges for any offenses presently         | y pending against you (other than traffic unrelat     | ed to alcohol be   | everages)     |               |
|   | /isconsin laws, any laws of other states or ordin     |                    |               |               |
| municipality?                                     |   | ((6)35             |               | Yes 🗶 N       |
| If yes, describe status of charges pend           |   |                    |               |               |
|   | on for or are you an officer, director or agent of    |                    |               |               |
|   | nt of a limited liability company holding or apply    |                    |               | X Yes N       |
| If yes, identify. SEE ATTACH                      | ED.   |                    |               | X tes N       |
| in yes, identity.                                 | (Name, Location and Type of License/P                 | ermil)             |               |               |
| 5. Do you hold and/or are you an officer,         | director, stockholder, agent or employe of any        | person or corpo    | ration or     |               |
| member/manager/agent of a limited lia             | ability company holding or applying for a wholes      | ale beer permit    | d             |               |
| brewery/winery permit or wholesale liq            | uor, manufacturer or rectifier permit in the State    | e of Wisconsin?    |               | Yes X N       |
| If yes, identify.                                 |   |                    |               |               |
|   | olesale Licensee or Permittee)                        | (Address           | By City and C | ounly)        |
| 6. Named individual must list in chronolo         |   |                    |               |               |
|   | Employer's Address                                    | Employed From 2010 |               | CURRENT       |
|   | 1 SE CONVENIENCE BLVD, ANKENY IA                      |                    |               |               |
| Embodot a value                                   | angioya a Mudicas                                     | chibrasan isout    |               |               |
| Employer's Name                                   | Embloyer's Address                                    | Employed From      |               | То            |

**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)

Submit to municipal clerk.

| FABER  | (lirst name) SCOTT   | (middle name)<br>ALLEN                                      |                   |
|--|--|---|-------------------|
| ome Address (street/route)   | Post Office City   | State Zip Cod   | e                 |
| 6749 CARDIFF CT  | JOHNSTO  | N IA 5013   | 31                |
| ome Phone Number   | Ann Data of Righ   | Place of Birth  |                   |
| 515-963-3802   |  | SPENCE  | R, IOWA           |
| ne above named individual provides the Applying for an alcohol beverage lice   | following information as a person who is (check o  | ne):  |                   |
|  | making application for an alcohol beverage ficen   | 20  |                   |
| OFFICER  | of CASEY'S MARKETIN  | G COMPANY   | Wast .            |
| (Officer / Director / Member / Manager / A<br>which is making application for an alc   |  | d Liability Company or Nonprofit Organizat                  | tary              |
| a show named individual arrayides the  | following information to the licensing authority:  |   |                   |
| How long have you continuously resid   | following information to the licensing authority:  | RESIDENT  |                   |
|  | offenses (other than traffic unrelated to alcohol b  |   |                   |
| violation of any federal laws, any Wisc  | consin laws, any laws of any other states or ordin   | ances of any county   | (i. 82)           |
|  |  |   | Yes X No          |
|  | trial court, trial date and penalty imposed, and/or  | date, description and                                       |                   |
| status of charges pending. (If more roc  | m is needed, continue on reverse side of this form.)   |   |                   |
| municipality?  If yes, describe status of charges pend Do you hold, are you making application or member/manager/age   | on for or are you an officer, director or agent of a nt of a limited liability company holding or applying the company holding the company | corporation/nonprofit<br>g for any other alcohol            | Yes X No          |
| If yes identify SEF ATTAC  |  |   | Yes No            |
| If yes, identify. SEE ATTAC  | (Name, Location and Type of License/Perr   | oit)  | Yes No            |
| Do you hold and/or are you an officer,   | (Name, Location and Type of License/Perr<br>director, stockholder, agent or employe of any pe  | rson or corporation or                                      | Yes No            |
| Do you hold and/or are you an officer, member/manager/agent of a limited lia   | (Name, Lacation and Type of License/Perr<br>director, stockholder, agent or employe of any pe<br>ability company holding or applying for a wholesa   | erson or corporation or<br>le beer permit,                  |                   |
| Do you hold and/or are you an officer,<br>member/manager/agent of a limited lia<br>brewery/winery permit or wholesale liq  | (Name, Location and Type of License/Perr<br>director, stockholder, agent or employe of any pe  | erson or corporation or<br>le beer permit,                  |                   |
| Do you hold and/or are you an officer, member/manager/agent of a limited liabrewery/winery permit or wholesale light yes, identify.  | (Name, Location and Type of License/Perr<br>director, stockholder, agent or employe of any pe<br>ability company holding or applying for a wholesa<br>uor, manufacturer or rectifier permit in the State   | erson or corporation or<br>le beer permit,<br>of Wisconsin? |                   |
| Do you hold and/or are you an officer, member/manager/agent of a limited liabrewery/winery permit or wholesale liquid liq | (Name, Location and Type of License/Perr<br>director, stockholder, agent or employe of any pe<br>ability company holding or applying for a wholesa<br>uor, manufacturer or rectifier permit in the State<br>olesale Licensee or Permittee)   | erson or corporation or<br>le beer permit,                  |                   |
| Do you hold and/or are you an officer, member/manager/agent of a limited liabrewery/winery permit or wholesale light yes, identify.  (Name of With Named individual must list in chronology)   | (Name, Location and Type of License/Perr<br>director, stockholder, agent or employe of any per<br>ability company holding or applying for a wholesa<br>uor, manufacturer or rectifier permit in the State<br>of the sale Licensee or Permittee)<br>gical order last two employers.   | erson or corporation or le beer permit, of Wisconsin?       |                   |
| Do you hold and/or are you an officer, member/manager/agent of a limited liabrewery/winery permit or wholesale light yes, identify.  (Name of Windows)  Named individual must list in chronolo Employer's Name   | (Name, Location and Type of License/Perr<br>director, stockholder, agent or employe of any per<br>ability company holding or applying for a wholesa<br>uor, manufacturer or rectifier permit in the State of<br>colesale Licensee or Permittee)<br>gical order last two employers.   | erson or corporation or le beer permit, of Wisconsin?       |                   |
| Do you hold and/or are you an officer, member/manager/agent of a limited liabrewery/winery permit or wholesale light yes, identify.  (Name of With Named individual must list in chronolo Employer's Name  CASEY'S   | (Name, Location and Type of License/Perr<br>director, stockholder, agent or employe of any per<br>ability company holding or applying for a wholesa<br>uor, manufacturer or rectifier permit in the State<br>of the sale Licensee or Permittee)<br>gical order last two employers.   | erson or corporation or le beer permit, of Wisconsin?       | ]Yes <b>∑</b> ]No |

SCOTT FABER FOR CASEY'S MARKETING COMPANY

Submit to municipal clerk.

| BEECH  | (First nam<br>DOUGLAS   | - Feet /   | 1   | MARS  | name)<br>HALL           |            |
|--|---|--|---|---|-------------------------|------------|
| Home Address (street/route)  | Post Office   | City   |   | State   | Zip Code                |            |
| 729 NE BROOKHAVEN DRIV   | E   | ANKENY   |   | IA  | 50021                   |            |
| Hame Phone Number  | Ara   | Onto al Righ   |   | Place of                                      | Birth                   |            |
| 515-446-6284   |   |  |   | FAI   | RMONT, M                | N          |
| The above named individual provides the fo   | ollowing information as a per   | son who is (check o  | one):   |   |                         |            |
| Applying for an alcohol beverage licens  |   | ,  | 1.3   |   |                         |            |
| A member of a partnership which is m   |   | hal beverage licen   | ISO.  |   |                         |            |
| X OFFICER  |   | S MARKETIN   |   | ANY   |                         |            |
| (Officer / Director / Member / Manager / Age   |   | lame of Corporation, Limite  |   |   | fit Organization)       |            |
| which is making application for an alcol   | hol beverage license.   |  |   |   |                         |            |
| The continue of the state of th | Harrian information to the lie  | and in a model a city.   |   |   |                         |            |
| The above named individual provides the fo   | •   | **   | DECIDENT  | г   |                         |            |
| How long have you continuously resided   | · ·   |  |   |   |                         | _          |
| 2. Have you ever been convicted of any of  |   |  |   |   |                         |            |
|  |   |  |   |   |                         |            |
| violation of any federal laws, any Wiscor  |   |  |   |   | T Voc                   | VN         |
| violation of any federal laws, any Wiscor or municipality?   |   | . 3)   |   |   | Yes                     | XN         |
| violation of any federal laws, any Wiscor<br>or municipality?  | al court, trial date and penalt   | ty imposed, and/or   |   |   | ···· Yes                | XN         |
| violation of any federal laws, any Wiscor or municipality?   | al court, trial date and penalt   | ty imposed, and/or   |   |   | Yes                     | XN         |
| violation of any federal laws, any Wiscor or municipality?   | al court, trial date and penalt<br>is needed, continue on reverse   | ty imposed, and/or side of this form.)   | date, descript  | tion and                                      |                         | XN         |
| violation of any federal laws, any Wiscor or municipality?  If yes, give law or ordinance violated, tria status of charges pending. (If more room  Are charges for any offenses presently p  | al court, trial date and penalt<br>is needed, continue on reverse<br>pending against you (other th  | y imposed, and/or<br>side of this form.)<br>nan traffic unrelate   | date, descript  | tion and                                      | 5)                      | X          |
| violation of any federal laws, any Wiscor or municipality?  If yes, give law or ordinance violated, tria status of charges pending. (If more room  Are charges for any offenses presently property for violation of any federal laws, any Wiscord  | al court, trial date and penalt is needed, continue on reverse pending against you (other the sconsin laws, any laws of other   | ty imposed, and/or<br>side of this form.)<br>nan traffic unrelated<br>ner states or ordina   | date, descript<br>d to alcohol be<br>inces of any c   | tion and                                      | s)                      |            |
| violation of any federal laws, any Wiscor or municipality?  If yes, give law or ordinance violated, tria status of charges pending. (If more room  Are charges for any offenses presently properties for violation of any federal laws, any Wismunicipality?   | al court, trial date and penalt is needed, continue on reverse pending against you (other the consin laws, any laws of other  | ty imposed, and/or<br>side of this form.)<br>nan traffic unrelated<br>ner states or ordina   | date, descript<br>d to alcohol be<br>inces of any c   | tion and                                      | s)                      |            |
| violation of any federal laws, any Wiscor or municipality?  If yes, give law or ordinance violated, tria status of charges pending. (If more room  Are charges for any offenses presently properties for violation of any federal laws, any Wismunicipality?  If yes, describe status of charges pending.  | al court, trial date and penalt is needed, continue on reverse pending against you (other the consin laws, any laws of other the consinual triangle.  | ty imposed, and/or<br>side of this form.)<br>nan traffic unrelate<br>ner states or ordina  | date, descript<br>d to alcohol be<br>inces of any c   | everages                                      | s)                      |            |
| violation of any federal laws, any Wiscor or municipality?  If yes, give law or ordinance violated, tria status of charges pending. (If more room  Are charges for any offenses presently property for violation of any federal laws, any Wismunicipality?  If yes, describe status of charges pending Do you hold, are you making application   | al court, trial date and penalt is needed, continue on reverse pending against you (other the consin laws, any laws of other consists and consists are the consistency of the consists are the consistency of the consists and consists are the consists are the consists are the consists and consists are the consists are the consists and consists are the consists are the consists are the consists and consists are the consistency are the consists are the consistency are the consists | ty imposed, and/or side of this form.)  nan traffic unrelated are states or ordinated are states or ordinated are states or ordinated are states.  | date, descripted to alcohol be inces of any corporation/n   | tion and                                      | s)                      |            |
| violation of any federal laws, any Wiscor or municipality?  If yes, give law or ordinance violated, tria status of charges pending. (If more room  Are charges for any offenses presently programmed for violation of any federal laws, any Wismunicipality?  If yes, describe status of charges pending Do you hold, are you making application organization or member/manager/agent  | al court, trial date and penalt is needed, continue on reverse pending against you (other the consin laws, any laws of other signals, and all officer, directions of a limited liability company  | ty imposed, and/or side of this form.)  nan traffic unrelated are states or ordinal ector or agent of a holding or applyir   | date, descripted to alcohol be inces of any corporation/ning for any other  | tion and everages ounty or onprofit           | Yes                     | XN         |
| violation of any federal laws, any Wiscor or municipality?  If yes, give law or ordinance violated, tria status of charges pending. (If more room  Are charges for any offenses presently properties for violation of any federal laws, any Wismunicipality?  If yes, describe status of charges pending. Do you hold, are you making application organization or member/manager/agent beverage license or permit?   | al court, trial date and penalt is needed, continue on reverse pending against you (other the consin laws, any laws of other go   | ty imposed, and/or side of this form.)  nan traffic unrelated are states or ordinal ector or agent of a holding or applyir   | date, descripted to alcohol be inces of any corporation/ning for any other  | tion and everages ounty or onprofit           | Yes                     | XN         |
| violation of any federal laws, any Wiscor or municipality?  If yes, give law or ordinance violated, tria status of charges pending. (If more room  Are charges for any offenses presently programmed for violation of any federal laws, any Wismunicipality?  If yes, describe status of charges pending Do you hold, are you making application organization or member/manager/agent  | al court, trial date and penalt is needed, continue on reverse pending against you (other the sconsin laws, any laws of other or are you an officer, din of a limited liability company   | ty imposed, and/or side of this form.)  nan traffic unrelated are states or ordinal ector or agent of a holding or applyir   | date, descripted to alcohol be inces of any corporation/ning for any other  | tion and everages ounty or onprofit           | Yes                     | XN         |
| violation of any federal laws, any Wiscor or municipality?  If yes, give law or ordinance violated, tria status of charges pending. (If more room  Are charges for any offenses presently programmed for violation of any federal laws, any Wismunicipality?  If yes, describe status of charges pending. Do you hold, are you making application organization or member/manager/agent beverage license or permit?  If yes, identify.  SEE ATTA  | al court, trial date and penalt is needed, continue on reverse pending against you (other the sconsin laws, any laws of other or are you an officer, din of a limited liability company (Name, Location)  | ty imposed, and/or side of this form.)  nan traffic unrelated the states or ordinal ector or agent of a pholding or applying and Type of License/Pen   | date, descripted to alcohol be inces of any corporation/n ing for any other   | everages<br>ounty or<br>onprofit              | Yes                     | XN         |
| violation of any federal laws, any Wiscor or municipality?  If yes, give law or ordinance violated, tria status of charges pending. (If more room  Are charges for any offenses presently programmed for violation of any federal laws, any Wismunicipality?  If yes, describe status of charges pending. Do you hold, are you making application organization or member/manager/agent beverage license or permit?  If yes, identify.  SEE ATTA  | al court, trial date and penalt is needed, continue on reverse pending against you (other the consin laws, any laws of other of a limited liability company CHED  (Name, Location rector, stockholder, agent or   | ty imposed, and/or side of this form.)  man traffic unrelated the states or ordinated the states of any period the states of | date, descripted to alcohol beinces of any corporation/ning for any otherwith   | everages<br>ounty or<br>onprofit<br>er alcoho | Yes                     | XN         |
| violation of any federal laws, any Wiscor or municipality?  If yes, give law or ordinance violated, tria status of charges pending. (If more room)  Are charges for any offenses presently proceeding for violation of any federal laws, any Wismunicipality?  If yes, describe status of charges pending. Do you hold, are you making application organization or member/manager/agent beverage license or permit?  If yes, identify.  SEE ATTA   | al court, trial date and penalt is needed, continue on reverse bending against you (other the consin laws, any laws of other of a limited liability company CHED  (Name, Location rector, stockholder, agent or lity company holding or appli   | ty imposed, and/or side of this form.)  nan traffic unrelated the states or ordinated the states of  | d to alcohol be<br>inces of any c<br>corporation/n<br>ing for any other   | everages ounty or onprofit er alcoho          | Yes                     | <b>X</b> Z |
| violation of any federal laws, any Wiscor or municipality?  If yes, give law or ordinance violated, tria status of charges pending. (If more room)  Are charges for any offenses presently proceeding for violation of any federal laws, any Wismunicipality?  If yes, describe status of charges pending. Do you hold, are you making application organization or member/manager/agent beverage license or permit?  If yes, identify.  SEE ATTA   | al court, trial date and penalt is needed, continue on reverse bending against you (other the consin laws, any laws of other of a limited liability company CHED  (Name, Location rector, stockholder, agent or lity company holding or appli   | ty imposed, and/or side of this form.)  nan traffic unrelated the states or ordinated the states of  | d to alcohol be<br>inces of any c<br>corporation/n<br>ing for any other   | everages ounty or onprofit er alcoho          | Yes                     | X          |
| violation of any federal laws, any Wiscor or municipality?  If yes, give law or ordinance violated, tria status of charges pending. (If more room)  Are charges for any offenses presently proceeding for violation of any federal laws, any Wismunicipality?  If yes, describe status of charges pending Do you hold, are you making application organization or member/manager/agent beverage license or permit?  If yes, identify.  SEE ATTAL  Do you hold and/or are you an officer, dimember/manager/agent of a limited liabil brewery/winery permit or wholesale liquous liques, identify.   | al court, trial date and penalt is needed, continue on reverse bending against you (other the consin laws, any laws of other of a limited liability company CHED  (Name, Location rector, stockholder, agent or lity company holding or appli   | ty imposed, and/or side of this form.)  nan traffic unrelated the states or ordinated the states of  | date, descripted to alcohol be inces of any corporation/ning for any otherwise or corporation or corporation or corporation of Wisconsin? | everages<br>ounty or<br>onprofit<br>er alcoho | Yes  X Yes              | X          |
| violation of any federal laws, any Wiscor or municipality?  If yes, give law or ordinance violated, tria status of charges pending. (If more room)  Are charges for any offenses presently proceeding for violation of any federal laws, any Wismunicipality?  If yes, describe status of charges pending Do you hold, are you making application organization or member/manager/agent beverage license or permit?  If yes, identify.  SEE ATTAL  Do you hold and/or are you an officer, dimember/manager/agent of a limited liabil brewery/winery permit or wholesale liquous liques, identify.   | al court, trial date and penalt is needed, continue on reverse pending against you (other the consin laws, any laws of other of a limited liability company CHED  (Name, Location rector, stockholder, agent or dity company holding or apping, manufacturer or rectifier penalty Licensee or Permittee)  | ty imposed, and/or side of this form.)  man traffic unrelated the states or ordinated the states or ordinated the states or ordinated the states of a polying and Type of License/Pentemploye of any polying for a wholesa permit in the State   | date, descripted to alcohol be inces of any corporation/ning for any otherwise or corporation or corporation or corporation of Wisconsin? | everages<br>ounty or<br>onprofit<br>er alcoho | Yes  X Yes              | X          |
| violation of any federal laws, any Wiscor or municipality?  If yes, give law or ordinance violated, tria status of charges pending. (If more room)  Are charges for any offenses presently proceeding for violation of any federal laws, any Wismunicipality?  If yes, describe status of charges pending. Do you hold, are you making application organization or member/manager/agent beverage license or permit?  If yes, identify.  SEE ATTA:  Do you hold and/or are you an officer, dimember/manager/agent of a limited liabil brewery/winery permit or wholesale liquous if yes, identify.  (Name of Whole individual must list in chronologic  | al court, trial date and penalt is needed, continue on reverse pending against you (other the consin laws, any laws of other of a limited liability company CHED  (Name, Location rector, stockholder, agent or dity company holding or apping, manufacturer or rectifier penalty Licensee or Permittee)  | ty imposed, and/or side of this form.)  man traffic unrelated the states or ordinated the states or ordinated the states or ordinated the states of a polying and Type of License/Pentemploye of any polying for a wholesa permit in the State   | date, descripted to alcohol be inces of any corporation/ning for any otherwise or corporation or corporation or corporation of Wisconsin? | everages<br>ounty or<br>onprofit<br>er alcoho | Yes  Yes  Yes  Yes  Yes | X N        |
| violation of any federal laws, any Wiscor or municipality?  If yes, give law or ordinance violated, tria status of charges pending. (If more room)  Are charges for any offenses presently proceeding for violation of any federal laws, any Wismunicipality?  If yes, describe status of charges pending. Do you hold, are you making application organization or member/manager/agent beverage license or permit?  If yes, identify.  SEE ATTA:  Do you hold and/or are you an officer, dimember/manager/agent of a limited liabil brewery/winery permit or wholesale liquous if yes, identify.  Named individual must list in chronologic imployer's Name   | al court, trial date and penalt is needed, continue on reverse pending against you (other the consin laws, any laws of other of a limited liability company (Name, Location rector, stockholder, agent or dity company holding or applied, manufacturer or rectifier penale Licensee or Permittee) call order last two employers.   | ty imposed, and/or side of this form.)  man traffic unrelated the states or ordinated the states or ordinated the states or ordinated the states of applying and Type of LicensetPendemploye of any pellying for a wholesa permit in the State   | date, descripted to alcohol be inces of any corporation/ng for any other mill been permit of Wisconsin?                                   | everages<br>ounty or<br>onprofit<br>er alcoho | Yes  X Yes              | X N        |
| violation of any federal laws, any Wiscor or municipality?  If yes, give law or ordinance violated, tria status of charges pending. (If more room)  Are charges for any offenses presently proceeding for violation of any federal laws, any Wismunicipality?  If yes, describe status of charges pending. Do you hold, are you making application organization or member/manager/agent beverage license or permit?  If yes, identify.  SEE ATTA  Do you hold and/or are you an officer, dimember/manager/agent of a limited liabil brewery/winery permit or wholesale liquous if yes, identify.  Named individual must list in chronological Employer's Name  CASEY'S   | al court, trial date and penalt is needed, continue on reverse pending against you (other the consin laws, any laws of other of a limited liability company (Name, Location rector, stockholder, agent or dity company holding or applier, manufacturer or rectifier personal order last two employers.   | ty imposed, and/or side of this form.)  man traffic unrelated the states or ordinated the states or ordinated the states or ordinated the states of applying and Type of LicensetPendemploye of any pellying for a wholesa permit in the State   | date, descripted to alcohol be inces of any corporation/ning for any other mill been permited to the corporation?  (Address Employed From | everages<br>ounty or<br>onprofit<br>er alcoho | Yes  Yes  Yes  Yes  Yes | X N        |

**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.

engles in Beach

DOUGLAS BEECH FOR CASEY'S MARKETING COMPANY

7D2

| Renewal Alcohol  | Beverage Lice                  | ense App              | dication                                 | Applicant's Wisconsin Seller's Per   |   |  |
|--|--------------------------------|-----------------------|--|--|---|--|
| (Submit to municipal clerk.  | Read instructions on           | page 3.)              |  | 456-000036   | 847203  |  |
| For the license period beginn  | ing(07/01/202                  | $22_{\rm ending}$ :00 | e 130/2023                               | 39-17150   | 293   |  |
|  | (mm dd yyyy)                   |                       | (mm dd yyyy)                             | TYPE OF LICENSE REQUESTED  | FEE   |  |
| To the Governing Body of the   | ☐ Town of<br>: ☐ Village of }  | ransv                 | ule                                      | Class A beer   | \$ 100  |  |
|  | City of                        |                       |  | Class B beer   | \$ 100  |  |
| County of KOC  |                                |                       | 1, 1                                     | ☐ Class C wine ☐ Class A liquor  | \$ 100<br>\$ 500  |  |
| County of KOC  |                                | Aldermani             | c Dist. No.                              | Class A liquor (cider only)  | \$ 500<br>\$ N/A  |  |
|  |                                | (ii require)          | d by ordinance)                          | Class B liquor   | \$ 500  |  |
| Check one: Individual  | Limited Liability C            | Company               |  | Reserve Class B liquor   | \$  |  |
| ☐ Partnership  | Corporation/Nonp               | rofit Organizat       | tion                                     | Class B (wine only) winery   |   |  |
|  | ^                              |                       |  | X Publication fee  | \$ 15   |  |
| Complete A or B. All must o  |                                |                       |  | TOTAL FEE  | \$ 615  |  |
| A. Individual or Partnership   |                                |                       | 120                                      |  |   |  |
| Full Name (Last) WCSIde<br>Full Name (Last) V P  | James                          | (Middle Name)         | 8017 N.                                  | ty or Post Office, & Zip Code)  ty or Post Office, & Zip Code)  Va   | vansulewt<br>53536<br>nsulve,wt   |  |
| Full Name (Last)   | (First)                        | Middle Name)          | Home Address (Street, Cit                | ty or Post Office, & Zip Code)   | 53536   |  |
| B. LLC or Corporation (and   | Agenti                         |                       |  |  |   |  |
| Full Legal Name of Corporation / None  |                                | inhilib. Company      | ۸ ما | Model Property and the control of th | a service and a |  |
| Tuli Legal Name of Corporation / None  | roll Organization / Limited Li | lability Company      | Address of Corporation / Lim             | ited Liability Company (if different fro   | om licensed premises)   |  |
| TO WELL ?  | LUCITUL                        | MC10+DI               | DOTING 0                                 | IV CITY RU   | 11 Crap VIII  |  |
| All corporations/organizations liquor must appoint an agent.   | or limited liability comp      | panies applying       | for a license to sell                    | fermented mal(Jeverages a  | and/or intoxicating   |  |
| Agent Last Name  | (First) (                      | Middle Name)          | Home Address (Street, Cit                | y or Post Office, & Zip Code)  |   |  |
| LKODECKY   | lames                          | 12000                 | 1 8017 V                                 | 1 KIDGOCT  | 53534   |  |
| All Officer(s) Director(s) of C  | Corporation and Mem            | hers / Manage         | ers of Limited Liabili                   | ty Company:  |   |  |
| President / Member Last Name   |                                | Middle Name)          |  | y or Post Office, & Zip Code)  |   |  |
|  |                                |                       | , ,                                      | ,,   |   |  |
| Vice President / Member Last Name  | (First) (I                     | Middle Name)          | Home Address (Street, Cit                | y or Post Office, & Zip Code)  |   |  |
| Secretary / Member Last Name   | (First) (I                     | Middle Name)          | Home Address (Street, Cit                | y or Post Office, & Zip Code)  |   |  |
| Treasurer / Member Last Name   | (First) (I                     | Middle Name)          | Home Address (Street, Cit                | y or Post Office, & Zip Code)  |   |  |
| Directors / Managers Last Name   | (First) (I                     | Middle Name)          | Home Address (Street, Cit                | y or Post Office, & Zip Code)  |   |  |
| Directors / Managers Last Name   | (First) (F                     | Middle Name)          | Home Address (Street, Cit                | y or Post Office, & Zip Code)  |   |  |
| C. Business turbulant  |                                |                       |  |  | 1   |  |
| Business Information     Trade Name  | 001 150                        | 501 Ml.               | ا ما م                                   | 1000 00  | 0 - 7128  |  |
| 2. Address of Premises   | NOTYD                          | MINIO                 | Business Phone                           |  | 15300   |  |
| -  | 11/11/                         | 911                   | Post Office & Zip                        | 0.00   | TIETUL J 323/   |  |
| 3. Does the applicant unders and brewpubs?   | tand that they must pu         | rchase alcohol        | beverages only from                      | Wisconsin wholesalers, bre   | eweries 🔲 No  |  |
| 4. 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.) |                                |                       |  |  |   |  |
| ON OC.   | ru Storic                      | 1.10                  | dosino                                   | to day   | 3   |  |
| J. 564   | J 3,5,6                        |                       | cesigne                                  | coe co cone c  |   |  |
|  |                                |                       |  |  |   |  |

|                                |   |   |  |  | $\epsilon$                                  |   |
|--------------------------------|---|---|--|--|---|---|
| 5,                             | Legal description (omit if street address   | is given on previous page): $\bigotimes \mathcal{N}$  | Rd ME  | van<br>WI  | sville<br>53536                             | , |
| 6.                             | member, officer, director, manager or<br>organization licensee been convict<br>for violation of any federal laws, any   | as the named licensee, any member of a par<br>or agent for either a limited liability company<br>ed of any offenses (excluding traffic offens<br>Wisconsin laws, any laws of other states, o<br>age 3   | licensee, or nonprofit<br>es not related to alcohol)<br>r ordinances of any county   | ☐ Yes  | No  |   |
|                                | b. Are <b>charges</b> for <b>any offenses</b> prese<br>the named licensee or any other per  | ently <b>pending</b> (excluding traffic offenses not a sons affiliated with this license? If yes, expl  | related to alcohol) against ain fully on page 3.   | ☐ Yes  | No No                                       |   |
| 7.                             | Except for questions 6a and 6b, have t by you on your last application for this   | here been any changes in the answers to the license? If yes, explain  | ne questions as submitted  | ☐ Yes  | M No  |   |
|                                |   | V   |  |  |   |   |
| 8.                             | Was the profit or loss from the sale of alcor Franchise Tax return of the licensee?   | cohol beverages for the previous year reported if not, explain  | d on the Wisconsin Income  | Yes Yes  | □ No  |   |
|                                |   |   |  |  |   |   |
| 9.                             | Does the applicant understand they mus<br>[phone (608) 266-2776]  | st hold a Wisconsin Seller's Permit?  | METALER PROTECTION ENGINEERS   | Yes  | □ No  |   |
| 10.                            | Does the applicant understand that alcolorom the date of invoice and made available.  | nol beverage invoices must be kept at the lice  | ensed premises for 2 years   | Yes  | □No   |   |
| 1.                             | Is the applicant indebted to any wholesa  | ller beyond 15 days for beer or 30 days for li  | quor?  | ☐ Yes  | MNO   |   |
| 2.                             |   | rty taxes, assessments, or other fees? ided pursuant to a local ordinance, if the licer   |  | ☐ Yes  | No  |   |
| pp<br>Ind<br>oic<br>nis<br>hac | n truthfully answered to the best of the kr<br>lication; that the applicant has read and r<br>correct. The undersigned further unders<br>I, and under penalty of state law, the app | nder penalty provided by law, the undersigned howledge of the signer. The signer agrees that made a complete answer to each question, a stands that any license issued contrary to Chicant may be prosecuted for submitting false provides materially false information on this a | t he/she is the person name<br>nd that the answers in each<br>apter 125 of the Wisconsin<br>e statements and affidavits in | d in the fo<br>instance<br>Statutes :<br>connect | regoing<br>are true<br>shall be<br>ion with | ب |
|                                | BE COMPLETED BY CLERK  received and filed with municipal clerk  | Date reported to cours!! / hazard   | Data Kanana aras da  |  |   |   |
|                                |   | Date reported to council / board  | Date license granted   |  |   |   |
| ice                            | nse number issued   | Date license issued   | Signature of Clerk / Deputy Clerk  |  |   |   |

#### THIS RENEWAL FORM CANNOT BE USED IF:

- There is a change in business entity (i.e., individual has changed to partnership or corporation/limited liability company; partnership changed to individual or corporation/limited liability company; corporation changed to individual, partnership or limited liability company) and if limited liability company has been dissolved.
- 2. Partners are added or dropped.
- 3. Application is made in a different municipality.

#### **PARTNERSHIPS:**

Indicate full name and home address of each partner. One partner must sign application. **Reminder**: If partners have been added or dropped since your last application, you must use Form AT-106 (Original Beverage License Application).

#### **CORPORATIONS:**

One officer must sign application. Be sure to answer Question No. 7 by indicating any change of officers, directors, and/or changes in home address. If there are any changes in officers and/or directors each must complete Form AT-103 (Auxiliary Questionnaire). If there has been a change in agent since your last approved agent, he/she must complete Forms AT-104 (Schedule for Appointment of Agent) AND AT-103 (Auxiliary Questionnaire) in addition to this (AT-115) form.

#### LIMITED LIABILITY COMPANY:

One member/manager must sign application. Follow procedure under Corporations for any change of members or agent.

**NOTE:** Use ink or typewriter when filling in applications. Be sure to answer all questions fully and accurately. 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.

#### **DISCRIMINATION CLAUSE** – (City of Milwaukee only)

The applicant shall not willfully refuse to provide those services offered under this license or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry, the applicant shall not seek information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion solely on the basis of such information. The applicant also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

Complete, sign and return this form to the clerk.

If answer to Questions No. 6a and/or 6b on page 2 are "YES," outline details below:

| 1. | NAME           | _                                       | STATUTE NO./LOCAL ORDIN | IANCE |  |
|----|----------------|---|-------------------------|-------|--|
|    | CHARGE         |   | WHERE CONVICTED         | ==    |  |
|    | DATE PENALTY   |   |                         |       |  |
| 2. | NAME           |   | STATUTE NO./LOCAL ORDIN | IANCE |  |
|    | CHARGE         |   | WHERE CONVICTED         |       |  |
|    | DATE PENALTY   |   |                         |       |  |
| 3. | NAME           | _                                       | STATUTE NO./LOCAL ORDIN | ANCE  |  |
|    | CHARGE         |   | WHERE CONVICTED         |       |  |
|    | DATE PENALTY   |   |                         |       |  |
|    | PI             | ENC                                     | DING CHARGE             |       |  |
| ١. | NAME           |   | STATUTE NO./LOCAL ORDIN | ANCE  |  |
|    | PENDING CHARGE | ======================================= | DATE                    |       |  |

### 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. Town To the governing body of: Village The undersigned duly authorized officer/member/manager of a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as located a appoints (Name of Appointed (Home Address of Appointed Age 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? How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? Place of residence last year (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** , hereby accept this appointment as agent for the (Print / Type Agent's Name) corpolation/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 Agent's age Date of birth (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 (Date) (Signature of Proper Local Official)

(Town Chair, Village President, Police Chief)

Submit to municipal clerk.

| Individual's Full Name (please print) (las   | t name)                            | (first_name)   | (mide   | dle name)                   |
|--|------------------------------------|--|---|-----------------------------|
| KODECVI  | i i                                | Jamas  | 1) o  |                             |
| Home Address (street/route)  | Post Office                        | City   | State   | Zip Code                    |
| 8017 N Vida  | oct Fra                            | nsvulp Eva   | nsvello W   | IT 52536                    |
| Home Dhone Number  | e co cru                           | BY YIE C'U   |   | of Birth                    |
|  |                                    |  | W   | VII JOUNDANI.               |
|  |                                    |  | <i>[1]</i>  | )il woukee, h               |
| The above named individual provide   | es the following informati         | on as a person who is (c                             | heck one):  |                             |
| Applying for an alcohol beverage   |                                    |  | ·   |                             |
| A member of a partnership wh   |                                    |  | license   | . (                         |
| X President  | of                                 | KODOCK   | is Liborla  | luido toros                 |
| (Officer / Director / Member / Ma  |                                    | Name of Corporation                                  | Limited Liability Company or Nor                      | prolit Organization)        |
| which is making application for  | an alcohol beverage lice           | nse.   |   | THIC                        |
| The above named individual provide   | es the following informati         | on to the licensing author                           | rity:   |                             |
| How long have you continuously   |                                    |  | 17 Year   | - (                         |
| Have you ever been convicted or  |                                    |  | hol beveraged) for                                    |                             |
| violation of any federal laws, any   | / Wisconsin laws, any lav          | vs of any other states or                            | ordinances of any count                               | v / //                      |
| or municipality?   |                                    |  |   | Yes No                      |
| If yes, give law or ordinance viol   |                                    |  |   | nd                          |
| status of charges pending (If me   | ore room is needed, continu        | e on reverse side of this fon                        | m.)   |                             |
| 3. Are charges for any offenses pre  | sently pending against y           | ou (other than traffic upr                           | olotod to alochol havene                              | \                           |
| for violation of any federal laws,   | any Wisconsin laws, any            | laws of other states or o                            | eialed to alconol beverag                             | jes)<br>or                  |
| municipality?  |                                    | name of ourier states of c                           | and the country                                       | Yes No                      |
| If yes, describe status of charges   | s pending.                         | 1001 PtG1 SW177                                      |   | 100                         |
| 4. Do you hold, are you making app   | olication for or are you ar        | officer, director or agent                           | t of a corporation/nonpro                             | fit                         |
| organization or member/manage  |                                    |  |   |                             |
| beverage license or permit?  |                                    |  |   | Yes                         |
| If yes, identify.  |                                    | Name, Location and Type of Licen                     | sa/Parmit)  |                             |
| 5. Do you hold and/or are you an o   |                                    |  |   | 05                          |
| member/manager/agent of a limi   | ted liability company hole         | ding or applying for a who                           | olesale beer permit.                                  | OI .                        |
| brewery/winery permit or wholes  | ale liquor, manufacturer           | or rectifier permit in the S                         | state of Wisconsin?                                   | Yes No                      |
| If yes, identify.  |                                    |  |   | — <del>)</del>              |
|  | ne of Wholesale Licensee or Permit | •  | (Address By City                                      | and County)                 |
| 6. Named individual must list in chr   |                                    | employers.   |   |                             |
| Employer's Name  | Employer's Address                 |  | Employed From   | То                          |
| Employer's Name  | Employer's Address                 |  | 1-2001100001 -  |                             |
| and of the state o | Employer's Address                 |  | Employed From   | То                          |
|  |                                    |  |   |                             |
|  |                                    |  |   |                             |
| READ CAREFULLY BEFORE SIGN   | IING: Under penalty pro            | vided by law, the unders                             | igned states that each o                              | f the above questions has   |
| been truthfully answered to the best application; that the applicant has rea   | of the knowledge of the            | signer. The signer agree:<br>answer to each question | s that he/she is the personal and that the answers in | on named in the foregoing   |
| correct. The undersigned further und   | erstands that any license          | issued contrary to Chapt                             | ter 125 of the Wisconsin                              | Statutes shall be void, and |
| under penalty of state law, the applic   | ant may be prosecuted for          | or submitting false staten                           | nents and affidavits in co                            | nnection with this applica- |
| tion. Any person who knowingly prov  | ides materially false info         | rmation on this applicatio                           | n may be required to for                              | feit not more than \$1,000. |
|  |                                    |  | MILL SHIM   | arrin                       |
|  |                                    | 1  | 7/10000   |                             |
|  |                                    |  | (Signature of Name                                    | a individual                |

|  | lead instructions o  | ense App<br>n page 3.)   |  | Applicant's Wisconsin Seller's Perr 456-0000 6374 28-  | 03  |
|--|--|--|--|--|---|
|  |  |  |  | FEIN Number 04-3738143   |   |
| For the license period beginni   | ng: 7-01-202   | $\stackrel{\mathcal{A}}{\sim}$ ending: $\stackrel{\mathcal{B}}{\sim}$  | - 30-2023  |  |   |
|  |  |  |  | TYPE OF LICENSE<br>REQUESTED   | FEE   |
| To the Governing Body of the   | William of   | =12AW VI   | 111 4  | 🔀 Class A beer   | \$ 10                                       |
| to the doverning body of the   | City of  |  | 1000   | Class B beer   | \$ 10                                       |
|  | City of  |  |  | Class C wine   | \$ 10                                       |
| County of ROCK   |  | Alderman   | nic Dist. No   | ⊠ Class A liquor   | \$ 50                                       |
|  |  | (if require  | ed by ordinance)   | Class A liquor (cider only)  | \$ N/A                                      |
| Observation  |  | _  |  | Class B liquor   | \$ 50                                       |
| Check one: Individual  | Limited Liability  |  |  | Reserve Class B liquor   | \$  |
| ☐ Partnership  | Corporation/Nor  | iprofit Organiza   | ation  |  |   |
| Complete A or B. All must o  | omniete C  |  |  | Publication fee  | \$ 1.                                       |
|  | •  |  |  | TOTAL FEE  | \$ 65.00                                    |
| A. Individual or Partnership   |  |  |  |  |   |
| Full Name (Last)   | (First)  | (Middle Name)  | Home Address (Street, 6  | City or Post Office, & Zip Code)   |   |
|  |  |  |  |  |   |
| Full Name (Last)   | (First)  | (Middle Name)  | Home Address (Street, (  | City or Post Office, & Zip Code)   |   |
|  |  |  |  |  |   |
| Full Name (Last)   | (First)  | (Middle Name)  | Home Address (Street, 0  | City or Post Office, & Zip Code)   |   |
|  |  |  |  |  |   |
| B. LLC or Corporation (and   |  |  |  |  |   |
| Agent Last Name<br>SEKHOW  | (First)  | (Middle Name)  | Ho   |  |   |
| 3C KHOW  | PARMINDER  | K  |  |  |   |
| All Officer(e) Director(e) -5 C  |  |  |  |  |   |
|  | orporation and Mei   | mbers / Manag  | gers of Limited Liabi  | ility Company:   |   |
| President / Member Last Name   | (First)  | (Middle Name)  | gers of Limited Liabi  | ility Company:   |   |
|  |  | (Middle Name)  | gers of Limited Liab   | ility Company:   |   |
| President / Member Last Name   | (First)  | (Middle Name)  | Н  | ility Company:   |   |
| President / Member Last Name SEKHOW  | (First) PARMINDER  | (Middle Name)  | Н  | , ,  |   |
| President / Member Last Name SEKHOW  | (First) PARMINDER  | (Middle Name)  | Home Address (Street, C  | , ,  |   |
| President / Member Last Name  SEKHOW  Vice President / Member Last Name  | PARMINDER<br>(First)   | (Middle Name) (Middle Name)  | Home Address (Street, C  | City or Post Office, & Zip Code)   |   |
| President / Member Last Name  SEKHOW  Vice President / Member Last Name  | PARMINDER<br>(First)   | (Middle Name) (Middle Name)  | Home Address (Street, (  | City or Post Office, & Zip Code)   |   |
| President / Member Last Name SEKHOW Vice President / Member Last Name Secretary / Member Last Name Treasurer / Member Last Name  | (First)  PALM INDER  (First)  (First)  | (Middle Name) (Middle Name) (Middle Name)  | Home Address (Street, (  | City or Post Office, & Zip Code) City or Post Office, & Zip Code)  |   |
| President / Member Last Name  SEKHOW  Vice President / Member Last Name  Secretary / Member Last Name  | (First)  PALM INDER  (First)  (First)  | (Middle Name)  (Middle Name)  (Middle Name)  (Middle Name)  (Middle Name)  | Home Address (Street, C  | City or Post Office, & Zip Code) City or Post Office, & Zip Code)  |   |
| President / Member Last Name  SEKHOW  Vice President / Member Last Name  Secretary / Member Last Name  Treasurer / Member Last Name  | (First)  PARM IWDER (First)  (First)   | (Middle Name)  (Middle Name)  (Middle Name)  (Middle Name)   | Home Address (Street, C  | City or Post Office, & Zip Code)  City or Post Office, & Zip Code)  City or Post Office, & Zip Code)   |   |
| President / Member Last Name SEKHOW Vice President / Member Last Name Secretary / Member Last Name Treasurer / Member Last Name  | (First) (First) (First) (First) (First) (First)  | (Middle Name)  (Middle Name)  (Middle Name)  (Middle Name)  (Middle Name)  | Home Address (Street, C  | City or Post Office, & Zip Code)  City or Post Office, & Zip Code)  City or Post Office, & Zip Code)   |   |
| President / Member Last Name  SEKHON  Vice President / Member Last Name  Secretary / Member Last Name  Treasurer / Member Last Name  Directors / Managers Last Name  Directors / Managers Last Name  | (First) (First) (First) (First) (First)  | (Middle Name)  (Middle Name)  (Middle Name)  (Middle Name)  (Middle Name)  | Home Address (Street, C  | City or Post Office, & Zip Code)  City or Post Office, & Zip Code)  City or Post Office, & Zip Code)   |   |
| President / Member Last Name  SEKHOW  Vice President / Member Last Name  Secretary / Member Last Name  Treasurer / Member Last Name  Directors / Managers Last Name  SEKHOW  Directors / Managers Last Name  R  SEKHOW  Directors / Managers Last Name  R  SEKHOW  | (First) (First) (First) (First) (First) (First)  | (Middle Name)  (Middle Name)  (Middle Name)  (Middle Name)  (Middle Name)  (Middle Name)   | Home Address (Street, C  | City or Post Office, & Zip Code)  City or Post Office, & Zip Code)  City or Post Office, & Zip Code)   |   |
| President / Member Last Name  SEKHOW  Vice President / Member Last Name  Secretary / Member Last Name  Treasurer / Member Last Name  Directors / Managers Last Name  SEKHOW  Directors / Managers Last Name  SEKHOW  C. Business Information   | (First) PARMINDER (First) (First) (First)  (First)  (First)  WEIL  | (Middle Name)  (Middle Name)  (Middle Name)  (Middle Name)  (Middle Name)  (Middle Name)   | Home Address (Street, C  | City or Post Office, & Zip Code)   | 3   |
| President / Member Last Name  SEKHOW  Vice President / Member Last Name  Secretary / Member Last Name  Treasurer / Member Last Name  Directors / Managers Last Name  SEKHOW  Directors / Managers Last Name  R  SEKHOW  Directors / Managers Last Name  R  SEKHOW  | (First) PARMINDER (First) (First) (First)  (First)  (First)  WEIL  | (Middle Name)  (Middle Name)  (Middle Name)  (Middle Name)  (Middle Name)  (Middle Name)   | Home Address (Street, C Home Address (Street, C Home Address (Street, C Home Address (Street, C  | City or Post Office, & Zip Code)   |   |
| President / Member Last Name  SEKHOW  Vice President / Member Last Name  Secretary / Member Last Name  Treasurer / Member Last Name  Directors / Managers Last Name  SEKHOW  Directors / Managers Last Name  SEKHOW  C. Business Information   | (First) (First) (First) (First) (First)  (First)  (First)  (First)  (First)  (First)  (First)  | (Middle Name)  (Middle Name)  (Middle Name)  (Middle Name)  (Middle Name)  S  (Middle Name)  S  (Middle Name)  | Home Address (Street, C Home Address (Street, C Home Address (Street, C Home Address (Street, C  | City or Post Office, & Zip Code)   |   |
| President / Member Last Name  SEKHOW  Vice President / Member Last Name  Secretary / Member Last Name  Treasurer / Member Last Name  Directors / Managers Last Name  SEKHOW  Directors / Managers Last Name  C. Business Information  1. Trade Name  ALL   | (First)   | (Middle Name)  (Middle Name)  (Middle Name)  (Middle Name)  (Middle Name)  S  (Middle Name)  S  (Middle Name)  | Home Address (Street, C Home Address (Street, C Home Address (Street, C Home Address (Street, C Business Phor Post Office & 2  | City or Post Office, & Zip Code)  The Number 608 82 2-  Zip Code EVANS VI  The Wisconsin wholesalers, bre  | LLE, S                                      |
| President / Member Last Name  SEKHOW  Vice President / Member Last Name  Secretary / Member Last Name  Treasurer / Member Last Name  Directors / Managers Last Name  SEKHOW  Directors / Managers Last Name  SEKHOW  C. Business Information  1. Trade Name  ALL  2. Address of Premises / Output  3. Does the applicant unders and brewpubs?  4. Premises description: De | (First)  (First)  (First)  (First)  (First)  (First)  (First)  (First)  AV  (First)  ANDISO  tand that they must puscible building or building quarters, if us   | (Middle Name)  (Middle Name)  (Middle Name)  (Middle Name)  (Middle Name)  (Middle Name)  S  (Middle Name)  S  ourchase alcohological sed, for the sales   | Home Address (Street, Company) Home Address (Street, Company) Home Address (Street, Company) Business Phore Post Office & 2 ol beverages only from alcohol beverages area, service, consumply  | City or Post Office, & Zip Code)  The Number 68-882-  Zip Code EVANS VI  The Wisconsin wholesalers, breed to be sold and stored. The tion, and/or storage of alcoho  | weries  P  applicant must                   |
| President / Member Last Name  SEKHOW  Vice President / Member Last Name  Secretary / Member Last Name  Treasurer / Member Last Name  Directors / Managers Last Name  SEKHOW  Directors / Managers Last Name  SEKHOW  C. Business Information  1. Trade Name  ALL  2. Address of Premises / Outlines and brewpubs?  4. Premises description: Deinclude all rooms including  | (First)  (Fi | (Middle Name)  (Middle Name)  (Middle Name)  (Middle Name)  (Middle Name)  S  (Middl | Home Address (Street, Company) Home Address (Street, Company) Home Address (Street, Company) Business Phore Post Office & Zool beverages only from alcohol beverages are ses, service, consumption the premises described.   | City or Post Office, & Zip Code)  The Number 688 82 2  The Number 888 2  The Number 888 2  The Number 988 82 3  The N | weries  weries  applicant must beverages an |
| President / Member Last Name  SEKHOW  Vice President / Member Last Name  Secretary / Member Last Name  Treasurer / Member Last Name  Directors / Managers Last Name  SEKHOW  Directors / Managers Last Name  SEKHOW  C. Business Information  1. Trade Name  ALL  2. Address of Premises / Outlines and brewpubs?  4. Premises description: Deinclude all rooms including  | (First)  (First)  (First)  (First)  (First)  (First)  AV  (First)  AV  (First)  AV  (First)  AV  (First)  (Firs | (Middle Name)  (Middle Name)  (Middle Name)  (Middle Name)  (Middle Name)  S  (Middle Name)  S  (Middle Name)  S  ourchase alcoholutions where ted, for the sale stored only on BUIL   | Home Address (Street, C) Home Address (Street, C) Home Address (Street, C) Home Address (Street, C) Business Phor Post Office & Z of beverages only from alcohol beverages described by the premises described by the premise by the premises described by t | City or Post Office, & Zip Code)  The Number 608-882-  Zip Code EVANSVI  The Wisconsin wholesalers, bre Yes  The to be sold and stored. The tion, and/or storage of alcohologed.)  | weries  a applicant mu beverages a          |

| 5. I                       | Legal description (omit if street address is given on pre   | evious page):  |   |  |   |
|----------------------------|---|--|---|--|---|
| 6. i                       | a. Since filing of the last application, has the named<br>member, officer, director, manager or agent for ei<br>organization licensee been convicted of any off<br>for violation of any federal laws, any Wisconsin la<br>or municipality? If yes, complete page 3  | ther a limited liability company l<br>enses (excluding traffic offense<br>ws, any laws of other states, or                                       | icensee, or nonprofit<br>s not related to alcohol)<br>ordinances of any county  | ☐ Yes  | ≫ No  |
|                            | b. Are charges for any offenses presently pending the named licensee or any other persons affiliated  |  |   | ☐ Yes  | No No   |
| 7.                         | Except for questions 6a and 6b, have there been an by you on your last application for this license? If y   | y changes in the answers to the  | e questions as submitted  | ☐ Yes  | No No   |
|                            |   |  | .,  |  |   |
| 8.                         | Was the profit or loss from the sale of alcohol beverag or Franchise Tax return of the licensee? If not, expla  | es for the previous year reported  | on the Wisconsin Income   | ¥ Yes  | □ No  |
|                            | Does the applicant understand they must hold a Wis [phone (608) 266-2776]   | consin Seller's Permit?  |   | Yes  | □ No  |
| 10.                        | Does the applicant understand that alcohol beverage from the date of invoice and made available for inspe   | invoices must be kept at the lice ction by law enforcement?  | ensed premises for 2 years  | Y Yes  | □ No  |
| 11.                        | Is the applicant indebted to any wholesaler beyond 1  | 5 days for beer or 30 days for li  | quor?   | ☐ Yes  | <b>⊠</b> No                                   |
| 12.                        | Does the applicant owe municipal property taxes, as ( <b>Note:</b> Renewal of licenses may be denied pursuan assessments or other fees).  | sessments, or other fees? to a local ordinance, if the licen   | ssee owes municipal taxes,  | ☐ Yes  | ₩ No  |
| app<br>and<br>void<br>this | AD CAREFULLY BEFORE SIGNING: Under penalty en truthfully answered to the best of the knowledge of to blication; that the applicant has read and made a complete correct. The undersigned further understands that a digital and under penalty of state law, the applicant may be application. Any person who knowingly provides mat in \$1,000. | the signer. The signer agrees that<br>plete answer to each question, a<br>my license issued contrary to Ch<br>he prosecuted for submitting false | it he/she is the person name<br>nd that the answers in each<br>napter 125 of the Wisconsin<br>e statements and affidavits i | ed in the for<br>instance<br>Statutes<br>in connec | oregoing<br>are true<br>shall be<br>tion with |
|                            | SEKHOW, PARMINDER K  gnature  Vanchus Selver  | PAESIDEA   | I I .   | 2027   |   |
|                            | /   | · •  |   |  |   |
| то                         | BE COMPLETED BY CLERK   | The second second  |   |  |   |
| Da                         | te received and filed with municipal clerk Date reported  | to council / board   | Date license granted  |  |   |
| Lic                        | cense number issued Date license is   | ssued  | Signature of Clerk / Deputy Clerk   |  |   |

#### THIS RENEWAL FORM CANNOT BE USED IF:

- There is a change in business entity (i.e., individual has changed to partnership or corporation/limited liability company; partnership changed to individual or corporation/limited liability company; corporation changed to individual, partnership or limited liability company) and if limited liability company has been dissolved.
- 2. Partners are added or dropped.
- 3. Application is made in a different municipality.

#### **PARTNERSHIPS:**

Indicate full name and home address of each partner. One partner must sign application. **Reminder**: If partners have been added or dropped since your last application, you must use Form AT-106 (Original Beverage License Application).

#### **CORPORATIONS:**

One officer must sign application. Be sure to answer Question No. 7 by indicating any change of officers, directors, and/or changes in home address. If there are any changes in officers and/or directors each must complete Form AT-103 (Auxiliary Questionnaire). If there has been a change in agent since your last approved agent, he/she must complete Forms AT-104 (Schedule for Appointment of Agent) AND AT-103 (Auxiliary Questionnaire) in addition to this (AT-115) form.

#### LIMITED LIABILITY COMPANY:

One member/manager must sign application. Follow procedure under Corporations for any change of members or agent.

**NOTE:** Use ink or typewriter when filling in applications. Be sure to answer all questions fully and accurately. 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.

#### **DISCRIMINATION CLAUSE** – (City of Milwaukee only)

The applicant shall not willfully refuse to provide those services offered under this license or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry, the applicant shall not seek information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion solely on the basis of such information. The applicant also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

Complete, sign and return this form to the clerk.

If answer to Questions No. 6a and/or 6b on page 2 are "YES," outline details below:

| 1. | NAME           | STATUTE NO./LOCAL ORDINANCE |     |
|----|----------------|-----------------------------|-----|
|    | CHARGE         | WHERE CONVICTED             |     |
|    | DATE PENALTY   | MISDEMEANOR FELC            | YNC |
| 2. | NAME           | STATUTE NO./LOCAL ORDINANCE |     |
|    | CHARGE         | WHERE CONVICTED             |     |
|    | DATE PENALTY   | MISDEMEANOR FELC            | YNC |
| 3. | NAME           | STATUTE NO./LOCAL ORDINANCE |     |
|    | CHARGE         | WHERE CONVICTED             |     |
|    | DATE PENALTY   | MISDEMEANOR FELC            | YNC |
|    | PE             | NDING CHARGE                |     |
| ١. | NAME           | STATUTE NO./LOCAL ORDINANCE |     |
|    | PENDING CHARGE | DATE                        |     |

## 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. Town Village of EVANSUILLE County of ROCK. To the governing body of: The undersigned duly authorized officer/member/manager of MADISON STREET EXP, INC.

(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 located at 10 4 S. MADISON STREET, EVANSUILLE, W.Z. 53536

appoints PARMINDER SEKHON

(Name of Appointed Agent)

(Home Address of Appointed Agent)

(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? 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? How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? \_ Place of residence last year MADISON STREET EXP, IWC

(Name of Corporation / Organization / Limited Liability Company)

(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 ARM (WDER SEKHOW , hereby accept this appointment as agent for the 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 of Agent) Date of birth 04-07-1962 (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 \_\_\_

(Signature of Proper Local Official)

(Date)

(Town Chair, Village President, Police Chief)

Submit to municipal clerk.

| Individual's Full Name (please print) (last nat                      | ne)   | (first name)                      | (middle i  | name)                     |  |  |
|--|---|-----------------------------------|--|---------------------------|--|--|
| SEKH   | on  | PARMINDE                          | R K  | _                         |  |  |
| Harra Address Colonellands   | 12.105  |                                   |  |                           |  |  |
|  |   |                                   |  |                           |  |  |
| The above named individual provides t                                | he following informs  | ation as a nerson who is (c       | heck one):   |                           |  |  |
| Applying for an alcohol beverage I                                   |   |                                   | reck oney.   |                           |  |  |
| A member of a partnership which                                      |   |                                   | license  |                           |  |  |
| PRESIDEN  (Officer/Director/Member/Manage                            | /T of   | MADISON                           | The state of the s | EXPINC  fit Organization) |  |  |
| which is making application for an                                   | alcohol beverage li   | cense.                            |  |                           |  |  |
| The above named individual provides t                                | he following informs  | ation to the licensing author     | ritv <sup>.</sup>  |                           |  |  |
| How long have you continuously re                                    | _   |                                   | y.   |                           |  |  |
| 2. Have you ever been convicted of a                                 | ny offenses (other th   | nan traffic unrelated to alco     |  | 1                         |  |  |
| violation of any federal laws, any W<br>or municipality?             | d, trial court, trial da  | te and penalty imposed, a         | nd/or date, description and  | Yes 🔀 No                  |  |  |
| 3. Are charges for any offenses prese                                | ntly pending agains   | t vou (other than traffic unr     | elated to alcohol beverages  | s)                        |  |  |
| for violation of any federal laws, any                               |   |                                   |  |                           |  |  |
| municipality?  |   |                                   |  | Yes No                    |  |  |
| 4. Do you hold, are you making applic                                |   | an officer, director or agen      | t of a corporation/nonprofit   |                           |  |  |
| organization or member/manager/a                                     |   |                                   |  |                           |  |  |
| beverage license or permit? If yes, identify.                        | #2-665 · · · · · · · · · · · · · · · · · ·  |                                   |  | Yes No                    |  |  |
|  |   | (Name, Location and Type of Licen | •  |                           |  |  |
| member/manager/agent of a limited                                    | i. Do you hold and/or are you an officer, director, stockholder, agent or employe 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? |                                   |  |                           |  |  |
| (Name of   | Wholesale Licensee or Per   | mittee)                           | (Address By City and   | l County)                 |  |  |
| 6. Named individual must list in chrono                              |   |                                   |  |                           |  |  |
| MADISON STEXP  | Employer's Address 104 S. M   | ADISON ST. EVAL                   | Suil Employed From 2003  | CURRENT                   |  |  |
| CAMBRIDGE GAS  | Employers Address   |                                   | Employed From  | 2022                      |  |  |
| READ CAREFULLY BEFORE SIGNIN been truthfully answered to the best of |   |                                   |  |                           |  |  |

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.

Submit to municipal clerk.

|     | Individual's Full Name (please print) (last na  | tne)                         | (first name)                        | (1                           | middle name)                  |
|-----|---|------------------------------|-------------------------------------|------------------------------|-------------------------------|
| - 1 | Sekhon  |                              | Jay                                 |                              | Singh                         |
| 1   | Home Address (street/route)   | Post Office                  | City                                |                              |                               |
|     | 2   |                              |                                     |                              |                               |
| -   | H   |                              |                                     |                              |                               |
| 1   |   |                              |                                     |                              |                               |
| L   | 6   |                              |                                     |                              |                               |
| _   |   |                              |                                     | 77 11319                     |                               |
| - 1 | he <i>above named individual</i> provides ti<br>—   | ne following informat        | tion as a person who is (che        | eck one):                    |                               |
| l   | Applying for an alcohol beverage li   | cense as an <b>individ</b>   | ual.                                |                              |                               |
| 1 1 | A member of a partnership which   | is making applicatio         | n for an alcohol beverage l         | icense.                      |                               |
| [   | (Officer / Director / Member ) Manage   | MBER of                      | MADISON S                           | TREET                        | EXPRESS                       |
|     | (Officer / Director / Member ) Manage   | r / Agent)                   | (Name of Corporation,               | Limited Liability Company or |                               |
|     | which is making application for an  | alcohol beverage lice        | ense,                               | 20 11 35 1                   |                               |
| _   |   | _                            |                                     |                              |                               |
| 1   | he above named individual provides the  | ne following informat        | tion to the licensing authori       | ty:                          |                               |
| 1   | . How long have you continuously res  | sided in Wisconsin p         | rior to this date?                  |                              |                               |
| 2   | . Have you ever been convicted of an  | y offenses (other tha        | an traffic unrelated to alcoh       | of beverages) for            |                               |
|     | violation of any federal laws, any Wi   | sconsin laws, any la         | ws of any other states or or        | rdinances of any cou         | nty                           |
|     | or municipality? HAS  |                              | L/1.0. YE.                          | MAS AG                       | O Yes 🗹 No                    |
|     | If yes, give law or ordinance violated  | i, triai court, triai date   | e and penalty imposed, and          | d/or date, description       | and                           |
|     | status of charges pending. (If more re  | oom is needed, continu       | ie on reverse side of this form.    | .)                           |                               |
| 3.  | Are charges for any offenses presen   | fly nending against y        | /OU (other than troffic uprel       | atod to alcohol b            |                               |
|     | for violation of any federal laws, any  | Wisconsin laws an            | /ou (other than trainic unite)      | ated to alcohol bever        | ages)                         |
|     | municipality?   |                              | idea of order states of Off         | anances of any coun          | ty of                         |
|     | If yes, describe status of charges pe   | ndina.                       |                                     |                              | ···· Yes  ✓ No                |
| 4.  | Do you hold, are you making applica   | ition for or are you a       | n officer, director or agent o      | of a cornoration/nonr        | rofit                         |
|     | organization or member/manager/ag   | jent of a limited liabil     | ity company holding or apr          | olving for any other a       | Icahal                        |
|     | beverage license or permit?   |                              |                                     |                              | Yes No                        |
|     | If yes, identify.   |                              |                                     |                              |                               |
| _   | B   |                              | (Name, Location and Type of License | /Permit)                     |                               |
| ວ.  | Do you hold and/or are you an office  | r, director, stockhold       | er, agent or employe of an          | y person or corporati        | on or                         |
|     | member/manager/agent of a limited   | liability company hol        | ding or applying for a whole        | esale beer permit,           |                               |
|     | brewery/winery permit or wholesale liftyes, identify.   | lquor, manufacturer          | or rectifier permit in the Sta      | ite of Wisconsin?            | ····· Yes 🔽 No                |
|     |   |                              |                                     |                              |                               |
| -6  | (Name of V  | Vholesale Licensee or Permit | tee)                                | (Address By C                | ly and County)                |
| Ο.  | Named individual must list in chronole<br>Employer's Name   | ogical order last two        | employers,                          |                              |                               |
|     |   | . ,                          |                                     | Employed From                | То                            |
|     | Deloitte Consulting Employer's Name   | 4022 Sells                   | Dr, Hermitage,                      | T 10/09/201                  | 7 CURRENT                     |
|     |   | Employer's Address           |                                     | Employed From                | To                            |
|     | Covance   | 3301 Kinsma                  | an Blvd, Madison                    | n, 11/05/201                 | 2   02/09/2015                |
|     |   |                              |                                     |                              |                               |
| RE  | AD CAREFULLY BEFORE SIGNING   | : Under penalty pro          | ovided by law, the undersid         | ined states that each        | of the thougaugations has     |
|     | a | 12 VIIOANIGORIG OF TUE       | Sidner ine Sidner adrese            | that balaba is the me        |                               |
|     | The dipplicant has read at  | to made a cordoleia.         | AUSMELIU BACH UNDERIOR A            | and that the energy :        |                               |
|     | The disconsigned fulfille attacks   | anus mai anv imense          | PISSUAD CONTRADA to Chasta          | v 4715 of the Misses         | - 04-4-1                      |
| ~   | an policity of state law, the applicant   | Hav de brosecuted t          | ar si inmittina talca ctatama       | anto and affidential in      |                               |
|     | n. Any person who knowingly provides  | materially talse into        | mation on this application          | may be required to f         | orfeit not more than \$1,000. |
|     |   |                              | •                                   | 1 /0 (                       | 0/1/20                        |
|     |   |                              |                                     | J47 <                        |                               |
|     |   |                              |                                     | (Signiture of Na             | mea individuel)               |

|   | Beverage Lie   |   | dication   | Applicant's Wisconsin Seller's Per  |                    |   |
|---|--|---|--|---|--------------------|---|
| (Submit to municipal clerk. F   | Read instructions o  | n page 3.)  | 2023   | FEIN Number   | 0/3                | , 00                                    |
|   | 11   | /   | 3.   | 39-136 162  | 9                  |   |
| For the license period beginn   | ng/uly / 2022<br>(mm dd yyyy)  | ending:   | (mm dd yyyy)   | TYPE OF LICENSE<br>REQUESTED  |                    | FEE                                     |
|   | ☐ Town of ``   |   |  | Glass A beer  | 6                  | 100                                     |
| To the Governing Body of the  | : 🗌 Village of $\}$ $\&$   | vansu.  | 110  | Class B beer  | \$                 | 100                                     |
|   | City of  |   |  |   | _                  | 100                                     |
|   |  |   |  | Class C wine  | \$                 | 100                                     |
| County of Rock  |  |   | ic Dist. No  | Class A liquor  | \$                 | 500                                     |
|   |  | (if require   | d by ordinance)  | Class B liquor  | \$                 | N/A                                     |
| Check one:  Individual  | Limited Liability  | Company   |  | Reserve Class B liquor  | \$                 | 500                                     |
| ☐ Partnership   | Corporation/No   |   | tion   | Class B (wine only) winery  | -                  |   |
|   | ∠ corporation//to  | inprom Organiza   |  | Publication fee   | \$                 | 1.0                                     |
| Complete A or B. All must o   | complete C.  |   |  | TOTAL FEE   | \$                 | 15                                      |
| A Individual or Davis costi   |  |   |  | TOTALTEL  | Φ                  | 1010                                    |
| A. Individual or Partnership  |  | Tradicalla Name)  | 111  |   | _                  |   |
| Full Name (Last)  | (First)  | (Middle Name)   | Home Address (Street,  | City or Post Office, & Zip Code)  |                    |   |
|   |  |   |  |   |                    |   |
| Full Name (Last)  | (First)  | (Middle Name)   | Home Address (Street,  | City or Post Office, & Zip Code)  |                    |   |
|   |  |   |  |   |                    |   |
| Full Name (Last)  | (First)  | (Middle Name)   | Home Address (Street,  | City or Post Office, & Zip Code)  |                    |   |
|   |  |   |  |   |                    |   |
|   |  |   |  |   |                    |   |
| 3. LLC or Corporation (and  |  |   |  |   |                    |   |
| Full Legal Name of Corporation / Nonp   |  |   |  | imited Liability Company (if different fro  | m licen            | sed premises)                           |
| Olin Oil Co., =   | DNO  |   | 350 N  | · Union It-   |                    |   |
| All corporations/organizations iquor must appoint an agent.   | or limited liability cor   | mpanies applyin   | g for a license to se  | Il fermented malt beverages a   | nd/or              | intoxicating                            |
|   |  |   |  |   |                    |   |
| Agent Last Name   | (First)  | (Middle Name)   | Home Address (Street,  | Cjty or Post Office, & Zip Code)  |                    |   |
|   | (First)  | (Middle Name)   | Home Address (Street,  | City or Post Office, & Zip Code)  | <i>(</i>           | 042                                     |
| Olmego  | (First)  Kuistin   | Din   |  | City or Post Office, & Zip Code)  | 6                  | 042                                     |
| Olm c Sp<br>All Officer(s) Director(s) of C   | orporation and Me  | <i>Dlin</i><br>mbers / Manag  |  | City or Post Office, & Zip Code)  | <i>f</i>           | 042                                     |
| Olme of p<br>All Officer(s) Director(s) of O<br>President / Member Last Name  | Corporation and Me   | Dlin mbers / Manag (Middle Name)  |  | City or Post Office, & Zip Code)  | 6                  | 22                                      |
| Olme of p<br>All Officer(s) Director(s) of O<br>President / Member Last Name  | Corporation and Me   | Dlin mbers / Manag (Middle Name)  |  | City or Post Office, & Zip Code)  | <i>f.</i>          | 042                                     |
| Olme of Director(s) of O<br>President / Member Last Name  | Corporation and Me   | Dlin mbers / Manag (Middle Name)  |  | City or Post Office, & Zip Code)  | <i>(</i>           | 042                                     |
| All Officer(s) Director(s) of OPresident / Member Last Name  Olin Vice President / Member Last Name   | Corporation and Me   | Dlin mbers / Manag (Middle Name)  |  | City or Post Office, & Zip Code)  | (                  | avay                                    |
| Olme of p<br>All Officer(s) Director(s) of O<br>President / Member Last Name  | Corporation and Me   | Dlin mbers / Manag (Middle Name)  |  | City or Post Office, & Zip Code)  | 6                  | a e a y                                 |
| All Officer(s) Director(s) of O President / Member Last Name  Olin Vice President / Member Last Name  Olinado Secretary / Member Last Name  | Corporation and Me   | Dlin mbers / Manag (Middle Name)  |  | City or Post Office, & Zip Code)  | <i>(</i> ,         | nen                                     |
| Oline of parents of the president / Member Last Name Oline Vice President / Member Last Name  | Corporation and Me   | Dlin mbers / Manag (Middle Name)  |  | City or Post Office, & Zip Code)  | 1.                 | nen                                     |
| All Officer(s) Director(s) of O President / Member Last Name  Olin Vice President / Member Last Name  Olinado Secretary / Member Last Name  | orporation and Me  | mbers / Manag (Middle Name)  (Middle Name)  O I I W (Middle Name)  (Middle Name)  |  | City or Post Office, & Zip Code)  | 1.                 | nen,                                    |
| All Officer(s) Director(s) of OPresident / Member Last Name  Olina Vice President / Member Last Name  Olina Secretary / Member Last Name  Olina Treasurer / Member Last Name  | Corporation and Me   | mbers / Manag (Middle Name)  S (Middle Name)  O I I W (Middle Name)  E (Middle Name)  | e  |   | <i>f.</i>          |   |
| All Officer(s) Director(s) of O President / Member Last Name  Olin Vice President / Member Last Name  Olinado Secretary / Member Last Name  | Corporation and Me   | mbers / Manag (Middle Name)  (Middle Name)  O I I W (Middle Name)  (Middle Name)  | e  | City or Post Office, & Zip Code)  | <i>f.</i>          | n e a y                                 |
| All Officer(s) Director(s) of O President / Member Last Name  Olice President / Member Last Name  Olice Do Secretary / Member Last Name  Olice Directors / Member Last Name  Directors / Managers Last Name   | Corporation and Me  (First)  Breada  (First)  Kilstin  (First)  Bready  (First)  Kilstin  (First)                                | mbers / Manag (Middle Name)                               | e H6me Address (Street,  | City or Post Office, & Zip Code)  | f                  |   |
| All Officer(s) Director(s) of OPresident / Member Last Name  Olina Vice President / Member Last Name  Olina Secretary / Member Last Name  Olina Treasurer / Member Last Name  | Corporation and Me   | mbers / Manag (Middle Name)  S (Middle Name)  O I I W (Middle Name)  E (Middle Name)  | e H6me Address (Street,  |   | <i>(</i>           |   |
| All Officer(s) Director(s) of O President / Member Last Name  Olina Vice President / Member Last Name  Olina Secretary / Member Last Name  Olina Treasurer / Member Last Name  Directors / Managers Last Name  Directors / Managers Last Name   | Corporation and Me  (First)  Breada  (First)  Kinstin  (First)  Breada  (First)  Kinstin  (First)  (First)  (First)              | mbers / Manag (Middle Name)                               | Home Address (Street,  | City or Post Office, & Zip Code)  | 6                  |   |
| All Officer(s) Director(s) of O President / Member Last Name  Olina Vice President / Member Last Name  Olina Secretary / Member Last Name  Olina Treasurer / Member Last Name  Directors / Managers Last Name  Directors / Managers Last Name   | Corporation and Me  (First)  Breada  (First)  Kinstin  (First)  Breada  (First)  Kinstin  (First)  (First)  (First)              | mbers / Manag (Middle Name)                               | Home Address (Street,  | City or Post Office, & Zip Code)  City or Post Office, & Zip Code)  | 6                  | 7843                                    |
| All Officer(s) Director(s) of O President / Member Last Name  Olive O Secretary / Member Last Name  Olive O Directors / Member Last Name  Directors / Managers Last Name  Directors / Managers Last Name  | Corporation and Me  (First)  Breada  (First)  Kinstin  (First)  Breada  (First)  Kinstin  (First)  (First)  (First)              | mbers / Manag (Middle Name)                               | Home Address (Street, Home Address (Street, Business Pho                                     | City or Post Office, & Zip Code) City or Post Office, & Zip Code) ne Number & SF 892  |                    |   |
| All Officer(s) Director(s) of O President / Member Last Name  Olive O Secretary / Member Last Name  Olive O Directors / Member Last Name  Directors / Managers Last Name  Directors / Managers Last Name  | Corporation and Me  (First)  Breada  (First)  Kinstin  (First)  Breada  (First)  Kinstin  (First)  (First)  (First)              | mbers / Manag (Middle Name)                               | Home Address (Street, Home Address (Street, Business Pho                                     | City or Post Office, & Zip Code) City or Post Office, & Zip Code) ne Number & SF 892  |                    |   |
| All Officer(s) Director(s) of O President / Member Last Name  Olive O Secretary / Member Last Name  Olive O Secretary / Member Last Name  Olive O Directors / Managers Last Name  Directors / Managers Last Name  Directors / Managers Last Name  2. Business Information 1. Trade Name  2. Address of Premises 3.3 3. Does the applicant unders  | (First)  Breada (First)  Breada (First)  Kinstin (First)  Breada (First)  (First)  (First)  (First)  (First)  (First)            | mbers / Manag (Middle Name)                               | Home Address (Street, Home Address (Street, Business Pho Post Office &                       | City or Post Office, & Zip Code)  City or Post Office, & Zip Code)  ne Number & S S S S S S S S S S S S S S S S S S                             | 53<br>werie        | 536<br>s                                |
| All Officer(s) Director(s) of O President / Member Last Name  Olina Vice President / Member Last Name  Olina Secretary / Member Last Name  Olina Treasurer / Member Last Name  Directors / Managers Last Name  Directors / Managers Last Name  2. Business Information 1. Trade Name  2. Address of Premises 3.3 3. Does the applicant unders and brewpubs?   | (First)  Brenda (First)  Brenda (First)  Kilstin (First)  Kilstin (First)  (First)  (First)  (First)  (First)                    | mbers / Manag (Middle Name)                               | Home Address (Street, Home Address (Street, Business Pho Post Office &                       | City or Post Office, & Zip Code)  City or Post Office, & Zip Code)  ne Number & G & B B Z  Zip Code & VOA SVIVCO  om Wisconsin wholesalers, bre | <i>53</i><br>werie | 3536<br>s<br>□ N                        |
| All Officer(s) Director(s) of O President / Member Last Name  Vice President / Member Last Name  Vice President / Member Last Name  Officer  Secretary / Member Last Name  Directors / Managers Last Name  Directors / Managers Last Name  C. Business Information  1. Trade Name  2. Address of Premises 3.3  Does the applicant unders and brewpubs?  4. Premises description: De                                 | (First)  Breada (First)  Breada (First)  Kilstin (First)  (First)  (First)  (First)  (First)  (First)  (First)  (First)          | mbers / Manag  (Middle Name)               | Home Address (Street, Home Address (Street, Business Pho Post Office & ol beverages only fro | City or Post Office, & Zip Code)  City or Post Office, & Zip Code)  ne Number & G B B B B B B B B B B B B B B B B B B                           | werie              | s S S S S S S S S S S S S S S S S S S S |
| All Officer(s) Director(s) of O President / Member Last Name  Olina Vice President / Member Last Name  Olina Secretary / Member Last Name  Olina Treasurer / Member Last Name  Directors / Managers Last Name  Directors / Managers Last Name  2. Business Information 1. Trade Name  2. Address of Premises 3.3 3. Does the applicant unders and brewpubs? 4. Premises description: De include all rooms including | (First)  Breada (First)  Breada (First)  Kilstin (First)  (First)  (First)  (First)  (First)  (First)  (First)  (First)  (First) | mbers / Manag (Middle Name)  (Middle Name) | Business Pho Post Office & bl beverages only from the premises described.                    | City or Post Office, & Zip Code)  City or Post Office, & Zip Code)  ne Number & S B B B B B B B B B B B B B B B B B B                           | werie              | s S S S S S S S S S S S S S S S S S S S |

| a. Since filing of the last application, ha<br>member, officer, director, manager of<br>organization licensee been convicted<br>for violation of any federal laws, any<br>or municipality? If yes, complete page   | r agent for either a limi<br>e <b>d of any offenses</b> (e)<br>Wisconsin laws, any la               | ited liability company li<br>coluding traffic offenses<br>lws of other states, or c                                      | censee, or nonprofit<br>not related to alcohol)<br>irdinances of any county   | ☐ Yes   | <b>₩</b> No                                   |
|--|---|--|---|---|---|
| b. Are <b>charges</b> for <b>any offenses</b> prese<br>the named licensee or any other pers  | ntly <b>pending</b> (excluding<br>cons affiliated with this   | g traffic offenses not rel<br>license? <b>If yes, explai</b>   | ated to alcohol) against n fully on page 3  | ☐ Yes   | DXNo  |
| Except for questions 6a and 6b, have the by you on your last application for this leads to the second secon | nere been any change<br>icense? If yes, expla   | s in the answers to the  | questions as submitted  | ☐ Yes   | ∑KN∘  |
|  |   |  |   |   |   |
| Was the profit or loss from the sale of alc or Franchise Tax return of the licensee?   | cohol beverages for the   | previous year reported   | on the Wisconsin Income   | ∭Yes  | □No   |
| Does the applicant understand they muliphone (608) 266-2776]   | st hold a Wisconsin Se  | eller's Permit?  |   | Yes Yes   | □ No  |
| Does the applicant understand that alco from the date of invoice and made available.   | hol beverage invoices able for inspection by la   | must be kept at the lice aw enforcement?   | nsed premises for 2 years   | Yes   | ☐ No  |
| Is the applicant indebted to any wholes  | aler beyond 15 days fo  | r beer or 30 days for liq  | uor?  | ☐ Yes   | D∕No  |
| . Does the applicant owe municipal prope (Note: Renewal of licenses may be de assessments or other fees).  | erty taxes, assessment<br>nied pursuant to a loca   | s, or other fees?<br>I ordinance, if the licen   | see owes municipal taxes,   | ☐ Yes   | Mo  |
| ead Carefully Before Signing: Use truthfully answered to the best of the keplication; that the applicant has read and correct. The undersigned further under bid, and under penalty of state law, the apis application. Any person who knowingly an \$1,000.   | nowledge of the signer<br>made a complete answ<br>stands that any license<br>plicant may be prosect | The signer agrees that ver to each question, are issued contrary to Chuted for submitting false se information on this a | he/she is the person named that the answers in each apter 125 of the Wisconsing statements and affidavits oplication may be required Date | ed in the for<br>instance<br>in Statutes<br>in connec | oregoing<br>are true<br>shall be<br>tion with |
| Brenda S. Oliv   |   | Prosiden   |   |   |   |
| Brenda 5. Olin<br>grature<br>Browda 5. Dhiv  |   | Phone Number   | Email Address   |   | 1   |
| O BE COMPLETED BY CLERK  |   |  |   |   |   |
| Date received and filed with municipal clerk   | Date reported to council / I  | poard  | Date license granted  |   |   |
| icense number issued   | Date license issued   |  | Signature of Clerk / Deputy Clerk   | (   |   |

#### THIS RENEWAL FORM CANNOT BE USED IF:

- There is a change in business entity (i.e., individual has changed to partnership or corporation/limited liability company; partnership changed to individual or corporation/limited liability company; corporation changed to individual, partnership or limited liability company) and if limited liability company has been dissolved.
- 2. Partners are added or dropped.
- 3. Application is made in a different municipality.

#### **PARTNERSHIPS:**

Indicate full name and home address of each partner. One partner must sign application. **Reminder**: If partners have been added or dropped since your last application, you must use Form AT-106 (Original Beverage License Application).

#### **CORPORATIONS:**

One officer must sign application. Be sure to answer Question No. 7 by indicating any change of officers, directors, and/or changes in home address. If there are any changes in officers and/or directors each must complete Form AT-103 (Auxiliary Questionnaire). If there has been a change in agent since your last approved agent, he/she must complete Forms AT-104 (Schedule for Appointment of Agent) AND AT-103 (Auxiliary Questionnaire) in addition to this (AT-115) form.

#### LIMITED LIABILITY COMPANY:

One member/manager must sign application. Follow procedure under Corporations for any change of members or agent.

**NOTE:** Use ink or typewriter when filling in applications. Be sure to answer all questions fully and accurately. 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.

#### **DISCRIMINATION CLAUSE** – (City of Milwaukee only)

The applicant shall not willfully refuse to provide those services offered under this license or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry, the applicant shall not seek information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion solely on the basis of such information. The applicant also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

Complete, sign and return this form to the clerk.

If answer to Questions No. 6a and/or 6b on page 2 are "YES," outline details below:

| 1. | NAME           | STATUTE NO./LOCAL ORDINANCE |     |  |  |  |
|----|----------------|-----------------------------|-----|--|--|--|
|    | CHARGE         | WHERE CONVICTED             |     |  |  |  |
|    | DATE PENALTY   | MISDEMEANOR FELC            | YNC |  |  |  |
| 2. | NAME           | STATUTE NO./LOCAL ORDINANCE |     |  |  |  |
|    | CHARGE         | WHERE CONVICTED             |     |  |  |  |
|    | DATE PENALTY   | MISDEMEANOR FELC            | YNC |  |  |  |
| 3. | NAME           | STATUTE NO./LOCAL ORDINANCE |     |  |  |  |
|    | CHARGE         | WHERE CONVICTED             |     |  |  |  |
|    | DATE PENALTY   | MISDEMEANOR FELC            | YNC |  |  |  |
|    | PENDING CHARGE |                             |     |  |  |  |
| ١. | NAME           | STATUTE NO./LOCAL ORDINANCE |     |  |  |  |
|    | PENDING CHARGE | DATE                        |     |  |  |  |

|                                   | Legal description (omit if street addre  |   |  |  | E, WI 5                                  | 3536                           |
|-----------------------------------|--|---|--|--|--|--------------------------------|
| 6.                                | a. Since filing of the last application<br>member, officer, director, manag<br>organization licensee been conv<br>for violation of any federal laws, or<br>municipality? If yes, complet   | er or agent for either a l<br>ricted of any offenses<br>any Wisconsin laws, any   | imited liability compa-<br>(excluding traffic offer  | ny licensee, or nonprofit<br>nses not related to alcohol)  | ,<br>, ∏Yes                              | <b>₽</b> No                    |
|                                   | b. Are <b>charges</b> for <b>any offenses</b> protection the named licensee or any other   | esently <b>pending</b> (exclud  | ling traffic affenses no   | f related to also held south   |  | _<br>☑ No                      |
| 7.                                | Except for questions 6a and 6b, have by you on your last application for the   | ve there been any chang<br>nis license? If yes, exp   | ges in the answers to  | the questions as submitted   | . 🗌 Yes                                  | <b>☑</b> No                    |
|                                   |  |   |  |  | •  |                                |
| 8.                                | Was the profit or loss from the sale of or Franchise Tax return of the licensee  | alcohol beverages for the alcohol beverages | e previous year report   | ed on the Wisconsin Income   | ✓ Yes                                    | □No                            |
|                                   |  |   |  |  | 5 (2)                                    |                                |
| 9.                                | Does the applicant understand they n<br>[phone (608) 266-2776]   | nust hold a Wisconsin S   | eller's Permit?  |  | Yes Yes                                  | □No                            |
| 10.                               | Does the applicant understand that ale<br>from the date of invoice and made ava  | cohol beverage invoices<br>allable for inspection by l  | must be kept at the lid<br>aw enforcement?   | censed premises for 2 years  | <b>☑</b> Yes                             | □No                            |
|                                   | s the applicant indebted to any whole  |   |  |  | ☐ Yes                                    | <b>☑</b> No                    |
| 3                                 | Does the applicant owe municipal pro<br>Note: Renewal of licenses may be dassessments or other fees).  | perty taxes, assessmen<br>enied pursuant to a loca  | ts, or other fees?<br>al ordinance, if the lice  | nsee owes municipal taxes,   | ☐ Yes                                    | <b>☑</b> No                    |
| appli<br>and o<br>void,<br>this a | D CAREFULLY BEFORE SIGNING: a truthfully answered to the best of the cation; that the applicant has read and correct. The undersigned further under and under penalty of state law, the application. Any person who knowingly \$1,000. | knowledge of the signer d made a complete ansverstands that any license oplicant may be prosecu   | . The signer agrees that<br>ver to each question, a<br>e issued contrary to Cl<br>ated for submitting fals | at he/she is the person name<br>and that the answers in each<br>hapter 125 of the Wisconsin<br>a statements and officiavite is | d in the for<br>instance a<br>Statutes s | regoing<br>ire true<br>hall be |
| Conta                             | oct Person's Name (Last, First, M.I.)  |   | Title / Member   | Date   |  |                                |
|                                   | AASON, TIM, J.   |   | DIVISION MANAG   | ER 4/18/202  | 7  |                                |
| Signa                             | ture   | The sale  | Phone Number   | Email Address  |  |                                |
|                                   | ya f   |   | <u>  7</u>   | 31   |  | ¥1.5°, 1                       |
| о в                               | E COMPLETED BY CLERK   |   |  |  |  |                                |
|                                   | eceived and filed with municipal clerk   | Date reported to council / be   | pard   | Date license granted   |  |                                |
| Licens                            | e number issued  | Date license issued   |  | Signature of Clerk / Deputy Clerk  |  |                                |
| T 115/                            | P 6 10)  |   |  |  |  |                                |

#### THIS RENEWAL FORM CANNOT BE USED IF:

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**NOTE:** Use ink or typewriter when filling in applications. Be sure to answer all questions fully and accurately. 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.

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Complete, sign and return this form to the clerk.

If answer to Questions No. 6a and/or 6b on page 2 are "YES," outline details below:

| 1. | NAME           | STATUTE NO./LOCAL ORDINANCE |     |  |  |  |
|----|----------------|-----------------------------|-----|--|--|--|
|    | CHARGE         | WHERE CONVICTED             |     |  |  |  |
|    | DATE PENALTY   | MISDEMEANOR FELC            | YNC |  |  |  |
| 2. | NAME           | STATUTE NO./LOCAL ORDINANCE |     |  |  |  |
|    | CHARGE         | WHERE CONVICTED             |     |  |  |  |
|    | DATE PENALTY   | MISDEMEANOR FELC            | YNC |  |  |  |
| 3. | NAME           | STATUTE NO./LOCAL ORDINANCE |     |  |  |  |
|    | CHARGE         | WHERE CONVICTED             |     |  |  |  |
|    | DATE PENALTY   | MISDEMEANOR FELC            | YNC |  |  |  |
|    | PENDING CHARGE |                             |     |  |  |  |
| ١. | NAME           | STATUTE NO./LOCAL ORDINANCE |     |  |  |  |
|    | PENDING CHARGE | DATE                        |     |  |  |  |

# Schedule for Appointment of Agent by Corporation / Nonprofit Organization or Limited Liability Company

Submit to municipal clerk.

| must appo                        | om an agent. The                           | : Tollowing <b>qu</b> | estions must be answe                               | ered by the agent. T                              | The appointment   | t beverages and/or intoxicating liquor<br>must be signed by an officer of the<br>tion made by the proper local official. |
|----------------------------------|--|-----------------------|---|---|---|--|
|                                  |  | Town                  |   |   |   |  |
| To the go                        | verning body of:                           | Village               | of EVANSVILL  | E   | County of   | ROCK   |
|                                  |  | City                  | ·   |   |   |  |
| The under                        | rsigned duly autho                         | rized officer/        | member/manager of                                   | LANDMARK SE                                       | RVICES CO   | OPERATIVE  |
|                                  |  | EUNERU                | manifest manager of                                 | (Registered Nar                                   | ne of Corporation / O.  | Irganization or Limited Liability Company)   |
| a corporat                       | ion/organization o                         | r limited liabil      | ity company making ar                               |   |   | ense for a premises known as   |
|                                  |  |                       | OF EVANSVIL   |   | ~   |  |
|                                  |  |                       | (7  | rade Name)  |   |  |
| located at                       | 9 JOHN LII                                 | NDEMANN               | DR., EVANSVI  | LLE, WI 535                                       | 36  |  |
| appoints                         | JESSICA GO                                 | OLZ                   |   |   |   |  |
|                                  |  |                       | (Name of  | (Appointed Agent)<br>5353                         | 6   |  |
|                                  |  |                       | (Home Addre   | ss of Appointed Agent)                            | 0   |  |
| m alcount                        | on/limited liability o                     | stea therein, i       | ited liability company w<br>Is applicant agent pres | rith full authority and<br>ently acting in that i | capacity or reque   | remises and of all business relative esting approval for any corporation/location in Wisconsin?                          |
| Yes                              | ✓ No If so                                 | , indicate the        | corporate name(s)/lim                               | ited liability compan                             | y(ies) and munici   | ipality(ies).  |
| Is applican                      | t agent subject to                         | completion of         | f the responsible bever                             | age server training                               | course?   | ∕es No   |
|                                  |  |                       | application has the ap                              |   | Annean,   |  |
|                                  |  |                       | approximation rate the ap                           | pricant agent reside                              |   |  |
| Place of re                      | sidence last year                          | U                     |   |   | 535   | 36   |
|                                  | For:                                       | LANDMAF               | K SERVICES C  | OOPERATIVE  |   |  |
|                                  | Ву:  | K                     | (Name of  | Corporation / Organizati                          | on / Limited Liability (  | Company)   |
|                                  |  |                       |   | (Signature of Officer / I                         | Member / Manager)   |  |
| Any persor<br>\$1,000.           | who knowingly pi                           | rovides mater         | rially false information i                          | n an application for                              | a license may be  | e required to forfeit not more than  |
|                                  |  |                       | ACCEPTA   | NCE BY AGENT                                      |   |  |
| L JESSI                          | CA GOLZ                                    |                       |   |   | la mara la como de la | anto or the second   |
|                                  |  | (Print / Type         | Agent's Name)                                       |   | , пегеру ассер  | ot this appointment as agent for the   |
| corporation<br>b <b>everages</b> | /organization/limit<br>conducted on the    | ted liability o       | company and assume rithe corporation/organ          | full responsibility f<br>ilzation/limited liabil  | or the conduct of the company.  | of all business relative to alcohol  |
| 1                                | ica E. S                                   | sles                  |   | 4/19  | 2022  | Agent's  |
| £                                | [Sigi                                      | iature of Afrent)     |   | 53536   | de)   |  |
|                                  |  | (Hor                  | me Address of Agent)                                | 33330   |   | Date of 3 6  |
|                                  |  |                       | PROVAL OF AGENT<br>Clerk cannot sign on             |   |   | -  |
| hereby ce<br>he charact          | rtify that I have ch<br>er, record and rep | ecked munic           |   | records. In the be-                               | st of my knowled  | lge, with the available information,   |
| Approved o                       |  |                       | ,   | - majoraniari ka sita                             |   | t .  |
| արթյա <u>տաս</u> 0               | (Date)                                     | by                    | (Signature of Prop                                  | per Local Official)                               | Title   | Town Chair, Village President, Police Chief)   |
| VT-104 (R: 4-18)                 |  |                       |   |   |   |  |
|                                  |  |                       |   |   |   | Wisconsin Department of Revenue  |

Submit to municipal clerk.

|   | t nama) (find  | name)  | (mudelle i             | ianie)  |
|---|--|--|------------------------|---|
| GOLZ  | JESS   |  |                        |   |
| Heme Address (alreal/route)   | Post Office  | City   | State                  | Zip Code  |
|   |  |  | IM                     | 53536   |
|   |  |  | Place of               |   |
|   |  | 7717   | EDGI                   | erton, wi   |
| The above named individual provid   | lee the following information on a   | Agreen who is taken and  |                        | 9   |
| Applying for an alcohol bevera  |  | person who is (oneon one);   |                        |   |
|   |  | Marile 4 King of the   |                        |   |
| (_) Afternor of a partnership wi<br>[V] AGENT   | hich is making application for an  |  | WAS SECTION OF SECTION |   |
| (Ollister / Director / Member / Mi  | Of DESINDING   | ARK SERVICES COOP (Nation of Corporation, Limited Liability)   |                        | fil fleatheathail   |
| which is making application for   | THE PARTY OF THE P | The state of the s |                        | organization.   |
|   |  | (C   |                        |   |
| The above named individual provid   |  |  |                        |   |
| How long have you continuously     Have you ever been populated.  |  |  |                        |   |
| <ol> <li>Have you ever been convicted a<br/>violation of any federal laws, an</li> </ol>  | of any citenses tomer man tranic<br>by Wisconsin laws, any Jaws of ar  | Unrelated to alcohol beverage  | es) for                |   |
| or municipality?  | y vasconsin tavas, sity javas of at  | y other states or ordinances (   | any county             | Yes V No  |
| If yes, give law or ordinance vio   | lated, trial court, trial date and pe  | enally imposed, and/or date, d   | escription and         | CONTRACT THE TWO  |
| status of charges pending. (If m  | iare room is naedett, continue on rev  | erse side of this form )   |                        |   |
| 3 Sea chaeane for any affarms   |  |  |                        |   |
| <ol> <li>Are charges for any offenses pr<br/>for violation of any federal laws.</li> </ol>  | esently pending against you (oth   | er than traffic unrelated to alco  | phol beverage          | s)  |
| municipality?   | day vosconsii laws, any laws o   | other states or ordinances of  | any county or          | The man   |
| in yes, describe status of charge   | es pending.  |  |                        |   |
| <ol> <li>Do you hold, are you making ap</li> </ol>  | oplication for or are you an officer   | , director or agent of a corpora   | ation/nonprofit        |   |
| organization or member/manag  | er/agent of a limited liability com-   | pany holding or applying for a   | ry other alcoh-        | ni .  |
| If yes, identify.   |  | ######################################   | 998-1-9-11             | ··· [] Yes [] No  |
|   | (Namn, L.  | scalion and Type of Liceuse/Pernili)   |                        | THE CONTRACT OF THE PARTY AND A PARTY AND |
| <ol><li>Do you hold and/or are you an i</li></ol>   | officer, director, stockholder, agei   | nt or employe of any person or   | corporation -          | or  |
| member/manager/agent of a lin   | nited liability company holding or   | applying for a wholesale been  | nermit                 |   |
| If yes, identify.   | sale liquor, manufacturer or rectr   | lier permit in the State of Wisc   | onsin?                 | Yes No  |
|   | onio of Whalesalo Licensee or Parmilloni   | A majoramento incluya popularia y a mai in a su  |                        |   |
| 3. Named individual must list in ch   |  | . 8 173 1749   | (Address By Gity an    | d County)   |
| Employer's Namo   | Employar's Address   | Employe  | d From                 | 170   |
| FRANCOIS  |  |  | 01/2010                | 08/01/2012  |
| Employer's Hama   | Employare Address  | Frantoye   |                        | 100/01/2012   |
| PIGGLY WIGGLY   |  | 09/  | 01/2006                | 10/01/2009  |
|   |  | 1×21   | 01/2000                | 110/01/2009   |
| READ CAREFULLY BEFORE SIG   | MING: Under penalty provided   | by law, the undersigned state:   | s that each of         | the above questions h   |
| been truthfully answered to the bes   | st of the knowledge of the signer  | The signer agrees that be/sh   | e is the nerso         | named in the foregoing  |
| application; that the applicant has recorrect. The undersigned further un   | eao and made a complete answe<br>iderstands that any license issue   | r to each question, and that the   | answers in e           | ach instance are true an  |
| under penalty of state law, the appl  | licant may be prosecuted for sub   | mitting false statements and a   | flidavits in con-      | nection with this applies   |
| tion. Any person who knowingly pro-   | ovides materially false informatio   | n on this application may be re  | equired to forte       | eit not more than \$1,000   |
|   |  | / .  | 28.                    |   |
|   |  | Sugar  | 201                    | <u> </u>  |
|   |  | 1  | Signaturo el Names     | ( Savioual)   |
| NAME OF THE PARTY |  |  | $\cup$                 | 8   |
| A1-103 (R. 7-10)  |  | (#O  |                        | Wisconsin Department of Hover   |

Submit to municipal clerk

| Individual's Full Monte, infloring guards - illustra   | aner) (first name)   |  | amadle i            | кото  |
|--|--|--|---------------------|---|
| DELL   | JAMES  |  |                     |   |
| Home Address (Streetrautia   | Post Office City   |  | State               | Zip Codt                                    |
|  |  |  | WI                  | 53527                                       |
|  |  |  | Place of            | Binn  |
|  |  |  | ABEF                | RDEEN, SD                                   |
| **************************************   |  |  |                     |   |
| Applying for an alcohol beverage   | the following information as a person of   | WNO IS (check one):  |                     |   |
|  |  |  |                     |   |
|  | his making application for an alcohol to   | ÷  | 13 70"              |   |
| √ CEO  (Gh) = (Ga) cha / Member (Manua)  |  | ERVICES COOPERAT   |                     | Ad China and Ad China                       |
| which is making application for a  | 4  | Catharatan Castler (Albast & Cathara)  | es roman            | to salder Saonari                           |
|  | FOLIA SHOW CANADA SHA SHA SHA SHA SHA SHA SHA SHA SHA SH   |  |                     |   |
|  | the following information to the licensis  |  |                     |   |
|  | esided in Wisconsin prior to this date?  |  |                     |   |
|  | my offenses (other than traffic unrelate   |  |                     |   |
| or municipality?   | Visconsin laws, any laws of any other s  |  | ,                   | Elsa. 7 a                                   |
|  | ed, Irral court, that date and penalty imp   | ancort and or date showing   |                     | Yes V No                                    |
|  | cionnis needed, continue on reverse side   |  | GILCHIG             |   |
| and the state of t | ACTION ACTION ACCOUNTS AND THE STATE OF STATE OF   | NI BELO SPASAT )   |                     |   |
| 3. Are charges for any offenses presi  | ently pending against you (other than h  | affic unrelated to alcohol be  | veranes             |   |
| for violation of any federal laws, ar  | y Wisconsin laws, any laws of other st   | ates or ordinances of any co   | univ or             | -,  |
| municipality'?   | THE RESIDENCE OF THE PARTY OF T |  |                     | Yes / No                                    |
| <ul> <li>If yes, describe status of charges p</li> </ul>   | oending.   |  |                     |   |
| . Do you hold, are you making appli  | cution for or are you an officer, director   | or agent of a corporation/no   | nprafit             |   |
| organization or member/manager/  | agent of a limited liability company holo  |  |                     |   |
| beverage license or permit?  If yes, identify.   | 7 70 20 10 to 0.0 80   | 27 884 5 8440 9 5-1 100 0  |                     | Yes / No                                    |
| a yes, necoupy.  | Winter Engel at and I  | The off and a source of the so |                     |   |
| . Do you hald and/or are you an offic  | er, director, stockholder, agent or emp  |  | Sun d'El avec e e e |   |
| member/manager/agent of a limite   | d liability company holding or applying  | for a supplementation of corpor  | anon e              | F.  |
| brevery/winery permit or wholesale   | e liquor, manufacturer or rectifier permi  | Lin the State of Wisconsin?  |                     | Yes / No                                    |
| If yes, identify.  | ,  | 2 ( Market A. 100 C. 1         | (30 m)= 10 m.c.     | ista . V Net                                |
| *fagrices  | Avenue - La aleste a promother   | Astronomic   | Security Add        | Country                                     |
| . Named individual most list in chron  | ological order last two employers.   |  | ,                   | and and a second                            |
| Employee's Name  | Limployar v Address  | Lippleyer Francis  |                     | lg .  |
| COOPERATIVE PRODUCER   | HASTINGS, NEBRASKA   | 06/15/2015   |                     | 03/02/2018                                  |
| Emaloyor's Mano  | Employer's Address   | Charleyed Phote  |                     | 163   |
|  |  | 1  |                     |   |
|  |  |  |                     |   |
| EAD CAREFULLY BEFORE SIGNIN  | NG: Under penalty provided by leve the   | er timebresteinend erhaten Hans au   | . 4. 1 6 . 6 .      |   |
| A STREET OF THE PERSON OF THE  | THE GRUYVIELUM OF THE SHIDE FOR CRIN   | GF OCH COME lived beninks in the   | 42 O F O ALAN       | n 1 11 C C                                  |
| INDURANCE COURT DESCRIPTIONS OF THE STATE OF | MINE HARRIS A CONTRIBION SURIVOY IN ASSET  | Survey likes and a like a like a manager   |                     | . F. A                                      |
| ancer in andersigned sufficient filler   | SIMIUS IIIAI ANY DORMAR ISCHAZERAMBER A  | the Christian I DE million 156 mm  | and the Care        | . 1 4 1 14 1                                |
| man barrows, or senior icus, the abbitch   | IL CORY OF DEGREEOUERO FOE SEITEROBRE PAR  | SP Sistamanie and afid-unt-  | 110 05/040/05       | and the second section of the second second |
| A trainment sound with satisfity broadd  | es materially false information on this a  | application may be required t  | la farfeit          | Lnot more than \$1,000.                     |

Al-1. R \*\*\*

Submit to municipal clerk.

| Individual's Full Name (please print) (last name,                 | (first name)  |  | (middle ne  | nmo)                                    |
|---|---|--|-------------|---|
| BULLOCK   | MONTE   |  |             |   |
| Home Address (street/route)                                       | Post Office   | City   | State       | Zip Code                                |
|   |   |  | WI          | 55388                                   |
|   |   |  | Place of B  | irth                                    |
|   |   |  | NEVA        | DA, IA                                  |
| The above named individual provides the                           | following information as a perso  | on who is (check one):   |             |   |
| Applying for an alcohol beverage lice                             |   | THE TO CONTENT ONLY.   |             |   |
| A member of a partnership which is                                |   | al heverage license  |             |   |
| CFO   |   | SERVICES COOPERAT  | TVE I       | אם אורדעום                              |
| (Officer / Director / Member / Manager /                          | CONTRACTOR OF THE PARTY OF THE | le of Corporation, Limited Liability Company   |             |   |
| which is making application for an al                             |   | all the should be a control of the c |             |   |
| The above named individual provides the                           | following information to the licer  | ising authority:   |             |   |
| 1. How long have you continuously resid                           |   | - •  | O WI        | YET                                     |
| 2. Have you ever been convicted of any                            |   |  |             | ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( |
| violation of any federal laws, any Wis                            | consin laws, any laws of any other  | er states or ordinances of any c   | county      |   |
| or municipality?  | a koden kananaran panda Julya Inggany   |  |             | V Yes No                                |
| If yes, give law or ordinance violated,                           | trial court, trial date and penalty   | imposed, and/or date, descripti  | on and      |   |
| status of charges pending. (If more roo<br>PUBLIC INTOXICATION A  | om Is needed, continue on reverse s<br>AMES, IA 1992 PAID   | de of this form.) FINE   |             |   |
| 3. Are charges for any offenses present                           |   |  | verages)    |   |
| for violation of any federal laws, any                            | Visconsin laws, any laws of othe  | r states or ordinances of any co   | ounty or    |   |
| municipality?   |   |  |             | Yes 📝 No                                |
| If yes, describe status of charges pen                            | ding.   |  |             |   |
| 4. Do you hold, are you making applicati                          | on for or are you an officer, direct  | tor or agent of a corporation/no   | nprofit     |   |
| organization or member/manager/age<br>beverage license or permit? | in or a littlited hability company i  | loiding or applying for any othe   | r alcohol   | FMI Van EZI Na                          |
| If yes, identify.   |   |  |             | Yes V No                                |
|   | (Name, Location a   | nd Type of License/Permil)   |             | APPAN A                                 |
| 5. Do you hold and/or are you an officer.                         | director, stockholder, agent or e   | mploye of any person or corpor   | ration or   |   |
| member/manager/agent of a limited li                              | ability company holding or apply  | ng for a wholesale beer permit,  | ŧ           |   |
| brewery/winery permit or wholesale lie                            | quor, manufacturer or rectifier pe  | rmit in the State of Wisconsin?  |             | Yes 📝 No                                |
| If yes, identify.   |   |  |             |   |
| 4   | holosale Licensee or Permillee)   | (Address   | By City and | County)                                 |
| 6. Named individual must list in chronol                          |   |  |             |   |
|   | Employer's Address  | Employed From  |             | To                                      |
|   | MINNEAPOLIS, MN   | 05/01/20   | 318         | 03/01/2021                              |
| Employer's Name   | Employer's Address  | Employed From  | 24.0        | To Cod (opt 7                           |
| HERTZ FARM MGNT   | NEVADA, IA  | 08/01/20   | J13         | 05/01/2018                              |

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.

MA ZM.
(Signature of Namod Individual)

Submit to municipal clerk,

| Individual's Full Name (please print) (Institut   | ima) (first nama)  | (mida   | ie name;   |
|---|--|---|--|
| TORAASON  | TIMOTHY  | ,<br>L  | JOHN   |
| Home Address (street/route)   | Pust Office City   | State   | Zip Code   |
|   |  | W   | T 54773  |
|   |  |   | of Buth  |
|   |  |   | ITEHALL  |
| <u></u>   |  | 8417  | A A CHIRALIA   |
| The above named individual provides   | the following information as a person who  | ) is (check one).   |  |
| Applying for an alcohol beverage  |  |   |  |
|   | is making application for an alcohol beve  | araza limanea   |  |
| MANAGER   | of COUNTRYSIDE   |   |  |
| (Officer / Director / Member / Monag  |  | COOP EXCELL LVE)  pomilion, Limited Limbulay Company or Nov   | walit Gravnization)  |
| which is making application for an  | 7 No. 10   | ,   |  |
| The above named individual provides   | the following information to the licensing a   | authority:  |  |
|   | sided in Wisconsin prior to this date? 22  | **  |  |
|   | ny offenses (other than traffic unrelated to   |   |  |
| violation of any federal laws, any V  | visconsin laws, any laws of any other stat   | es or ordinances of any county  |  |
| or municipality?  |  | DEFONDER OF THE RESIDENCE   | Yes 7. No  |
|   | d, trial court, trial date and penalty impos   |   | nd   |
| status of charges pending. (If more   | room is needed, continue on reverse side of the  | his form.)  |  |
| 3 Ave - American for any mile man   |  |   |  |
| for violation of any factoral laws and  | antly pending against you (other than traffi<br>y Wisconsin laws, any laws of other state  | c unrelated to alcohol beverag  | jes)   |
|   | y visconsin laws, any laws of other state  |   |  |
| If yes, describe status of charges r  | endina   |   | Yes 🗸 No   |
|   | ation for or are you an officer, director or   | agent of a composition/nonpro   | fii  |
|   | agent of a limited liability company holding   |   |  |
|   | **************************************   |   |  |
| If yes, identify,   |  |   |  |
| 70. pag   | (Name, Location and Type   | HELECONOMIC CONTRACTOR  |  |
| Uo you note and/or are you an office     The second and second as a limit of a limi | er, director, stockholder, agent or employ   | e of any person or corporation  | or   |
| hrewen/winery nermit or wholesale   | d liability company holding or applying for<br>a liquor, manufacturer or rectifier permit in   | the State of Wisconsin's  | 1 Van (7) bla  |
| If yes, identify.   | a traderect is a control of the cont | THE CIRIC OF ANDCOMMING   | _ Yes ✓ No   |
| *   | of Wholesale Cicenses of Permittee)  | (Address By Gity  | mand One trade in  |
| 6. Named individual must list in chron  |  | iverses of city   | anc cosmy;   |
| Employar's Name   | Employer's Address   | Employed Frein  | To   |
| COUNTRYSIDE COOP  | DURAND, WI   | 12/03/2008  | 04/28/2020   |
| Employor's Name   | Employer's Address   | Employed From:  | To To  |
| ALLIED SIGNAL   | LACROSSE, WI   | 12/01/2003  | 12/01/2008   |
|   |  | , , , ,   |  |
| READ CAREFULLY BEFORE SIGNII been truthfully answered to the best of application; that the applicant has read correct. The undersigned further under under penalty of state law, the applicant  | NG: Under penalty provided by law, the unit the knowledge of the signer. The signer and made a complete answer to each questands that any license issued contrary to it may be prosecuted for submitting false es materially false information on this apprentice.   | indersigned states that each of agrees that he/she is the persestion, and that the answers in Chapter 125 of the Wisconsin statements and affidavits in control | of the above questions ha<br>on named in the foregoin<br>each instance are true an<br>Statutes shall be void, an<br>onnection with this applica<br>rfeit not more than \$1,000 |

| Renewal Alcohol  | _                          |  | olication                                 | Applicant's Wisconsin Seller's Per      | mit Number       |
|--|----------------------------|--|---|---|------------------|
| (Submit to municipal clerk.                                  | Read instructions o        | n page 3.)                             |   | 456 -103047                             |                  |
| For the license period beginn                                | ing: ລິດລຸລ                | ending:                                | 2023                                      | FEIN Number 84 - 27                     | 96748            |
| To the license period beginn                                 | (mm dd yyyy)               | ending:                                | (mm dd yyyy)                              | TYPE OF LICENSE<br>REQUESTED            | FEE              |
| To the Course Deduction                                      | Town of                    | Evansu                                 | 110                                       | ☐ Class A beer                          | \$ 100           |
| To the Governing Body of the                                 | ∴ Ullage of }              | CVWIIJN                                | III'E                                     | Class B beer                            | \$ 100           |
|  |                            |  |   | Class C wine                            | \$ 100           |
| County of 120CK  |                            | Aldermani                              | c Dist. No                                | Class A liquor                          | \$ 500           |
|  |                            | (if required                           | d by ordinance)                           | Class A liquor (cider only)             | \$ N/A           |
| Chook one:   | Militarita al III-la iliu. | 0                                      |   | Class B liquor                          | \$ 500           |
| Check one: Individual  | Limited Liability          |  |   | Reserve Class B liquor                  | \$               |
| ☐ Partnership  | ☐ Corporation/Nor          | nprofit Organizat                      | tion                                      | Class B (wine only) winery              |                  |
| Complete A or B. All must                                    | complete C                 |  |   | Publication fee                         | \$ 15            |
|  |                            |  |   | TOTAL FEE                               | \$ 615           |
| A. Individual or Partnership                                 |                            | 1                                      |   |   |                  |
| Full Name (Last)   | (First)                    | (Middle Name)                          | Home Address (Street,                     | City or Post Office, & Zip Code)        |                  |
| Full Name (Last)   | (First)                    | (Middle Name)                          | Home Address (Street,                     | City or Post Office, & Zip Code)        |                  |
| Full Name (Last)   | (First)                    | (Middle Name)                          | Home Address (Street,                     | City or Post Office, & Zip Code)        |                  |
| B. LLC or Corporation (and                                   | Aganth                     |  |   |   |                  |
| Full Legal Name of Corporation / Non                         |                            | I Liability Company                    | A   |   |                  |
| Bessire Bow  |                            |  |   |   |                  |
|  |                            |  |   |   |                  |
| All corporations/organizations liquor must appoint an agent. | or limited liability cor   | mpanies applying                       |   |   |                  |
| Agent Last Name  | (First)                    | (Middle Name)                          |   |   |                  |
| Bessire  | Mony                       | tal                                    |   |   |                  |
| All Officer(s) Director(s) of (                              | Cornoration and Me         | mbore / Manage                         |   |   |                  |
| President / Member Last Name                                 | (First)                    | (Middle Name)                          |   |   |                  |
| Bessire  | Tiffeny                    | Fal                                    |   |   |                  |
| Vice President / Member Last Name                            | (First)                    | (Middle Name)                          |   |   |                  |
|  | (First)                    | 1                                      |   |   |                  |
| KC 25WC  | WC1                        | David                                  |   |   |                  |
| Secretary / Member Last Name                                 | (First)                    | (Middle Name)                          |   | 72(#° 0.77:00-77:74)                    |                  |
| Treasurer / Member 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)        |                  |
|  |                            |  | (2020)                                    | , |                  |
| Directors / Managers Last Name                               | (First)                    | (Middle Name)                          | Home Address (Street,                     | City or Post Office, & Zip Code)        |                  |
| C. Business Information                                      |                            |  |   |   |                  |
| 1. Trade Name Blue   | Devil Box                  | ١١                                     | Business Pho                              | ne Number 608-88                        | 1-9850           |
| 2. Address of Premises                                       | D& E. Ma                   | in St.                                 |   | Zip Code Evarsulle                      |                  |
| Does the applicant unders and brewpubs?                      | tand that they must p      | ourchase alcoho                        | beverages only fro                        | m Wisconsin wholesalers, bre            | weries<br>☑ No   |
| 4. Premises description: De                                  | scribe building or bu      | uildings where a<br>sed, for the sales | lcohol beverages a<br>s. service, consump | are to be sold and stored. The          | e applicant must |
| bar, alley,  | coolers                    | in bar                                 | (3), coder                                | s and shives                            | 17               |
| basement!  |                            |  |   |   |                  |

| 5.                           | Legal description (omit if street address is give   | n on previous page   | ):<br>  |   |   |                                   |
|------------------------------|---|--|---|---|---|-----------------------------------|
| 6.                           | a. Since filing of the last application, has the<br>member, officer, director, manager or ager<br>organization licensee been convicted of<br>for violation of any federal laws, any Wisco<br>or municipality? If yes, complete page 3   | nt for either a limite<br>any offenses (exc<br>onsin laws, any law               | ed liability company lic<br>luding traffic offenses<br>as of other states, or c                       | censee, or nonprofit<br>not related to alcohol)<br>ordinances of any county   | ☐ Yes   | ×иο                               |
|                              | <ul> <li>Are charges for any offenses presently potential the named licensee or any other persons a</li> </ul>  | ending (excluding<br>Iffiliated with this lid                                    | traffic offenses not rel<br>cense? If yes, explain  | ated to alcohol) against n fully on page 3  | ☐ Yes   | Жио                               |
| 7.                           | Except for questions 6a and 6b, have there by you on your last application for this licens  | een any changes<br>e? If yes, explair  | in the answers to the   | questions as submitted  | ☐ Yes   | ⊠No                               |
|                              |   |  |   |   |   |                                   |
| 8.                           | Was the profit or loss from the sale of alcohol loss from the licensee? If not  | oeverages for the p  | revious year reported   | on the Wisconsin Income   | Yes   | □ No                              |
| 9.                           | Does the applicant understand they must hole [phone (608) 266-2776]   | d a Wisconsin Sell   | er's Permit?  | e presente i vicinali Più (C  | Yes   | □ No                              |
| 0.                           | Does the applicant understand that alcohol be from the date of invoice and made available for   | everage invoices m<br>or inspection by lav                                       | ust be kept at the licely enforcement?  | nsed premises for 2 years   | Yes   | ☐ No                              |
| 11.                          | Is the applicant indebted to any wholesaler b   | eyond 15 days for  | beer or 30 days for liq   | uor?  | ☐ Yes   | ∑K/v∘                             |
| 12.                          | Does the applicant owe municipal property to ( <b>Note:</b> Renewal of licenses may be denied passessments or other fees).  | axes, assessments<br>oursuant to a local   | , or other fees?<br>ordinance, if the licent  | see owes municipal taxes,   | ☐ Yes   | ⊠No                               |
| be<br>ap<br>an<br>voi<br>thi | AD CAREFULLY BEFORE SIGNING: Under en truthfully answered to the best of the knowled blication; that the applicant has read and made discorrect. The undersigned further understanded, and under penalty of state law, the applicant application. Any person who knowingly proving \$1,000. | edge of the signer.  e a complete answe  ls that any license  it may be prosecut | The signer agrees that<br>er to each question, ar<br>issued contrary to Ch<br>ed for submitting false | he/she is the person name<br>nd that the answers in each<br>apter 125 of the Wisconsin<br>statements and affidavits | ed in the for<br>instance<br>in Statutes<br>in connec | are true<br>shall be<br>tion with |
| L                            | ntact Person's Name (Last, First, M.L.)  PSESSIPE, THEORY, F  |  | Title / Member  Owner   Ag  | at 4/15/  | 909   | 7                                 |
|                              | Manyker   |  |   |   |   |                                   |
| TC                           | BE COMPLETED BY CLERK   |  |   |   |   |                                   |
| Da                           | tte received and filed with municipal clerk Date  | e reported to council / bo   | pard  | Date license granted  |   |                                   |
| Li                           | cense number issued Date  | e license issued   |   | Signature of Clerk / Deputy Clerk   | k   |                                   |

#### THIS RENEWAL FORM CANNOT BE USED IF:

- There is a change in business entity (i.e., individual has changed to partnership or corporation/limited liability company; partnership changed to individual or corporation/limited liability company; corporation changed to individual, partnership or limited liability company) and if limited liability company has been dissolved.
- 2. Partners are added or dropped.
- 3. Application is made in a different municipality.

#### **PARTNERSHIPS:**

Indicate full name and home address of each partner. One partner must sign application. **Reminder**: If partners have been added or dropped since your last application, you must use Form AT-106 (Original Beverage License Application).

#### **CORPORATIONS:**

One officer must sign application. Be sure to answer Question No. 7 by indicating any change of officers, directors, and/or changes in home address. If there are any changes in officers and/or directors each must complete Form AT-103 (Auxiliary Questionnaire). If there has been a change in agent since your last approved agent, he/she must complete Forms AT-104 (Schedule for Appointment of Agent) AND AT-103 (Auxiliary Questionnaire) in addition to this (AT-115) form.

#### LIMITED LIABILITY COMPANY:

One member/manager must sign application. Follow procedure under Corporations for any change of members or agent.

**NOTE:** Use ink or typewriter when filling in applications. Be sure to answer all questions fully and accurately. 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.

#### **DISCRIMINATION CLAUSE** – (City of Milwaukee only)

The applicant shall not willfully refuse to provide those services offered under this license or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry, the applicant shall not seek information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion solely on the basis of such information. The applicant also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

Complete, sign and return this form to the clerk.

If answer to Questions No. 6a and/or 6b on page 2 are "YES," outline details below:

| 1. | NAME           |     | STATUTE NO./LOCAL ORDIN | NANCE       |        |
|----|----------------|-----|-------------------------|-------------|--------|
|    | CHARGE         |     | WHERE CONVICTED         |             |        |
|    | DATE PENALTY   |     |                         | MISDEMEANOR | FELONY |
| 2. | NAME           |     | STATUTE NO./LOCAL ORDIN | NANCE       |        |
|    | CHARGE         | _   | WHERE CONVICTED         |             |        |
|    | DATE PENALTY   |     |                         |             |        |
| 3. | NAME           |     | STATUTE NO./LOCAL ORDIN | IANCE       |        |
|    | CHARGE         |     | WHERE CONVICTED         |             |        |
|    | DATE PENALTY   |     |                         | MISDEMEANOR | FELONY |
|    |                |     |                         |             |        |
|    |                | PEN | IDING CHARGE            |             |        |
| 1. | NAME           | _   | STATUTE NO./LOCAL ORDIN | IANCE       |        |
|    | PENDING CHARGE |     | DATE                    |             |        |

# 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.

| Town   |
|--|
| To the governing body of: Village of EVANSVILLE County of ROCK   |
| X  City  |
| The undersigned duly authorized officer/member/manager of Possible Boul LLC  |
| (Negristered Name or 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   |
| (Trade Name)   |
| located at 108 E. Main St. Evansuile, W1 53536   |
| appoints Throng Bessire  |
| 221 Noahs Arc G. Evenville, WI 53536   |
| (Hame 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?   |
| How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 12 years  |
| Place of residence last year 221 Noahs Are Ct. Evansille, W 53536  |
| For: Bassire Bowl LLC  |
| (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  |
| 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.  |
| 4/15/2022 Agent's age 37   |
| (Signature of Agent) (Date)  |
| (Home Address of Agent)  |
| APPROVAL OF AGENT BY MUNICIPAL AUTHORITY  (Clerk cannot sign on behalf of Municipal Official)  |
| 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)  |

Wisconsin Department of Revenue

AT-104 (R. 4-18)

| Renewal Alcohol (Submit to municipal clerk.   |  | 7 -                 | olication                                | Applicant's Wisconsin Seller's Per |  |
|---|--|---------------------|--|------------------------------------|--|
| For the license period beginn   | ing: 07/01/20  | 2/ ending: ()       | 10/30/9021                               | FEIN Number 850 948                | 7  |
| ,   | (mm dd yyyy)   | onung.              | (mm dd yyyy)                             | TYPE OF LICENSE<br>REQUESTED       | FEE  |
| To the Governing Body of the  | Town of  | EvanSville          |  | Class A beer                       | \$ 100   |
| to the Governing Body of the  | : Village of   | CVUITSVITT          |  | ⋉ Class B beer                     | \$ 100   |
| 0. 10   | City of  |                     |  | Class C wine                       | \$ 100   |
| County of KOCL  |  | Alderman            | ic Dist. No.                             | Class A liquor                     | \$ 500   |
| _   |  |                     | d by ordinance)                          | Class A liquor (cider only)        | \$ N/A   |
| Obselvana (T. Ladicila)   |  |                     |  | Class B liquor                     | \$ 500   |
| Check one: Individual   | Limited Liability  |                     |  | Reserve Class B liquor             | \$   |
| ☐ Partnership   | Corporation/No   | onprofit Organiza   | tion                                     | Class B (wine only) winery         | \$   |
| Complete A or B. All must o   | complete C.  |                     |  | Publication fee                    | \$ 15  |
| A. Individual or Partnership  | -  |                     |  | TOTAL FEE                          | \$ 615.00  |
| Full Name (Last)  | (First)  | (Middle Name)       | Home Address (Street. (                  | City or Post Office, & Zip Code)   |  |
|   |  |                     |  | - i, a zip odde,                   |  |
| Full Name (Last)  | (First)  | (Middle Name)       | Home Address (Street, 0                  | City or Post Office, & Zip Code)   |  |
| 7 11 11 11 11   |  |                     |  |                                    |  |
| Full Name (Last)  | (First)  | (Middle Name)       | Home Address (Street, C                  | City or Post Office, & Zip Code)   |  |
| P. I. Cor Corneration (and  | <b>A</b> 0-  |                     |  |                                    |  |
| B. LLC or Corporation (and  |  |                     | W-1007-100-1007-100-1007-1007-1007-1007- |                                    |  |
| Full Legal Name of Corporation / Nonp   | THE PARTY OF THE P | d Liability Company | Address of Cornoration / Li              | mited Hability Comments life life  | The state of the s |
| Cheeks al Place   | 100  |                     |  |                                    |  |
| All corporations/organizations  | or limited liability co  | mpanies applyin     | 9  |                                    |  |
| liquor must appoint an agent.   | True x   | T                   |  |                                    |  |
| Agent Last Name   | (First)  | (Middle Name)       |  |                                    |  |
| Wagner  | NICHOITE   |                     |  |                                    | 536  |
| All Officer(s) Director(s) of C   | orporation and Me  | embers / Manag      | •  |                                    |  |
| President / Member Last Name  | (First)  | (Middle Name)       |  |                                    |  |
| BRITHUNI  | DIELDRE  |                     | _  |                                    |  |
| Vice President / Member Last Name   | (First)  | (Middle Name)       |  |                                    |  |
| Davis   | Milliam  |                     | _  |                                    |  |
| Secretary / Member Last Name  | (First)  | (Middle Name)       |  |                                    |  |
|   |  |                     |  |                                    |  |
| Treasurer / Member Last Name  | (First)  | (Middle Name)       |  |                                    |  |
| Directors / Managers Last Name  | (First)  | (Middle Name)       |  |                                    |  |
| Wagnet  | Nichalle   | (Middle Name)       | _  |                                    |  |
| Directors / Managers Last Name  | MUNON  | L                   |  |                                    |  |
| Febrenbucher  | (First)  | (Middle Name)       |  |                                    | <i>i</i>   |
| C T CI ISOVICI  | TWIP   |                     | 10.00                                    | OID OF MOUNT EVENDY                | INC NO SOUP  |
| C. Business Information   | into Mana  | Cina                |  | 0 000                              | 24/  |
| 1. Trade Name   | ide Pluce, I   | yic .               | Business Phon                            | e Number                           | -0407  |
| 2. Address of Premises/(  | 2 Mufle St   | llet                | Post Office & Z                          | ip Code <u>EvanSVIIIC</u>          | WF 53536   |
| 3. Does the applicant undersiand brewpubs?  | tand that they must  | purchase alcoho     | l beverages only from                    | n Wisconsin wholesalers, bre       | weries   |
| 4 Premises description: Do  |  |                     |  |                                    |  |
| <ol> <li>Premises description: De<br/>include all rooms including<br/>records. (Alcohol beverage</li> </ol> | ı living quarters, if u  | sed, for the sale:  | s, service, consumpt                     | ion, and/or storage of alcoho      | e applicant must<br>I beverages and  |
| yours events suc  | has weddin   | 195, gafm           | ecings, Alet x                           | lereptions, Funded                 | using events, etc  |
| Deverages are nos   | whed pack  | ne buildin          | 5 in all ROOM<br>5 ide lawn +            | is and outside of                  | ding   |

| 5. I                             | Legal description (omit if street address is given or  | previous page)  |  |  |                                    |
|----------------------------------|--|---|--|--|------------------------------------|
| 6. 1                             | a. Since filing of the last application, has the nam<br>member, officer, director, manager or agent for<br>organization licensee been convicted of any<br>for violation of any federal laws, any Wisconsi<br>or municipality? If yes, complete page 3  | r either a limited liability company lic<br>offenses (excluding traffic offenses<br>n laws, any laws of other states, or o  | censee, or nonprofit<br>not related to alcohol)<br>rdinances of any county   | ☐ Yes  | TX No                              |
|                                  | <ul> <li>Are charges for any offenses presently pend<br/>the named licensee or any other persons affilia</li> </ul>  | ing (excluding traffic offenses not related with this license? If yes, explain  | ated to alcohol) against<br>n fully on page 3.   | ☐ Yes  | No No                              |
| 7.                               | Except for questions 6a and 6b, have there been by you on your last application for this license?  | any changes in the answers to the   | questions as submitted   | ☐ Yes  | ₽No                                |
| 8.                               | Was the profit or loss from the sale of alcohol beveror Franchise Tax return of the licensee? If not, ex   | erages for the previous year reported   | on the Wisconsin Income  | <b>⊠</b> Yes   | □No                                |
|                                  | or Franchise Tax return of the licensee? If not, ex  | piani az  |  | F  |                                    |
| 9.                               | Does the applicant understand they must hold a [phone (608) 266-2776]  | Wisconsin Seller's Permit?  |  | Yes  | □No                                |
| 10.                              | Does the applicant understand that alcohol bever from the date of invoice and made available for ir  | age invoices must be kept at the licer spection by law enforcement?   | nsed premises for 2 years  | ✓ Yes  | □ No                               |
| 11.                              | Is the applicant indebted to any wholesaler beyo   | nd 15 days for beer or 30 days for liq  | uor?   | ☐ Yes  | Mo No                              |
| 12.                              | Does the applicant owe municipal property taxes ( <b>Note</b> : Renewal of licenses may be denied purs assessments or other fees).   | , assessments, or other fees? uant to a local ordinance, if the licens  | see owes municipal taxes,  | ☐ Yes  | No                                 |
| bee<br>app<br>and<br>voi<br>this | AD CAREFULLY BEFORE SIGNING: Under penen truthfully answered to the best of the knowledge blication; that the applicant has read and made a correct. The undersigned further understands the d, and under penalty of state law, the applicant m is application. Any person who knowingly provides in \$1,000.  | e of the signer. The signer agrees that<br>complete answer to each question, an<br>at any license issued contrary to Cha<br>ay be prosecuted for submitting false | he/she is the person name<br>and that the answers in each<br>apter 125 of the Wisconsir<br>statements and affidavits | ed in the formation instance of the statutes in connection in the statutes in the st | are true<br>shall be<br>stion with |
| Sig                              | ntact Person's Name (Last, First, M.I.)  COUNTY OF THE PROPERTY OF THE PROPERT | Phone Number  (OS-882-04  | Date  ACT Address  ACT ACT C   | 1017<br>Necksia  | replace                            |
|                                  | BE COMPLETED BY CLERK  |   |  |  |                                    |
|                                  |  | orted to council / board  | Date license granted   |  |                                    |
| Lic                              | cense number issued Date lice  | nse issued  | Signature of Clerk / Deputy Clerk  | (  |                                    |

#### THIS RENEWAL FORM CANNOT BE USED IF:

- There is a change in business entity (i.e., individual has changed to partnership or corporation/limited liability company; partnership changed to individual or corporation/limited liability company; corporation changed to individual, partnership or limited liability company) and if limited liability company has been dissolved.
- 2. Partners are added or dropped.
- 3. Application is made in a different municipality.

#### PARTNERSHIPS:

Indicate full name and home address of each partner. One partner must sign application. **Reminder**: If partners have been added or dropped since your last application, you must use Form AT-106 (Original Beverage License Application).

#### **CORPORATIONS:**

One officer must sign application. Be sure to answer Question No. 7 by indicating any change of officers, directors, and/or changes in home address. If there are any changes in officers and/or directors each must complete Form AT-103 (Auxiliary Questionnaire). If there has been a change in agent since your last approved agent, he/she must complete Forms AT-104 (Schedule for Appointment of Agent) AND AT-103 (Auxiliary Questionnaire) in addition to this (AT-115) form.

#### LIMITED LIABILITY COMPANY:

One member/manager must sign application. Follow procedure under Corporations for any change of members or agent.

**NOTE:** Use ink or typewriter when filling in applications. Be sure to answer all questions fully and accurately. 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.

#### **DISCRIMINATION CLAUSE** – (City of Milwaukee only)

The applicant shall not willfully refuse to provide those services offered under this license or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry, the applicant shall not seek information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion solely on the basis of such information. The applicant also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

Complete, sign and return this form to the clerk.

If answer to Questions No. 6a and/or 6b on page 2 are "YES," outline details below:

| 1. | NAME           | STATUTE NO./LOCAL ORDIN | IANCE       |        |
|----|----------------|-------------------------|-------------|--------|
|    | CHARGE         | WHERE CONVICTED         |             |        |
|    | DATE PENALTY   |                         | MISDEMEANOR | FELONY |
| 2. | NAME           | STATUTE NO./LOCAL ORDIN | IANCE       |        |
|    | CHARGE         | WHERE CONVICTED         |             |        |
|    | DATE PENALTY   |                         | MISDEMEANOR | FELONY |
| 3. | NAME           | STATUTE NO./LOCAL ORDIN | ANCE        |        |
|    | CHARGE         | WHERE CONVICTED         |             |        |
|    | DATE PENALTY   |                         | MISDEMEANOR | FELONY |
|    |                |                         |             |        |
|    | PEN            | NDING CHARGE            |             |        |
| ١. | NAME           | STATUTE NO./LOCAL ORDIN | ANCE        |        |
|    | PENDING CHARGE | DATE                    |             |        |
|    |                |                         |             |        |

## 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.

| ☐ Town   |
|--|
| To the governing body of: Village of EVANSVILL County of ROCK  |
| The undersigned duly authorized officer/member/manager of  |
| a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as   |
| located at 102 Maph Stillet, Evan SVIIIe WI 53536  |
| appoints Nicholle L Wagner   |
| 14246 W GOLF AIR DLIVE, EVOUSVILLE WI 53536<br>(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 X No  |
| How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin?   |
| Place of residence last year 14246 W GOLF AIR DRIVE EVANSVILLE WT 53536  |
| For: Checkside Place, Inc  |
| By (Name of Corporation / Granization / Limited Liability Company)  (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, Nicholle L Way (Pridt / Type Agent's Name), hereby accept this appointment as agent for the   |
| 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 of Agent)  Agent's age  |
| (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   |

(Signature of Proper Local Official)

(Town Chair, Village President, Police Chief)

Submit to municipal clerk.

| In | dividual's Full Name (please print) (last name)  |                             | (first name)   | (middle  | name)                       |
|----|--|-----------------------------|--|--|-----------------------------|
|    | Beltran Dierde   | J.A.                        | (mar name)   | (1110010                                       | name)                       |
| Н  | ome Address (street/route)   | Post Office                 | City   | State  | Zip Code                    |
|    |  |                             |  | WI   | 53536                       |
| H  |  |                             |  | Place of                                       | Birth                       |
| L  |  |                             | ,  | Co   | lokado                      |
| Th | ne above named individual provides the t   | following informatio        | n as a person who is (check  | one):  |                             |
|    | Applying for an alcohol beverage licer   | nse as an <b>individu</b> a | al,  |  |                             |
| V  | A member of a partnership which is r  Officer / Pursident  (Officer / Director / Member / Manager / Ag | of (                        | Leekside Place I   | BOOKU of DIR<br>ad Liability Company or Nonpro | ectors  offic Organization) |
|    | which is making application for an alco  | phol beverage licen         | se.  |  |                             |
| Th | e above named individual provides the f  | following informatio        | n to the licensing authority:  |  |                             |
|    | How long have you continuously reside  | _                           | ·  |  |                             |
|    | Have you ever been convicted of any o  |                             |  |  |                             |
|    | violation of any federal laws, any Wisco   |                             |  |  |                             |
|    | or municipality?   |                             |  |  | Yes No                      |
|    | If yes, give law or ordinance violated, tr   |                             |  | date, description and                          |                             |
|    | status of charges pending. (If more room   | n is needed, continue       | on reverse side of this form.)   |  |                             |
| 3. | Are charges for any offenses presently   | nending against vo          | u (other than traffic unrelated  | d to alcohol beverage                          | 2)                          |
| •  | for violation of any federal laws, any Wi  |                             | •  | -  | •                           |
|    | municipality?  |                             |  |  |                             |
|    | If yes, describe status of charges pendi   |                             |  |  | S059261 - 1484_11175        |
| 4. | Do you hold, are you making application  | n for or are you an         | officer, director or agent of a  | corporation/nonprofit                          |                             |
|    | organization or member/manager/agent   |                             |  |  |                             |
|    | beverage license or permit?  |                             |  |  | Yes No                      |
|    | If yes, identify.  |                             | to the state of th |  |                             |
| 5  | Do you hold and/or are you an efficer of   |                             | ame, Localion and Type of License/Perr   |  |                             |
|    | Do you hold and/or are you an officer, d member/manager/agent of a limited liab                        |                             |  |  | or                          |
|    | brewery/winery permit or wholesale liqu  |                             |  |  | Yes No                      |
|    | If yes, identify.  | or, mandiacturer of         | rediner permit in the State  | OI WISCONSIII!.,.,.                            | 163 140                     |
|    |  | lesale Licensee or Permitte | e)   | (Address By City and                           | d County)                   |
| 6. | Named individual must list in chronologi   |                             | = *  | (riddiddd by Gily dife                         | , Goully,                   |
|    | Employer's Name  | nployer's Address           |  | Employed From                                  | То                          |
| -  | NEO Home Coans 4   | 117 Hissin                  | 5 Drive, Evadouly,   | 8/14/22  |                             |
|    | Employer's Name  | nployer's Address           |  | Employed From                                  | 108/13/21                   |
|    | Greenwoods State Bank 13   | 2J Lindeman                 | s Drive, Evansuille<br>1 DR Evansville   | 1 8119/2019                                    | 0/15/21                     |

**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.

Submit to municipal clerk.

| Ir | dividual's Full Name (please print) (last nam                                 | ne)  | (first name)   |  | (middle nam                             | ne)           |          |
|----|---|--|--|--|---|---------------|----------|
|    | Davis, William K  |  |  |  |   |               |          |
| Н  | ome Address (street/route)  | Post Office  | Citv   |  | State 2                                 | Zip Code      | 1        |
| Н  | a d   |  |  |  | Place of Birt                           | $\psi$        | )        |
|    |   |  |  |  | Madi                                    | SON, I        | Ŋ.       |
| Tr | ne above named individual provides th   | ne following informatio  | n as a person who is <i>(check</i> )   | one):                                    |   | 4             |          |
| Г  | Applying for an alcohol beverage lic  |  |  | <i></i>                                  |   |               |          |
| S  | A member of a partnership which is  (Officer / Director / Member / Manager    | is making application f  | for an alcohol beverage licer<br>LELKSIDE FLACE BOOK   | nse<br>Ad of Did<br>ed Liability Company | ectors                                  | Organization) |          |
|    | which is making application for an a  | alcohol beverage licen   | Particular description of Architecture (Application of the Application |  | 100000000000000000000000000000000000000 |               |          |
| Th | ne <i>above named individual</i> provides th                                  | ne following information   | n to the licensing authority:  |  |   |               |          |
|    | How long have you continuously res  | -  | and the second s |  |   |               |          |
|    | Have you ever been convicted of any   |  |  | everages) for                            |   |               |          |
|    | violation of any federal laws, any Wis  |  |  |  |   |               |          |
|    | or municipality?  |  |  |  |   | Yes           | No       |
|    | If yes, give law or ordinance violated status of charges pending. (If more re |  |  | date, descripti                          | on and                                  |               |          |
|    |   | John to riceded, continue  | on reverse side of this form.y   |  |   |               |          |
| 3. | Are charges for any offenses present  |  | •  |  | - ,                                     |               |          |
|    | for violation of any federal laws, any  |  |  |  |   |               |          |
|    | municipality?   |  |  |  | FOR \$10,000 AD                         | Yes           | No       |
| 4. | Do you hold, are you making applica   |  | officer, director or agent of a  | corporation/no                           | nprofit                                 |               |          |
|    | organization or member/manager/ag   |  |  |  |   |               | 171 170- |
|    | beverage license or permit?   |  | (c. c. c. c. (3) - (c. c. c   |  | 13                                      | Yes           | No       |
|    | If yes, identify.   | (A)  | ame, Location and Type of License/Per  | mit                                      |   |               |          |
| 5. | Do you hold and/or are you an officer   | •  | •  |  | ation or                                |               |          |
| •  | member/manager/agent of a limited I   |  |  |  |   |               |          |
|    | brewery/winery permit or wholesale li   |  |  |  |   | Yes           | No       |
|    | If yes, identify.   |  |  |  |   |               |          |
|    |   | Wholesale Licensee or Permitte   | •  | (Address E                               | By City and Cou                         | unty)         |          |
| 6. | Named individual must list in chronole  | Market and the second s | mployers.  | To the state of                          |   |               |          |
|    | Teuches Ontal   | 2001 Metho I   | DR Bloomington, MN   | Employed From                            | 10                                      | 2018          |          |
|    | Oregon School Dist  | 123 E GLOV   | e, Olegon, WI  | Employed From                            | То                                      | 2018          |          |
|    |   |  | U  |  |   |               |          |

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)

Submit to municipal clerk.

| Individual's Full Name (please print) (last name)  | (first name)   | (middle name)   |
|--|--|---|
| HIT MUKY ANNE  |  |   |
| Home Address (street/en/fe)  | Cia  | State Zip Code  |
|  |  | Wt 53536  |
| Ho   |  | Place of Birth  |
| 400 1110   | 007/07.  | GREEN Bay, WI   |
| The above named individual provides the following inform   | ation as a person who is (check on                           | e):   |
| Applying for an alcohol beverage license as an indiv   | idual.   |   |
| A member of a partnership which is making applicat   |  | 4   |
| OFFICER TREASURER of (Officer / Director / Member / Manager / Agent)   | Weekside Place, be   | COULD OF DILECTOR   |
| which is making application for an alcohol beverage I  | · · ·  |   |
| The above named individual provides the following inform   | ation to the licensing authority:                            |   |
| How long have you continuously resided in Wisconsin  | · · · · · · · · · · · · · · · · · · ·                        | 9   |
| 2. Have you ever been convicted of any offenses (other t   |  | verages) for  |
| violation of any federal laws, any Wisconsin laws, any   |  |   |
| or municipality?   |  |   |
| If yes, give law or ordinance violated, trial court, trial da  | ate and penalty imposed, and/or d                            | ate, description and                                      |
| status of charges pending. (If more room is needed, cont   | inue on reverse side of this form.)                          |   |
| Are charges for any offenses presently pending against   | st you (other than traffic unrelated                         | (o alcohol heverages)                                     |
| for violation of any federal laws, any Wisconsin laws, a   |  |   |
| municipality?  |  |   |
| If yes, describe status of charges pending.  |  | 2000 1000   |
| 4. Do you hold, are you making application for or are you  |  |   |
| organization or member/manager/agent of a limited lia  | bility company holding or applying                           | for any other alcohol                                     |
| beverage license or permit?  | 20 10 20   | Yes No  |
| If yes, identify.  |  |   |
|  | (Name, Location and Type of License/Permit                   |   |
| 5. Do you hold and/or are you an officer, director, stockho  |  |   |
| member/manager/agent of a limited liability company h  |  |   |
| harmonia de de la  |  | ·   |
| brewery/winery permit or wholesale liquor, manufacture   |  | ·   |
| If yes, identify.  | er or rectifier permit in the State of                       | ·   |
| If yes, identify. (Name of Wholesale Licensee or Pe  | er or rectifier permit in the State of                       | ·   |
| If yes, identify.  (Name of Wholesale Licensee or Pe  6. Named individual must list in chronological order last to   | er or rectifier permit in the State of millee) wo employers. | Wisconsin? Yes (Address By City and County)               |
| If yes, identify. (Name of Wholesale Licensee or Pe  | er or rectifier permit in the State of millee) wo employers. | Wisconsin? Yes Yes  |
| If yes, identify.  (Name of Wholesale Licensee or Pe  6. Named individual must list in chronological order last to  Employer's Name  Straw Camulo Cauca 39 Gautes  Employer's Name  Employer's Address | millee) wo employers.  | Wisconsin? Yes (Address By City and County)               |
| 6. Named individual must list in chronological order last to Employer's Name  Straw Catholic Church 39 Garther   | millee) wo employers.  | (Address By City and County)  imployed From To 10/25/20/9 |
| If yes, identify.  (Name of Wholesale Licensee or Pe  6. Named individual must list in chronological order last to  Employer's Name  Straw Camulo Cauca 39 Gautes  Employer's Name  Employer's Address | millee) wo employers.  | (Address By City and County)  imployed From To 10/25/20/9 |

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.

Submit to municipal clerk.

| n/a |                                       |                               |  |  |  |
|-----|---------------------------------------|-------------------------------|--|--|--|
|     | ndividual's Full Name (please print)  | (last name)                   | (first name)   | (middle  | name)  |
|     | Fehre                                 | nbacher                       | Kari   |  | A  |
| T   | Home Address (street/route)           | Post Office                   | ce City  | State  | Zip Code   |
| 1   | N Comment                             |                               |  | WI   | 53536  |
| Ī   | lom                                   |                               |  | Place o  | f Birth  |
| 1   |                                       |                               |  | Lot  | 10 Forest 12   |
| -   |                                       |                               |  | 1, 4,  | 10/50/ 1/ -  |
| Т   | he <i>above named individual</i> pr   | ovides the following inf      | formation as a person who is (a  | check one):  |  |
|     | Applying for an alcohol bev           | verage license as an in       | idividual.   |  |  |
| 1   | A member of a partnershi              |                               | of Cleek Side Haw  | e license.<br>CLIMC<br>on, Limited Liability Company or Nonpri   | ofit Organization)   |
|     | which is making application           | n for an alcohol bevera       | ge license.  |  |  |
| _   |                                       | · ·                           |  | - Marian   |  |
|     | ·                                     | _                             | formation to the licensing author                                      | ority:   |  |
|     | How long have you continue            |                               | ner than traffic unrelated to alco                                     | ohol hoverages) for  |  |
| ۷.  | •                                     |                               | any laws of any other states or  | The state of the s |  |
|     | · ·                                   | -                             |  |  | Yes 🕅 No   |
|     | If yes, give law or ordinance         | violated, trial court, tria   | al date and penalty imposed, a   | and/or date, description and   | ,  |
|     | status of charges pending.            | 'If more room is needed, o    | continue on reverse side of this for                                   | <b>m</b> .)  |  |
| _   | A                                     |                               |  |  |  |
| პ.  |                                       |                               | ainst you (other than traffic unr<br>rs, any laws of other states or c |  |  |
|     |                                       | _                             | s, arry raws or other states or c                                      |  | _ +  |
|     | If yes, describe status of cha        |                               |  |  |  |
| 4.  |                                       |                               | you an officer, director or agen                                       | t of a corporation/nonprofit   |  |
|     |                                       |                               | l liability company holding or a                                       |  | the same of the sa |
|     |                                       |                               |  |  | Yes 🔀 No   |
|     | If yes, identify.                     |                               | (Name, Location and Type of Licen                                      | nes/Darmit)  |  |
| 5   | Do you hold and/or are you a          | an officer director stoc      | kholder, agent or employe of a   |  | r  |
| ٥.  | · · · · · · · · · · · · · · · · · · · |                               | ny holding or applying for a wh  |  |  |
|     |                                       |                               | turer or rectifier permit in the S                                     |  | Yes No   |
|     | If yes, identify.                     | ,                             | •  |  |  |
|     | -                                     | (Name of Wholesale Licensee o | or Permittee)  | (Address By City and   | County)  |
| 6.  | Named individual must list in         | chronological order las       | st two employers.  |  |  |
|     | Employer's Name                       | Employer's Address            |  | Employed From  | TO DODI  |
|     | Lexters Mb                            | 301                           | Morth St. Madron   | M1 200+  | 2021   |
|     | Employer's Name                       | Employer's Address            | ;  | Employed From  | То   |
|     | 1 10 4 1.                             | nicotlors                     |  | 1/ 0/00  | 2010   |

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)

| Renewal Alcoho   | l Beverage L             | icense Ar          | plication                               | Applicant's Wisconsin Seller's Per                         | rmit Number | 1 <u>J</u> |
|--|--------------------------|--------------------|---|--|-------------|------------|
| (Submit to municipal clerk.  | Read instructions        | оп page 3.)        |   | - 454162t02157   | 0-03        | 5          |
| For the license period begin   | ining: Suzy 1 2          | Z ending           | JUNE 3D 23                              | 20-4558  | 759         |            |
| 1,1  |                          |                    |   | TYPE OF LICENSE<br>REQUESTED                               | FI          | ĒΕ         |
| To the Governing Body of the   | Town of Village of       | EURNS              | 1/10                                    | ☐ Class A beer   | \$          | 10         |
| The second secon | City of                  | CVNV)              | onte                                    | ⊠*Class B beer   | \$          | 10         |
|  | A City or                |                    |   | ☐ Class C wine   | \$          | 10         |
| County of  |                          | Alderma            | nic Dist. No                            | Class A liquor   | \$          | 50         |
|  | _                        | (if requir         | ed by ordinance)                        | Class A liquor (cider only)                                | \$ N/       | /A         |
| Check one:  Individual   | □ 1 ::tt (251, 369       |                    |   | Class B liquor   | \$          | 50         |
|  | Limited Liability        |                    | 25                                      | Reserve Class B liquor                                     | \$          | 7          |
| ☐ Partnership  | ☐ Corporation/No         | inprofit Organiz   | ation                                   | Class B (wine only) winery                                 | \$          |            |
| Complete A or B. All must  | complete C               |                    |   | Publication fee  | \$          | 1:         |
|  |                          |                    | ÷                                       | TOTAL FEE  | \$ 10       | 15:        |
| A. Individual or Partnershi  | p:                       |                    |   | 1  |             |            |
| Full Name (Last)   | (First)                  | (Middle Name)      | Home Address (Street,                   | City or Post Office, & Zip Code)                           |             | _          |
| *  |                          | 1                  | , | on, at the one of the one of                               |             |            |
| Full Name (Last)   | (First)                  | (Middle Name)      | Home Address (Street                    | City or Post Office, & Zip Code)                           |             |            |
|  | ( 9                      | (winders realite)  | Tiome Address (Street,                  | City or Post Office, & Zip Code)                           |             |            |
| Full Name (Last)   | (First)                  | (B4:-July Br.      |   |  | -           |            |
| (4154)   | (1 (131)                 | (Middle Name)      | Home Address (Street,                   | City or Post Office, & Zip Code)                           |             |            |
|  |                          |                    |   |  |             |            |
| 3. LLC or Corporation (and   | According                |                    | 9                                       |  |             |            |
| iquor must appoint an agent.<br>Agent hast Name  | (First)                  | (Middle-Name)      |   | I fermented malt beverages ar                              | id/or into  | xicatin    |
| MRDISSON   | GEELDR1                  | 1º                 | 2/7 N                                   | GIA EVANS  | 115         | •          |
| Il Officer(s) Director(s) of   | Corporation and Me       | mbers / Manag      | ers of Limited Liabi                    | lity Company:  |             |            |
| resident / Member Last Name  | (First)                  | (Middle Name)      | Home Address (Street, C                 | City or Post Office, & Zip Code)                           |             |            |
| \$7  |                          |                    | 200                                     | , a chi                |             |            |
| ice President / Member Last Name   | (First)                  | (Middle Name)      | Home Address (Chr. )                    | U. 5 /0#   |             |            |
| And A Server (1997) and 1997 (1997) and 1997 (1997)  | (*5.5)                   | (windle Name)      | nome Address (Street, C                 | ity or Post Office, & Zip Code)                            |             |            |
| ecretary / Member Last Name  | (First)                  |                    |   |  |             |            |
| edictary / Welliber Last Name  | (First)                  | (Middle Name)      | Home Address (Street, C                 | ity or Post Office, & Zip Code)                            |             |            |
|  |                          | -                  |   |  |             |            |
| reasurer / Member Last Name  | (First)                  | (Middle Name)      | Home Address (Street, C                 | ity or Post Office, & Zip Code)                            |             | _          |
|  |                          |                    |   | 1 3355   |             |            |
| irectors / Managers Last Name  | (First)                  | (Middle Name)      | Home Address (Street C                  | ity or Post Office, & Zip Code)                            |             |            |
|  |                          | (·····quio /vaino) | Tione Address (Street, C                | ny or Fost Office, & Zip Code)                             |             |            |
| rectors / Managers Last Name   | (Eirot)                  | 20T LOT 14         |   | the second   |             | 5 7 5      |
| addition managers cast Harrie  | (First)                  | (Middle Name)      | Home Address (Street, Ci                | ity or Post Office, & Zip Code)                            |             |            |
|  |                          | 14 45              |   |  |             |            |
| Business Information   |                          | 8                  |   |  |             | _          |
|  | 101-11                   | 2 1                |   |  |             |            |
| Trade Name // Wish   | ADUI SproteM             | oh & SATE          | Business Phone                          | Number Q82-99  | 377         | >          |
|  | 100 5                    | 11.1.116           | Z Dusiness i none                       | - Number   | 1           |            |
| Address of Premises  | 187 6 10                 | W/W 27             | Post Office & Zi                        | p Code 57556   | ,           |            |
| Does the applicant understand brewpubs?  | and that they must p     | urchase alcoho     | beverages only from                     | Wisconsin wholesalers, brew                                |             | □ N -      |
|  |                          |                    |   | Yes  | A .         | ☐ No       |
| include all rooms including records. (Alcohol beverage   | iiviiid dualtels, ii ust | tu. Tur the sales  | s service consumpti                     | e to be sold and stored. The on, and/or storage of alcohol | beverage    | es and     |
| Stora on his   | · CC                     |                    |   | UUU JUI  | 10110       | NO         |
| JIVENT IN C  | THICK AT                 | DOTIO X            | PAD                                     | 1 000  |             |            |

| 5. I             | Legal description (omit if street address is given on pre   | evious page):   |   | -21                                    |                                   |
|------------------|---|---|---|--|-----------------------------------|
| <b>3</b> . i     | a. Since filing of the last application, has the named<br>member, officer, director, manager or agent for ei<br>organization licensee been convicted of any off<br>for violation of any federal laws, any Wisconsin la<br>or municipality? If yes, complete page 3  | licensee, any member<br>ither a limited liability c<br>fenses (excluding traffi<br>aws, any laws of other s                   | c offenses not related to alcohol)<br>tates, or ordinances of any county      | ∐ Yes                                  | ×νο                               |
|                  | <ul> <li>Are charges for any offenses presently pending<br/>the named licensee or any other persons affiliated</li> </ul>   | d with this license? If y   | os, explain raily   | Yes                                    | □ No                              |
| 7.               | Except for questions 6a and 6b, have there been at by you on your last application for this license? If y   | ny changes in the ansv<br>yes, explain  | vers to the questions as submitted  | ☐ Yes                                  | No                                |
|                  |   |   |   |  |                                   |
| 8.               | . Was the profit or loss from the sale of alcohol bevera or Franchise Tax return of the licensee? If not, explanation   | ages for the previous yea   | ar reported on the Wisconsin Income   | Yes                                    | . □ No                            |
|                  | to at the arrivat hold a Wi   |   |   |  | TO M.                             |
| 9                | Does the applicant understand they must hold a Wi<br>[phone (608) 266-2776]   | isconsin Seller's Permit  | ?   | Yes                                    | ∐ No                              |
|                  | <ol> <li>Does the applicant understand that alcohol beverage<br/>from the date of invoice and made available for inst</li> </ol>  | pection by law emorcem  | IGHT: Operation stated  | 1                                      |                                   |
|                  | 1. Is the applicant indebted to any wholesaler beyond   |   |   |  |                                   |
| 1:               | <ol> <li>Does the applicant owe municipal property taxes, a<br/>(Note: Renewal of licenses may be denied pursua<br/>assessments or other fees).</li> </ol>  | assessments, or other tant to a local ordinance   | ees?  | . [_] Ye:                              | s XNO                             |
| b<br>a<br>v<br>t | READ CAREFULLY BEFORE SIGNING: Under penal open truthfully answered to the best of the knowledge of application; that the applicant has read and made a count correct. The undersigned further understands that void, and under penalty of state law, the applicant may this application. Any person who knowingly provides muthan \$1,000. | or the signer. The signer omplete answer to each at any license issued co y be prosecuted for subnaterially false information | question, and that the answers in ear<br>ntrary to Chapter 125 of the Wiscons | ch instand<br>in Statute<br>s in conne | ce are trues shall be ection with |
|                  | Contact Person's Name (Last, Fifet, M.I.)   | Title Disterni  | EESIDENT 4/1)   | 5/2                                    | 2                                 |
|                  | Signature Many Many   | Phono Murr  | har TEMALI Address  |  |                                   |
|                  |   |   |   |  |                                   |
|                  | TO BE COMPLETED BY CLERK  Date received and filed with municipal clerk  Date repo   | orted to council / board  | Date license granted  |  |                                   |
|                  | License number issued Date licen  | nse issued  | Signature of Clerk / Deputy C   | lerk                                   | 1                                 |

# THIS RENEWAL FORM CANNOT BE USED IF:

- There is a change in business entity (i.e., individual has changed to partnership or corporation/limited liability company; partnership changed to individual or corporation/limited liability company; corporation changed to individual, partnership or limited liability company) and if limited liability company has been dissolved.
- 2. Partners are added or dropped.
- 3. Application is made in a different municipality.

## **PARTNERSHIPS:**

Indicate full name and home address of each partner. One partner must sign application. **Reminder**: If partners have been added or dropped since your last application, you must use Form AT-106 (Original Beverage License Application).

# **CORPORATIONS:**

One officer must sign application. Be sure to answer Question No. 7 by indicating any change of officers, directors, and/or changes in home address. If there are any changes in officers and/or directors each must complete Form AT-103 (Auxiliary Questionnaire). If there has been a change in agent since your last approved agent, he/she must complete Forms AT-104 (Schedule for Appointment of Agent) AND AT-103 (Auxiliary Questionnaire) in addition to this (AT-115) form.

# LIMITED LIABILITY COMPANY:

One member/manager must sign application. Follow procedure under Corporations for any change of members or agent.

NOTE: Use ink or typewriter when filling in applications. Be sure to answer all questions fully and accurately. 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.

# **DISCRIMINATION CLAUSE** – (City of Milwaukee only)

The applicant shall not willfully refuse to provide those services offered under this license or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry, the applicant shall not seek information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion solely on the basis of such information. The applicant also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

Complete, sign and return this form to the clerk.

If answer to Questions No. 6a and/or 6b on page 2 are "YES," outline details below:

| NAME           |  | STATUTE NO./LOCAL ORDIN  | NANCE  |  |
|----------------|--|--|--|--|
| CHARGE         |  | WHERE CONVICTED  |  |  |
| DATE           | PENALTY  |  | MISDEMEANOR  |  |
| NAME           |  | STATUTE NO./LOCAL ORDIN  | IANCE  |  |
|                |  |  |  |  |
| DATE           | PENALTY  |  | MISDEMEANOR  |  |
| NAME           |  | STATUTE NO./LOCAL ORDIN  | ANCE   |  |
|                |  |  |  |  |
|                |  |  |  |  |
| * /            | PEN  | IDING CHARGE   |  |  |
| •              |  |  |  |  |
| PENDING CHARGE |  | DATE 3-2-2   |  |  |
|                | CHARGE  DATE  NAME  CHARGE  DATE  NAME  CHARGE  DATE  NAME  CHARGE  DATE  DATE | CHARGE  DATE PENALTY  NAME  CHARGE  DATE PENALTY  NAME  CHARGE  DATE PENALTY  PENALTY  PENALTY  PENALTY  PENALTY | CHARGE WHERE CONVICTED  DATE PENALTY  NAME STATUTE NO./LOCAL ORDIN  CHARGE WHERE CONVICTED  DATE PENALTY  NAME STATUTE NO./LOCAL ORDIN  CHARGE WHERE CONVICTED  DATE PENALTY  PENDING CHARGE  NAME STATUTE NO./LOCAL ORDIN | CHARGE WHERE CONVICTED  DATE PENALTY MISDEMEANOR  NAME STATUTE NO./LOCAL ORDINANCE  CHARGE WHERE CONVICTED  DATE PENALTY MISDEMEANOR  NAME STATUTE NO./LOCAL ORDINANCE  CHARGE WHERE CONVICTED  DATE PENALTY MISDEMEANOR  PENDING CHARGE |

11 8

| (Cubmit to municipal - 1 - 1 - 1 -   | Renewal Alcohol Beverage License Application   |  |   |  | Applicant's Wisconsin Seller's Permit Number |              |  |
|--|--|--|---|--|--|--------------|--|
| ουνπικ το municipal clerk. 🖪   | Read instructions  | on page 3.)  |   | FFINI Niverbase  |  |              |  |
|  | TARREST STATE OF THE STATE OF T | -2   |   | FEIN Number 39-18939   | 2592   | 4            |  |
| or the license period beginni  | mg:(mm dd yyyy)  | ending: 3  | (mm dd yyyy)  | TYPE OF LICENSE<br>REQUESTED   |  | FEE          |  |
| - H O 1 - D - 1 - 4 H  | Town of  | E  | - > + C   | Class A beer   | \$   | 100          |  |
| the Governing Body of the  | Village of   | LUX020   | LLL   | Class B beer   | \$   | 100          |  |
|  | City of  |  |   | ☐ Class C wine   | \$   | 100          |  |
| ounty of Rock  |  | Aldermar   | nic Dist. No.   | Class A liquor   | \$   | 500          |  |
| 1.22   |  |  | ed by ordinance)  | Class A liquor (cider only)  | \$   | N/A          |  |
|  |  |  | ,,  | ☐ Class B liquor   | \$   | 500          |  |
| heck one: 🔲 Individual   | Limited Liabilit   | y Company  |   | Reserve Class B liquor   | \$   |              |  |
| Partnership  | Corporation/No   | onprofit Organiza  | ation   | Class B (wine only) winery   | \$   |              |  |
|  | <i>(</i> -   |  |   | Publication fee  | \$   | 15           |  |
| omplete A or B. All must o   | :omplete C   |  |   | TOTAL FEE  | \$   |              |  |
| Individual or Partnership  | :  |  |   |  |  |              |  |
| uli Name (Last)  | (First)  | (Middle Name)  | Home Address (Street, C   | City or Post Office, & Zip Code)   |  |              |  |
| ull Name (Last)  | (First)  | (Middle Name)  | Home Address (Street, C   | City or Post Office, & Zip Code)   |  |              |  |
|  |  | 1  | ,   | - ,,   |  |              |  |
| ull Name (Last)  | (First)  | (Middle Name)  | Home Address (Street, C   | City or Post Office, & Zip Code)   |  |              |  |
| LLC or Corporation (and  | A = = = 0 .  |  |   |  |  |              |  |
| LLC or Corporation (and  |  | 417-170 -  |   |  |  |              |  |
|  |  | d Liability Company  |   | nited Liability Company (if different fro                                  |  |              |  |
| PETES INN  |  |  |   | DESON ST EVANSUILLE  |  |              |  |
| Il corporations/organizations  | or limited liability co  | ompanies applyir   | ng for a license to sell  | fermented malt beverages a   | nd/or  | intoxicating |  |
| quor must appoint an agent.  |  |  |   |  |  |              |  |
| gent Last Name   | (First)  | (Middle Name)  | Home Address (Street, C   | City or Post Office, & Zip Code)   |  |              |  |
| CHURCH   | LINAL  | ANN  |   |  |  |              |  |
| l Officer(s) Director(s) of C  | 'ornoration and M  |  |   |  |  |              |  |
| resident / Member Last Name  | (First)  | (Middle Name)  | jei   |  |  |              |  |
|  | , ,  |  |   |  |  |              |  |
| CHURCH   | LENDA  | ANN  |   |  |  |              |  |
| ice President / Member Last Name   | (First)  | (Middle Name)  |   |  |  |              |  |
|  | 32ET   | KEITH  |   |  |  | 200          |  |
| CHURCH   | 4  |  |   |  |  | ds           |  |
|  | (First)  | (Middle Name)  |   |  |  | Sb.          |  |
| ecretary / Member Last Name  | (First)  | (Middle Name)  | Home Address (Street, C   | ity or Post Office & Zin Code)   |  | Sb.          |  |
| ecretary / Member Last Name  |  |  | Home Address (Street, C   | ity or Post Office, & Zip Code)  |  | Sb           |  |
| reasurer / Member Last Name  | (First)  | (Middle Name)  |   | ity or Post Office, & Zip Code) ity or Post Office, & Zip Code)            |  | \$6          |  |
| reasurer / Member Last Name reasurer / Member Last Name irectors / Managers Last Name  | (First)  | (Middle Name)  (Middle Name)   | Home Address (Street, C   |  |  | \$b          |  |
| reasurer / Member Last Name reasurer / Member Last Name irectors / Managers Last Name irectors / Managers Last Name  | (First) (First)  | (Middle Name)  (Middle Name)  (Middle Name)  | Home Address (Street, C   | ity or Post Office, & Zip Code)  |  | §b.          |  |
| reasurer / Member Last Name reasurer / Member Last Name rectors / Managers Last Name rectors / Managers Last Name Business Information   | (First) (First)  | (Middle Name)  (Middle Name)  (Middle Name)  | Home Address (Street, C   | ity or Post Office, & Zip Code) ity or Post Office, & Zip Code)            | 2 4  |              |  |
| reasurer / Member Last Name reasurer / Member Last Name rectors / Managers Last Name rectors / Managers Last Name rectors / Managers Last Name  Business Information Trade Name  | (First) (First)  | (Middle Name)  (Middle Name)  (Middle Name)  (Middle Name)   | Home Address (Street, C   | ity or Post Office, & Zip Code)  |  |              |  |
| reasurer / Member Last Name reasurer / Member Last Name rirectors / Managers Last Name rirectors / Managers Last Name  Business Information Trade Name Address of Premises   | (First) (First) (First)  The content of the content | (Middle Name)  (Middle Name)  (Middle Name)  (Middle Name)   | Home Address (Street, C  Home Address (Street, C  Business Phon  Post Office & Z  | ity or Post Office, & Zip Code) ity or Post Office, & Zip Code) e Number   | Ĵ.   | 4170<br>WE S |  |
| Freasurer / Member Last Name  Freasurer / Member Last Name  Directors / Managers Last Name  Di | (First) (First) (First) tand that they must scribe building or building quarters, if u   | (Middle Name)  (Middle Name)  (Middle Name)  (Middle Name)  purchase alcohouldings where alsed, for the sale | Home Address (Street, C  Home Address (Street, C  Business Phon Post Office & Z  of beverages only from alcohol beverages ares, service, consumpt | ity or Post Office, & Zip Code)  ity or Post Office, & Zip Code)  e Number | werie  | 1170         |  |

| 5. l                       | _egal description (omit if street address is given o   | n previous page):  |   |  |  |
|----------------------------|--|--|---|--|--|
| 6. a                       | a. Since filing of the last application, has the namember, officer, director, manager or agent forganization licensee been convicted of any for violation of any federal laws, any Wiscons or municipality? If yes, complete page 3  | or either a limited liability company li<br>y offenses (excluding traffic offenses<br>sin laws, any laws of other states, or c                                       | censee, or nonprofit<br>not related to alcohol)<br>ordinances of any county   | ☐ Yes  | ₹No  |
| ŀ                          | <ul> <li>Are charges for any offenses presently pend<br/>the named licensee or any other persons affili</li> </ul>   | ding (excluding traffic offenses not reliated with this license? If yes, explai  | ated to alcohol) against n fully on page 3.   | ☐ Yes  | Xvo  |
| 7. 1                       | Except for questions 6a and 6b, have there bee by you on your last application for this license?   | en any changes in the answers to the If yes, explain   | questions as submitted  | ☐ Yes  | No   |
| 8.                         | Was the profit or loss from the sale of alcohol bevor Franchise Tax return of the licensee? <b>If not, e</b>   | verages for the previous year reported   | on the Wisconsin Income   | √Yes   | □ No   |
|                            | or Franchise Tax return of the licensee? If not, e   | xpiain   |   | ×100   |  |
| 9.                         | Does the applicant understand they must hold a [phone (608) 266-2776]  | Wisconsin Seller's Permit?   | AGOSTA VOCA AGOSTA GOSTA GASTANOS   | Yes  | □ No   |
| 10.                        | Does the applicant understand that alcohol beve from the date of invoice and made available for i  | erage invoices must be kept at the lice inspection by law enforcement?   | nsed premises for 2 years   | Yes  | □ No   |
| 11,                        | Is the applicant indebted to any wholesaler beyo   | ond 15 days for beer or 30 days for lic  | uor?  | ☐ Yes  | No   |
| 12.                        | Does the applicant owe municipal property taxe ( <b>Note:</b> Renewal of licenses may be denied purassessments or other fees).   | s, assessments, or other fees? suant to a local ordinance, if the licen  | see owes municipal taxes,   | ☐ Yes  | <b>∑</b> No                                    |
| app<br>and<br>void<br>this | AD CAREFULLY BEFORE SIGNING: Under perent truthfully answered to the best of the knowledge of that the applicant has read and made a discorrect. The undersigned further understands to an under penalty of state law, the applicant in application. Any person who knowingly provides in \$1,000. | e of the signer. The signer agrees that<br>complete answer to each question, and<br>that any license issued contrary to Ch<br>may be prosecuted for submitting false | he/she is the person name<br>nd that the answers in each<br>apter 125 of the Wisconsin<br>statements and affidavits i | d in the f<br>instance<br>Statutes<br>n connec | oregoing<br>are true<br>shall be<br>ction with |
| Coi                        | ntact Person's Name (Last, First, M.L.)  | Title / Member   | 7 Date 04-13  | -77  |  |
| Sig                        | LINAC CARRELO  | Phone Number   | Email Address   |  |  |
|                            |  |  |   |  |  |
| то                         | BE COMPLETED BY CLERK  |  |   |  |  |
| _                          |  | ported to council / board  | Date license granted  |  |  |
| Lic                        | ense number issued Date lic  | ense issued  | Signature of Clerk / Deputy Clerk   |  |  |

## THIS RENEWAL FORM CANNOT BE USED IF:

- There is a change in business entity (i.e., individual has changed to partnership or corporation/limited liability company; partnership changed to individual or corporation/limited liability company; corporation changed to individual, partnership or limited liability company) and if limited liability company has been dissolved.
- 2. Partners are added or dropped.
- 3. Application is made in a different municipality.

#### **PARTNERSHIPS:**

Indicate full name and home address of each partner. One partner must sign application. **Reminder**: If partners have been added or dropped since your last application, you must use Form AT-106 (Original Beverage License Application).

# **CORPORATIONS:**

One officer must sign application. Be sure to answer Question No. 7 by indicating any change of officers, directors, and/or changes in home address. If there are any changes in officers and/or directors each must complete Form AT-103 (Auxiliary Questionnaire). If there has been a change in agent since your last approved agent, he/she must complete Forms AT-104 (Schedule for Appointment of Agent) AND AT-103 (Auxiliary Questionnaire) in addition to this (AT-115) form.

### LIMITED LIABILITY COMPANY:

One member/manager must sign application. Follow procedure under Corporations for any change of members or agent.

**NOTE:** Use ink or typewriter when filling in applications. Be sure to answer all questions fully and accurately. 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.

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Complete, sign and return this form to the clerk.

If answer to Questions No. 6a and/or 6b on page 2 are "YES," outline details below:

| 1. | NAME           | STATUTE NO./LOCAL ORDINANCE |     |
|----|----------------|-----------------------------|-----|
|    | CHARGE         | WHERE CONVICTED             |     |
|    | DATE PENALTY   | MISDEMEANOR FELC            | YNC |
| 2. | NAME           | STATUTE NO./LOCAL ORDINANCE |     |
|    | CHARGE         | WHERE CONVICTED             |     |
|    | DATE PENALTY   | MISDEMEANOR FELC            | YNC |
| 3. | NAME           | STATUTE NO./LOCAL ORDINANCE |     |
|    | CHARGE         | WHERE CONVICTED             |     |
|    | DATE PENALTY   | MISDEMEANOR FELC            | YNC |
|    | PE             | NDING CHARGE                |     |
| ١. | NAME           | STATUTE NO./LOCAL ORDINANCE |     |
|    | PENDING CHARGE | DATE                        |     |

# 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. Town To the governing body of: Village of EVANSUELLE The undersigned duly authorized officer/member/manager of PETES TWO INC.

(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 (Trade Name) 57 (Name of Appointed Agent) EVANSVILLE (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? 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? How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? Place of residence last year (Name of Corporation / Organization / Limited Liability Company) 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** \_ , 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. Agent's age (Signature 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) |

Submit to municipal clerk.

| Individual's Full Name (please print) (last nat   | me) (first name)  | (middle name)  |  |  |  |  |
|---|---|--|--|--|--|--|
| CHURCH  | LINA  | ۸,   |  |  |  |  |
| Home Address (street/route)   | Post Office City  | State Zip Code                                       |  |  |  |  |
|   |   | ). T 5352  |  |  |  |  |
| н   |   | Place of Birth                                       |  |  |  |  |
|   |   |  |  |  |  |  |
|   |   | STOUBHTON WI   |  |  |  |  |
| The above named individual provides t   | the following information as a person who is <i>(ch</i>   | eck one):  |  |  |  |  |
| Applying for an alcohol beverage I  |   |  |  |  |  |  |
|   | is making application for an alcohol beverage l   | icense   |  |  |  |  |
|   | - X   |  |  |  |  |  |
| (Officer / Director / Member / Manage   | r / Agent) (Name of Corporation,  | Limited Liability Company or Nonprofit Organization) |  |  |  |  |
| which is making application for an  | alcohol beverage license.   |  |  |  |  |  |
| The above named individual provides t   | he following information to the licensing authori   | tv:  |  |  |  |  |
|   | sided in Wisconsin prior to this date?  |  |  |  |  |  |
|   | ny offenses (other than traffic unrelated to alcoh  |  |  |  |  |  |
| violation of any federal laws, any W  | isconsin laws, any laws of any other states or c  | ordinances of any county                             |  |  |  |  |
| or municipality?  |   | Yes No   |  |  |  |  |
| If yes, give law or ordinance violated  | d, trial court, trial date and penalty imposed, an  | d/or date, description and                           |  |  |  |  |
| status of charges pending. (If more   | room is needed, continue on reverse side of this form   | 1.)  |  |  |  |  |
| 3 Are charges for any offenses presen   | ntly pending against you (other than traffic unre   | lated to all the survey                              |  |  |  |  |
| for violation of any federal laws, any  | Wisconsin laws, any laws of other states or or  | dinances of any county or                            |  |  |  |  |
| municipality?   |   | Yes  |  |  |  |  |
| If yes, describe status of charges pe   | ending.   |  |  |  |  |  |
| <ol><li>Do you hold, are you making application.</li></ol>  | ation 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 |   |  |  |  |  |  |
|   | - 18 - 10 - 10 - 1 - 1 - 1 - 10 - 10 - 1  | ····· Yes No   |  |  |  |  |
| If yes, identify.   | (Name, Location and Type of License   | a/Pormith  |  |  |  |  |
| 5. Do vou hold and/or are you an office   |   |  |  |  |  |  |
| member/manager/agent of a limited   | Do you hold and/or are you an officer, director, stockholder, agent or employe 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 St  | ate of Wisconsin? Yes No                             |  |  |  |  |
| If yes, identify.   | ·   | 7  |  |  |  |  |
| (Name of  | Wholesale Licensee or Permittee)  | (Address By City and County)                         |  |  |  |  |
| 6. Named individual must list in chrono   | ological order last two employers.  |  |  |  |  |  |
| Employer's Name   | Employer's Address  | Employed From To                                     |  |  |  |  |
| PETES INN   | EVANSVOUE WX S353h  | 08-77 07-97  |  |  |  |  |
| Employer's Name   | Employer's Address  | Employed From To                                     |  |  |  |  |
|   |   |  |  |  |  |  |
|   |   |  |  |  |  |  |

**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)

| Renewal Alcohol Beverage L   | icense Application  | 81-19134   | 110         | /F5         |
|--|---|--|-------------|-------------|
| Submit to municipal clerk. Read instruction  | is on reverse side  | Applicant's WI Seller's Permit No.: JEIN                         | Suppe 84    |             |
| For the license period beginning:  | Λ   | LICENSE REQUESTED  | <b>)</b>    |             |
|  | ending: 0,23  | ТҮРЕ   | FE          | EE          |
| ☐ Town   |   | Class A beer   | \$          | (           |
| TO THE GOVERNING BODY of the: 🗍 Village  | ge of Suanguille  | Class B beer   | \$ 10       | ,0          |
| City City  | of )  | Class A liquor   | \$          |             |
| County of Keek Alderma   | anic Dist. No. (if required by ordinance)   | Class A liquor (cider only)                                      | \$ N/       | (0          |
| **   | (in required by elaminos)   | Class B liquor   |             |             |
|  | ership  | Reserve Class B liquor   | \$ 50       | 00          |
| Corporation/Nonprofit (  | Organization  | prints.  | \$          |             |
| Complete A or B. All must complete C.  |   |  |             | 5           |
| A. Individual or Partnership:  |   |  | \$ 61       | 5           |
| Full Name(s) (Last, First and Middle   | Name) Home Address  | Post Office & Z  | in Cada     |             |
| Decama & Straub  | Home Address  | 7 Fost Office & Z  | ib code     |             |
|  | 1991 ( 201)101 2  | DOSIGOR WA   |             |             |
| B. Full Name of Corporation/Nonprofit Organiz  | ation/Limited Liability Company 🕨 Whishey   | Throltte Par Grill 4   | Pizzes      | ic Inc      |
| Address of Corporation/Limited Liability Cor   | mpany (if different from licensed premises)   | D Box 1071 Flanswill   | 1117        | 5392        |
| All Officer(s) Director(s) and Agent of Corpo  | ration and Members/Managers and Agent of Limit  | ed Liability Company:  | -           | 2000        |
| Title Name   | (Inc. Middle Name) Home Ad  | WINDOWS AND  | Office & Z  | ip Code     |
| President/Member   |   |  |             |             |
| Vice President/Member  | Straub  |  |             |             |
| Secretary/Member   |   |  |             |             |
| Treasurer/Member   |   |  |             |             |
| Agent ▶  |   |  |             |             |
| C. 1. Trade Name Whysky Shrotte  | Bo Stice D  | 1 06 28 2  | 1 701       |             |
| 2. Address of Premises 50 Lines  | Business  | Phone Number 608 88 2  |             | 2000        |
|  |   | ce & Zip Code 🕨 🕹 🕹 Zip Code                                     | us lus      |             |
| Premises description: Describe building or be  | ourchase alcohol beverages only from Wisconsin whole<br>ouildings where alcohol beverages are to be sold a  | esalers, breweries and brewpubs?                                 | Yes         | ∐ No        |
| include all rooms including living quarters, if  | used, for the sales, service, consumption, and/or   | nd stored. The applicant must<br>storage of alcohol beverages an | d rogorde   |             |
| (Alcohol beverages may be sold and stored (  | only on the premises described.)  | Now Schund   | box C       |             |
| 5. Legal description (omit if street address is given  | ven above): Evans University  | in Jocke woon  |             |             |
| <ol><li>6. a. Since filing of the last application, has the</li></ol>  | named licensee, any member of a partnership lice  | ensee or any member officer                                      |             |             |
| director, manager or agent for either a lin  | nited liability company licensee, corporation license   | ee or nonprofit organization                                     |             |             |
| laws, any Wisconsin laws, any laws of other  | s (excluding traffic offenses not related to alcohol) or states, or ordinances of any county or municipality  | for violation of any federal                                     | [ Vaa       | - N-        |
| b. Are charges for any offenses presently r  | pending (excluding traffic offenses not related to alc  | enhal) against the named   | Yes         | <b>₹</b> No |
| licensee or any other persons affiliated wit   | th this license? If yes, explain fully on reverse sid   | e  | Yes         | ☐ No        |
| <ol><li>Except for questions 6a and 6b, have there I</li></ol>   | peen any changes in the answers to the questions  | as submitted by you on your                                      |             |             |
| last application for this license? If yes, expl  | ain.  |  | Yes         | ☐ No        |
| 8. Was the profit or loss from the sale of alcoho  | of beverages for the previous year reported on the  | Wisconsin Income or  | N           |             |
| Franchise Tax return of the licensee? If not,  | explain.  |  | Yes         | ☐ No        |
| 9. Does the applicant understand they must ho  | ld a Wisconsin Seller's Permit?   |  |             |             |
| [priorie (000) 200-2770]   | CONTRACTOR OF THE STATE OF THE | xxxxxxxxxxxxxxxxxxxxxxxxxxxx                                     | Yes         | ☐ No        |
| date of invoice and made available for inspe-  | reverage invoices must be kept at the licensed prection by law enforcement?   | mises for 2 years from the                                       | of.         |             |
| 11. Is the applicant indebted to any wholesaler h  | reyond 15 days for beer or 30 days for liquor?  | · · · · · · · · · · · · · · · · · · ·                            | Yes         | □ No        |
| is the applicant maddled to any wholesalier b  | reyold 13 days for beer of 30 days for liquor?  |  | L Yes       | No No       |
| READ CAREELL IV RECORE SIGNING. Hadan  |   |  |             |             |
| READ CAREFULLY BEFORE SIGNING: Under panswered to the best of the knowledge of the sign                      | er The signer agrees that he/she is the parson ha   | at each of the above questions h                                 | as been t   | ruthfully   |
| has read and made a complete answer to each que  | stion, and that the answers in each instance are true   | and correct. The undersigned for                                 | rther unde  | aretande    |
| that any license issued contrary to Chapter 125 of   | the Wisconsin Statutes shall be void, and under pe  | nalty of state law, the applicant m                              | av he pro   | batusas     |
| for submitting false statements and affidavits in co<br>application may be required to forfeit not more that | nnection with this application. Any person who kno  | wingly provides materially false i                               | nformation  | on this     |
| approacion may be required to lonest flot flote (1)  | 111 \$1,000.  |  |             |             |
|  | (Officer of Orporation / Me   | mber Manager of Limited Liability Compar                         |             | 1           |
|  | Tomos areas and a   | от Епітви Сівініку Сотраї  | ıyı ranner) | muividual)  |
|  | 00  |  |             |             |
| TO BE COMPLETED BY CLERK   |   |  |             |             |
| Date received and filed with municipal clerk   | Date reported to council/board  | Date license granted   |             |             |
| License number issued  | Data (Iganga igaya d  |  |             |             |
| Election manual  | Date license issued   | Signature of Clerk / Deputy Clerk                                |             |             |

| Vest   Street   Str    | ☐ No                              |
|---|-----------------------------------|
| business? If yes, explain  (a) Corporate/limited liability company applicants only: Insert state  | <b>™</b> No                       |
| business? If yes, explain  (a) Corporate/limited liability company applicants only: Insert state  | 27                                |
| (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?   Ye    O 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]   Ye    Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]   Ye    Does the applicant understand that they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]   Ye    Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?   Ye    EAD CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully be best of the knowledge of the signer. Any person who knowingly provides materially false information on this application are required to for any alternative based on the required to for many laws of the knowledge of the signer. Any person who knowingly provides materially false information on this application are required to for many alternative based on the required to for many and the provided and the time provides and repulsions on the surface and provides for required to for many and the time information on this application are required to for many and the provided and the provides and repulsions on the surface and provides for revocation of this license.  Final Address  Prove Namber  Email Address  Deel COMPLETED BY CLERK   | s 🗗 No                            |
| (a) Corporate/limited liability company applicants only: Insert state   |                                   |
| of registration.  (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? If yes, explain  (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, explain.  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]  Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  EAD CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully also signed to another. (Individual applicants, or one member of a partnership applicant must sign, one corporate officer, one member/manager of Lir ompanies must sign, Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Simisdemeanor and grounds for revocation of this license.  Deale Procee Number  Date  Phoce Number  Email Address  Email Address  Email Address   |                                   |
| (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 If yes, explain.    O. Does the applicant understand they must register as a Retall 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]  |                                   |
| (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.  O. 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]  I. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  EAD CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully be best of the knowledge of the signer. Any person who knowingly provides materially false information on this application may be required to for an \$1,000. Signer agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if grante signed to another. (Individual applicants, or one member of a partnership applicant must sign; one corporate officer, one member/manager of Lire companies must sign.) Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Significant must sign; one corporate officer, one member/manager of Lire Companies must sign.) Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Significant must sign.) Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Significant must sign.) Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Significant must sign.) Any lack of access to any portion of a licensed premises during inspection will be deeme | s 📉 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.  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]  Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  EAD CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully en best of the knowledge of the signer. Any person who knowingly provides materially false information on this application may be required to for an \$1,000. Signer agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if grantessigned to another. (Individual applicants, or one member of a partnership applicant must sign.) Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Similardemenor and grounds for revocation of this license.  Does COMPLETEDBY CLERK   | antC                              |
| 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]  1. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  2. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  EAD CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully the best of the knowledge of the signer. Any person who knowingly provides materially false information on this application may be required to for an \$1,000. Signer agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if grantesing the another. (Individual applicants, or one member of a partnership applicant must sign, one corporate officer, one member/manager of Lirompanies must sign.) Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Signature  Does the applicant understand they must hold a Wisconsin Seller's Person's Name (Last, First, M.I.)  Phone Number  Date  History  Date  Histor |                                   |
| 1. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]   | es ∏ No                           |
| 2. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  EAD CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully be best of the knowledge of the signer. Any person who knowingly provides materially false information on this application may be required to for an \$1,000. Signer agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if grante signed to another. (Individual applicants, or one member of a partnership applicant must sign; one corporate officer, one member/manager of Lir ompanies must sign.) Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. So misdemeanor and grounds for revocation of this license.  The Member  Date  History  History  Date  History  Hist |                                   |
| EAD CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully the best of the knowledge of the signer. Any person who knowingly provides materially false information on this application may be required to for an \$1,000. Signer agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if grante assigned to another. (Individual applicants, or one member of a partnership applicant must sign; one corporate officer, one member/manager of Lir tompanies must sign.) Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. So misdemeanor and grounds for revocation of this license.  Contact Person's Name (Last, First, M.I.)  The Member Phone Number Email Address  Phone Number Email Address  |                                   |
| the best of the knowledge of the signer. Any person who knowingly provides materially false information on this application may be required to for an \$1,000. Signer agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if grante signed to another. (Individual applicants, or one member of a partnership applicant must sign; one corporate officer, one member/manager of Liro ompanies must sign.) Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Significant provides the provided premises during inspection will be deemed a refusal to permit inspection. Significant provides the provided premises during inspection will be deemed a refusal to permit inspection. Significant provides the provided premises during inspection will be deemed a refusal to permit inspection. Significant provides the provided provided premises during inspection will be deemed a refusal to permit inspection. Significant provides the provided premises during inspection will be deemed a refusal to permit inspection. Significant provides the provided provided provides any significant provides and the right provides and the provided provides any significant provides and the right provides any significant  | s 🗌 No                            |
| Straub DeeAnna K  Signature  Phone Number  Email Address  Dee Gomple Teeb By CLERK  | d, will not be<br>nited Liability |
| O BE COMPLETED BY CLERK   | 501<br>3010                       |
| O BE COMPLETED BY CLERK   | il Com                            |
| Lot, the A Olad I Daniel Clark  |                                   |
|   |                                   |
| Date license granted, Date license issued License number issued   |                                   |

# THIS RENEWAL FORM CANNOT BE USED IF:

- There is a change in business entity (i.e., individual has changed to partnership or corporation/limited liability company; partnership changed to individual or corporation/limited liability company; corporation changed to individual, partnership or limited liability company) and if limited liability company has been dissolved.
- 2. Partners are added or dropped.
- 3. Application is made in a different municipality.

## PARTNERSHIPS:

Indicate full name and home address of each partner. One partner must sign application. **Reminder**: If partners have been added or dropped since your last application, you must use Form AT-106 (Original Beverage License Application).

# CORPORATIONS:

One officer must sign application. Be sure to answer Question No. 7 by indicating any change of officers, directors, and/or changes in home address. If there are any changes in officers and/or directors each must complete Form AT-103 (Auxiliary Questionnaire). If there has been a change in agent since your last approved agent, he/she must complete Forms AT-104 (Schedule for Appointment of Agent) AND AT-103 (Auxiliary Questionnaire) in addition to this (AT-115) form.

# LIMITED LIABILITY COMPANY:

One member/manager must sign application. Follow procedure under Corporations for any change of members or agent.

**NOTE:** Use ink or typewriter when filling in applications. Be sure to answer all questions fully and accurately. 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.

# **DISCRIMINATION CLAUSE** – (City of Milwaukee only)

The applicant shall not willfully refuse to provide those services offered under this license or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry, the applicant shall not seek information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion solely on the basis of such information. The applicant also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

Complete, sign and return this form to the clerk.

If answer to Questions No. 6a and/or 6b on reverse side are "YES," outline details below:

| 1. | NAME           |         | STATUTE NO./LOCAL ORDIN. | ANCE        |        |
|----|----------------|---------|--------------------------|-------------|--------|
|    | CHARGE         |         | WHERE CONVICTED          |             |        |
|    |                |         |                          |             |        |
| 2. | NAME           |         | STATUTE NO./LOCAL ORDIN  | ANCE        |        |
|    | CHARGE         |         | WHERE CONVICTED          |             |        |
|    |                |         |                          |             |        |
| 3. | NAME           |         | STATUTE NO./LOCAL ORDIN  | ANCE        |        |
|    | CHARGE         |         | WHERE CONVICTED          |             |        |
|    | DATE           | PENALTY |                          | MISDEMEANOR | FELONY |
|    |                |         |                          |             |        |
|    |                | PEN     | DING CHARGE              |             |        |
| 1. | NAME           |         | STATUTE NO./LOCAL ORDIN  | ANCE        |        |
|    | PENDING CHARGE |         | DATE                     |             |        |

# 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. Town To the governing body of: Village The undersigned duly authorized officer/member/manager of a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as located at appoints (Name 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? 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? No How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? Place of residence last year (Name of Corporation / Organization / Limited Liability Company) (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 , hereby accept this appointment as agent for the 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. Agent's age (Signature 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 (Date) (Signature of Proper Local Official) (Town Chair, Village President, Police Chief)

Submit to municipal clerk.

| Individual's Full Name (please print) (last na                                      | me) (first na  | ame)   | (middle )                   | namal                     |
|---|--|--|-----------------------------|---------------------------|
| (1)   | A  |  | (middle)                    | lanie)                    |
| Home Address (street/route)   | Post Office  | City   | State                       | Zip Code                  |
|   |  |  |                             | <b>535</b> 20             |
| H   |  |  | WI<br>Place of              | Rirth                     |
|   |  |  |                             |                           |
|   |  |  |                             | nesyi lle                 |
| The above named individual provides t   | the following information as a pe  | erson who is <i>(check on</i>                  | e):                         |                           |
| Applying for an alcohol beverage I  |  | ,  |                             |                           |
| A member of a partnership which   |  | cohol beverage license                         | e. 🤝                        |                           |
| A Dec Anna Stra   |  | -  |                             | Too                       |
| (Officer / Director / Member / Manage   |  | Throttla Bare<br>(Name of Corporation, Limited | Liability Company or Nonpro | it Organization)          |
| which is making application for an  | alcohol beverage license.  |  |                             |                           |
| The above named individual provides to  | he following information to the I  | icensing authority:                            |                             |                           |
| 1. How long have you continuously re-   |  |  | °ลrs                        |                           |
| 2. Have you ever been convicted of ar   |  |  | verages) for                |                           |
| vìolation of any federal laws, any W  | isconsin laws, any laws of any o   | other states or ordinar                        | nces of any county          |                           |
| or municipality?  |  |  |                             | Yes No                    |
| If yes, give law or ordinance violated  | d, trial court, trial date and pena  | ilty imposed, and/or d                         | ate, description and        |                           |
| status of charges pending. (If more i   | 'oom is needed, continue on revers   | e side of this form.)                          |                             |                           |
| 3. Are charges for any offenses preser  | ntly pending against you (other  | than traffic unrelated t                       | to alcohol beverages        | )                         |
| for violation of any federal laws, any  | Wisconsin laws, any laws of of   | ther states or ordinand                        | ces of any county or        | /                         |
| municipality?   |  |  |                             | Yes No                    |
| If yes, describe status of charges pe   |  |  |                             |                           |
| 4. Do you hold, are you making applica  | ation for or are you an officer, di  | rector or agent of a co                        | orporation/nonprofit        |                           |
| organization or member/manager/agbeverage license or permit?                        | gent of a limited liability compan   | ly holding or applying                         | for any other alcoho        |                           |
| If yes, identify.   |  | •        |                             | Yes No                    |
|   | (Name, Locatio   | on and Type of License/Permit)                 |                             |                           |
| 5. Do you hold and/or are you an office   | r, director, stockholder, agent o  | r employe of any pers                          | son or corporation of       |                           |
| member/manager/agent of a limited   | liability company holding or app   | olying for a wholesale                         | beer permit,                | - 7                       |
| brewery/winery permit or wholesale  | liquor, manufacturer or rectifier  | permit in the State of                         | Wisconsin?                  | Yes No                    |
| If yes, identify.   |  |  |                             |                           |
| 6. Named individual must list in chrono   | Wholesale Licensee or Permittee)   |  | (Address By City and        | County)                   |
| Employer's Name   | Employer's Address   |  | mployed From                | To 101                    |
| Hockford Structures   |  | cxford IL                                      | 3/18                        | 12/18                     |
| Employer's Name   | Employer's Address   | 13000 FC                                       | mployed From                | То                        |
| Nonthern Lights Act   | 1007 18 Center As  | Brodhew  | 312063                      | Presing                   |
| 3   |  |  |                             | V KOW V                   |
| READ CAREFULLY BEFORE SIGNING   | 3: Under penalty provided by I   | aw the undersigned s                           | states that each of th      | a abaya ayaatiana bar     |
| been truthfully answered to the best of t   | he knowledge of the signer, The  | e signer agrees that h                         | e/she is the person i       | named in the foregoing    |
| application; that the applicant has read a  | ind made a complete answer to a  | each question, and the                         | at the answers in eac       | th instance are true and  |
| correct. The undersigned further underst  | ands that any license issued co  | ntrary to Chapter 125                          | of the Wisconsin Sta        | tutes shall be void, and  |
| under penalty of state law, the applicant<br>ion. Any person who knowingly provides | s materially false information or  | ng raise statements a                          | nd affidavits in conne      | action with this applica- |
| , , , , , , , , , , , , , , , , , , ,   | The state of the s | application may                                | Home                        | normore man \$1,000.      |
|   |  | X  |                             |                           |
|   |  | 3  | (Signature of Named In      | dividual)                 |
|   |  |  |                             |                           |

ART THE

Live 3

en add a

| (Submit to municipal clerk.  | Read instructions o   | n page 3.)   |                            | Applicant's Wisconsin Seller's Peri<br>456-1030363<br>FEIN Number  |                         |
|--|---|--|----------------------------|--|-------------------------|
| For the license period beginni   | ng: Wold 202  | 2 ending: $6$  | /30/23<br>(mm dd yyyy)     | TYPE OF LICENSE  | FEE                     |
| To the Governing Body of the   | ☐ Town of 、 □   | Vancin   | 10                         | REQUESTED  |                         |
| To the Governing Body of the   | : Village of  | "ansvi   | 18                         | Class A beer   | \$ 100                  |
| ,  | City of   |  |                            | Class B beer   | \$ 100                  |
| Rac  | 1   |  |                            | Class C wine   | \$ 100                  |
| County of  | 74  | Aldermanie   | c Dist. No                 | Class A liquor   | \$ 500                  |
|  |   | (if required   | l by ordinance)            | Class A liquor (cider only)  | \$ N/A                  |
| Check one: 🗽 Individual  | ☐ Limited Liebility   | C  |                            | Class B liquor   | \$ 500                  |
| Partnership  | Limited Liability   |  |                            | Reserve Class B liquor   | \$                      |
| _ Partnership  | Corporation/No  | nprofit Organizat  | ion                        | Class B (wine only) winery   |                         |
| Complete A or B. All must o  | complete C  |  |                            | Publication fee  | \$ 15                   |
|  | _   |  |                            | TOTAL FEE  | \$ 615.00               |
| A. Individual or Partnership   |   |  |                            |  |                         |
| Full Name (Last)   | (First)   | (Middle Name)  | Home Address (Street,      | City or Post Office, & Zip Code)                                   | A 1                     |
| Full Name (Last)   | (First)   | (Middle Name)  | Home Address (Street,      | City or Post Office, & Zip Code)                                   |                         |
| Full Name (Last)   | (First)   | (Middle Name)  | Home Address (Street,      | City or Post Office, & Zip Code)                                   |                         |
| B. LLC or Corporation (and   | Agent):   |  |                            |  |                         |
| Full Legal Name of Corporation / None  | •   | Liability Company A  | Address of Corporation / L | imited Liability Company (if different froi                        | m licensed premises)    |
|  | •   | ,,,,,,,,,,,,,,,,,,,,,,,,                                     | adious of corporation ?    | mined Elability Company (if different from                         | in licensed premises)   |
| All corporations/organizations liquor must appoint an agent.                     | or limited liability cor  | mpanies applying   | for a license to se        | ll fermented malt beverages a                                      | nd/or intoxicating      |
| Agent Last Name  | (First)   | (Middle Name)  | Home Address (Street )     | City or Post Office, & Zip Code)                                   |                         |
| Lucio  | Marco   | (Middle Halle)   | 1/30 AI                    | Mehe la  | 53536                   |
|  |   | - July "   | 7.20 40                    | merun St   | 3/5/0                   |
| All Officer(s) Director(s) of C  |   | mbers / Manage   |                            |  |                         |
| President / Member Last Name   | (First)   | (Middle Name)  | 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)                                   |                         |
| Secretary / Member Last Name   | (First)   | (Middle Name)  | Home Address (Street )     | City or Post Office, & Zip Code)                                   |                         |
| Secretary : West Ber Educ Harrie   | (Tildt)   | (Wilddle Wallie)   | nome Address (Street, t    | City or Post Office, & Zip Code)                                   | 21                      |
| Treasurer / Member Last Name   | (FireA)   | 78.87.1.11   |                            |  |                         |
| Treasurer / Wember Last Name   | (First)   | (Middle Name)  | Home Address (Street, C    | City or Post Office, & Zip Code)                                   |                         |
|  |   |  |                            |  |                         |
| Directors / Managers Last Name   | (First)   | (Middle Name)  | Home Address (Street, 0    | City or Post Office, & Zip Code)                                   |                         |
|  |   |  |                            |  |                         |
| Directors / Managers Last Name   | (First)   | (Middle Name)  | Home Address (Street, 0    | City or Post Office, & Zip Code)                                   |                         |
| C. Business Information  |   |  |                            |  |                         |
| 202 2 (202   |   |  |                            |  | 00 4.10                 |
| 1. Trade Name EI V   | 91/9h7a   |  | Business Phor              | ne Number <u>608. 88</u>   | 12- 1064                |
| 2. Address of Premises 60  | 9- E- Ma  | in St  | Post Office & 2            |  |                         |
| 3. Does the applicant understand brewpubs?                                       | and that they must p  | ourchase alcohol   | beverages only from        | m Wisconsin wholesalers, brev                                      | weries \( \bigcap \) No |
| Premises description: De include all rooms including records. (Alcohol beverage) | scribe building or bu<br>living quarters, if us<br>as may be sold and | uildings where al<br>sed, for the sales<br>stored only on th | cohol beverages a          | re to be sold and stored. The tion, and/or storage of alcoholoed.) | applicant must          |
|  |   | V  | 8                          |  |                         |
|  |   |  |                            |  |                         |

| given on previous page).  |   |   |   |
|---|---|---|---|
| agent for either a limited liability company<br>dof any offenses (excluding traffic offens<br>Wisconsin laws, any laws of other states, o                                       | r licensee, or nonprofit<br>les not related to alcohol)<br>ir ordinances of any county  | ☐ Yes   | √No   |
| ntly <b>pending</b> (excluding traffic offenses not<br>ons affiliated with this license? <b>If yes, exp</b> l   | related to alcohol) against lain fully on page 3  | ☐ Yes   | Ø No  |
| nere been any changes in the answers to ticense? If yes, explain  | he questions as submitted   | ☐ Yes   | ⊭ No  |
|   |   |   |   |
|   |   |   |   |
| ohol beverages for the previous year reporter if not, explain   | ed on the Wisconsin Income  | ☐ Yes   | □ No  |
| st hold a Wisconsin Seller's Permit?  | LEGA ESSER ASSERS ASSERT ASSERT ASSERT ASSERT   | <b>∑</b> Yes  | □ No  |
| hol beverage invoices must be kept at the liable for inspection by law enforcement?   | censed premises for 2 years   | Yes   | □ No  |
| aler beyond 15 days for beer or 30 days for   | liquor?   | Yes   | □ No  |
| erty taxes, assessments, or other fees? nied pursuant to a local ordinance, if the lice   | ensee owes municipal taxes,   | ☐ Yes   | □ No  |
| nowledge of the signer. The signer agrees the made a complete answer to each question, stands that any license issued contrary to colicant may be prosecuted for submitting fal | nat he/she is the person name<br>and that the answers in each<br>Chapter 125 of the Wisconsir<br>Ise statements and affidavits  | ed in the to<br>i instance<br>i Statutes<br>in connec   | are true<br>shall be<br>tion with   |
| Title / Member  | Date 4 - 12   | 5-20  | 29  |
| Phone Number  | Email Address   |   |   |
| 1000 11   |   |   |   |
|   |   |   |   |
| Date reported to council / board  | Date license granted  |   |   |
| Date license issued   | Signature of Clerk / Deputy Clerk   | ς   |   |
|   | sthe named licensee, any member of a paragent for either a limited liability company d of any offenses (excluding traffic offense Wisconsin laws, any laws of other states, or other states, assessments, or other states, if the lice states are of the signer. The signer agrees the made a complete answer to each question, stands that any license issued contrary to or other states, materially false information on this stands that any license issued contrary to or other stands that any license issued contrary to or other stands that any license issued contrary to or other stands that any license issued contrary to or other stands that any license issued contrary to or other stands that any license issued contrary to or other stands that any license issued contrary to or other stands that any license issued contrary to or other stands that any license issued contrary to or other stands that any license issued contrary to or other stands that any license issued contrary to or other stands that any license issued contrary to or other stands that any license issued contrary to or other stands that any license issued contrary to or other stands that any license issued contrary to or other stands that any license issued contrary to or other stands that any license issued contrary to or other stands. | hol beverage invoices must be kept at the licensed premises for 2 years able for inspection by law enforcement?  aler beyond 15 days for beer or 30 days for liquor?  erty taxes, assessments, or other fees?  nied pursuant to a local ordinance, if the licensee owes municipal taxes, and provided by law, the undersigned states that each of the abnowledge of the signer. The signer agrees that he/she is the person name made a complete answer to each question, and that the answers in each estands that any license issued contrary to Chapter 125 of the Wisconsing plicant may be prosecuted for submitting false statements and affidavits provides materially false information on this application may be required  Title / Member  Date  Proce Number  Date  Date | st he named licensee, any member of a partnership licensee, or any agent for either a limited liability company licensee, or nonprofit of of any offenses (excluding traffic offenses not related to alcohol) Wisconsin laws, any laws of other states, or ordinances of any county ige 3 |

#### THIS RENEWAL FORM CANNOT BE USED IF:

- There is a change in business entity (i.e., individual has changed to partnership or corporation/limited liability company; partnership changed to individual or corporation/limited liability company; corporation changed to individual, partnership or limited liability company) and if limited liability company has been dissolved.
- 2. Partners are added or dropped.
- 3. Application is made in a different municipality.

#### **PARTNERSHIPS:**

Indicate full name and home address of each partner. One partner must sign application. **Reminder**: If partners have been added or dropped since your last application, you must use Form AT-106 (Original Beverage License Application).

# **CORPORATIONS:**

One officer must sign application. Be sure to answer Question No. 7 by indicating any change of officers, directors, and/or changes in home address. If there are any changes in officers and/or directors each must complete Form AT-103 (Auxiliary Questionnaire). If there has been a change in agent since your last approved agent, he/she must complete Forms AT-104 (Schedule for Appointment of Agent) AND AT-103 (Auxiliary Questionnaire) in addition to this (AT-115) form.

## LIMITED LIABILITY COMPANY:

One member/manager must sign application. Follow procedure under Corporations for any change of members or agent.

**NOTE:** Use ink or typewriter when filling in applications. Be sure to answer all questions fully and accurately. 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.

# **DISCRIMINATION CLAUSE** – (City of Milwaukee only)

The applicant shall not willfully refuse to provide those services offered under this license or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry, the applicant shall not seek information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion solely on the basis of such information. The applicant also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

Complete, sign and return this form to the clerk.

If answer to Questions No. 6a and/or 6b on page 2 are "YES," outline details below:

# CONVICTIONS 1. NAME STATUTE NO./LOCAL ORDINANCE WHERE CONVICTED DATE PENALTY MISDEMEANOR FELONY 2. NAME STATUTE NO./LOCAL ORDINANCE CHARGE WHERE CONVICTED DATE PENALTY MISDEMEANOR FELONY 3. NAME STATUTE NO./LOCAL ORDINANCE CHARGE WHERE CONVICTED DATE PENALTY MISDEMEANOR FELONY PENDING CHARGE 1. NAME STATUTE NO./LOCAL ORDINANCE STATUTE NO./LOCAL ORDINANCE

PENDING CHARGE \_\_\_\_\_\_ DATE \_\_\_\_\_

# 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. |
|--|
| Town   |
| To the governing body of: Village of Etvans Ville County of Rock   |
| The undersigned duly authorized officer/member/manager of El Vallarta De Evans Ville U (Registered Name of Corporation Torganization or Limited Liability Company)   |
| a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as   |
| located at 609-E-Main St Evansville W1 - 53536   |
| appoints Mar (6-Antonio - LIGO VGIENCIA  (Name of Appointed Agent)  (Name of Appointed Agent)  |
| (Horne 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   |
| How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin?   |
| Place of residence last year El Vallarta De-Evans Ville LLC  |
| For: 438- AIMERON ST- EVUNSVIILE WI 53536 (Name of Corporation / Organization / Limited Liability Company)   |
| By: Mar (0 - A - LUC) (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  |
| 1, Marco-A-Lycc , hereby accept this appointment as agent for the  |
| 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.  |
| Morco A-Ludo 4/18/2022 Agent's age (Signature of Agent)  |
| (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.   |
| A  |
| Approved on by Title   |

1

Submit to municipal clerk.

| În  | dividual's Full Name (please print) (last nam  | e)  | (first name)   | (r                 | middle name)                           |
|-----|--|---|--|--------------------|--|
|     | Luad   | Marc  | 0 -  | 1                  | Intango                                |
| H   | ome Address (street/route)   | Post Office   | Citv   | L                  | tate Zip Code  VI 53536  lace of Birth |
| Th  | an above named individual prevides the   | a fallancia a informat                              |  |                    |  |
|     | ne <i>above named individual</i> provides th<br>Applying for an alcohol beverage lic   |   |  | one):              |  |
| F   | Applying for all alcohol beverage lice.  A member of a partnership which i   |   |  |                    |  |
|     |  | - Valens  | 1 VG//GVTG-D (Name of Corporation, Limite                          | e- EVal            | 1 SVIIIC LL (                          |
|     | which is making application for an a   | lcohol beverage lice                                | ense,  |                    | •                                      |
| Th  | e above named individual provides th   | e following informati                               | on to the licensing authority                                      |                    |  |
|     | How long have you continuously resi  | _   |  |                    |  |
| 3.  | or municipality?   | , trial court, trial date<br>com is needed, continu | e and penalty imposed, and/or<br>ne on reverse side of this form.) | date, description  | n and                                  |
|     | for violation of any federal laws, any municipality?   | Wisconsin laws, any                                 | laws of other states or ordina                                     | nces of any cour   | nty or i/                              |
| 4   | If yes, describe status of charges per<br>Do you hold, are you making applica  |   | officer director or agent of a                                     | corneration/nen    | orofit                                 |
| 7.6 | organization or member/manager/ag-<br>beverage license or permit?  | ent of a limited liabil                             | ity company holding or applyin                                     | ng for any other a | alcohol                                |
| _   | De very hald and/an are very gr  |   | (Name, Location and Type of License/Pern                           |                    |  |
| Э.  | Do you hold and/or are you an officer<br>member/manager/agent of a limited I<br>brewery/winery permit or wholesale li<br>If yes, identify. | iability company hol                                | ding or applying for a wholesa                                     | le beer permit,    | 1/                                     |
|     | (Name of V   | Vholesale Licensee or Permi                         | ttee)  | (Address By        | City and County)                       |
| 6.  | Named individual must list in chronol  | ogical order last two                               | employers.   |                    |  |
|     | Employer's Name  | Employer's Address                                  |  | Employed From      | То                                     |
|     | Employer's Name  | Employer's Address                                  |  | Employed From      | То                                     |
| 1   |  |   |  |                    |  |

**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.

Marco- A - Welco

| (Submit to municipal clerk   | _  | • •                               | pilcation                  | Applicant's Wisconsin Seller's Pe  |                            |
|--|--|-----------------------------------|----------------------------|--|----------------------------|
|  |  |                                   | 20 2000                    | FEIN Number  |                            |
| For the license period begi  | nning: 1~ 1 ~ 200  | 2 ending 6                        | -30-073                    | 39-1555281   |                            |
|  | (mm dd yyy   | y) .                              | (mm dd yyyy)               | TYPE OF LICENSE<br>REQUESTED   | FEE                        |
| To the Committee But of  | Town of  | Evanguil                          | \ <u>.</u>                 | Class A beer   | \$                         |
| To the Governing Body of t   | ne: U Village of   | -100000                           |                            | Class B beer   | \$                         |
| 7 1.   | City of  |                                   |                            | Class C wine   | \$                         |
| County of Rock   |  | Alderman                          | nic Dist. No. A            | Class A liquor   | \$                         |
|  |  | (if require                       | ed by ordinance)           | Class A liquor (cider only)  | \$ N/A                     |
|  | e====  |                                   | ,                          | 🔀 Class B liquor   | \$                         |
| Check one: Individual  | The second secon | lity Company                      |                            | Reserve Class B liquor   | \$                         |
| ☐ Partnership  | Corporation/I  | Nonprofit Organiza                | ation                      | Class B (wine only) winery   | \$                         |
| Complete A or B. All mus   | t samulate C   |                                   |                            | Publication fee  | \$                         |
| Complete A or B. All mus   | -  |                                   |                            | TOTAL FEE  | \$ 61                      |
| A. Individual or Partnersh Full Name (Last)  | ip:<br>(First)   | (Middle Name)                     | Hama Address (Street       | City or Best Office & 7th Cody   |                            |
| Town tame (Labe)   | (r iist)   | (wilddie Warrie)                  | Home Address (Street,      | City or Post Office, & Zip Code)   |                            |
| Full Name (Last)   | (First)  | (Middle Name)                     | Home Address (Street,      | , City or Post Office, & Zip Code)   |                            |
| Full Name (Last)   | (First)  | (Middle Name)                     | Home Address (Street       | City or Post Office, & Zip Code)   |                            |
| (2004)   | (1.11.00)  | (wilddie ivallie)                 | Home Address (Street,      | City or Post Office, & Zip Code)   |                            |
| B. LLC or Corporation (ar  | nd Agent):   |                                   |                            |  |                            |
| Full Legal Name of Corporation / N   |  | 11- 41: 1 try 0                   |                            |  |                            |
| The Legal Name of Corporation / N  | onprolit Organization / Lim  | lited Liability Company           | Address of Corporation / I | Limited Liability Company (if different fro                                | om licensed pre            |
|  |  |                                   |                            |  |                            |
| All corporations/organization  | ns or limited liability  | companies applyin                 | ng for a license to se     | ell fermented malt beverages a   | and/or intoxi              |
| ilquor must appoint an agen  | t.   |                                   |                            |  |                            |
| Agent Last Name  | (First)  | (Middle Name)                     |                            | City or Post Office, & Zip Code)   |                            |
| Schneider  | John   | i i                               | 15542 NI                   | Francis Rd Edansi  | de 1115                    |
| All Officer(s) Director(s) o   | f Cornoration and I  | Members / Manag                   | uere of Limited Link       | ility Company  | 10-1-                      |
| President / Member Last Name   | (First)  | (Middle Name)                     | H LIMITED LIST             | only Company:  |                            |
|  | 11.20  | F                                 | <b>3</b>                   |  |                            |
| Vice President / Member Last Nam   | - Com  | (Marian Maria                     | H                          |  | 10                         |
| 7  | 1. 7   | (Middle Name)                     | F                          |  |                            |
| Lhe  | Con  | _                                 | H                          |  |                            |
| Secretary / Member Last Name   | (First)  | (Middle Name)                     |                            |  |                            |
| Schmeider  | Danny  | U                                 | A J                        |  |                            |
| Treasurer / Momber Last Name   | (Ficst)  | (Middle Name)                     | H                          |  |                            |
| Schneider  | John   | 2                                 |                            |  |                            |
| Directors / Managers Last Name   | (First)  | (Middle Name)                     | H                          |  |                            |
| Schneider  | John   | 1                                 | <b>j</b> .                 |  | <                          |
| Directors / Managers Last Name   | (First)  | (Middle Name)                     |                            |  |                            |
| 9  | 1 2 2  | (Wildote Warne)                   | H                          |  |                            |
| Laursen  | Lynda  | 101                               | E                          | 1 / /  | Ą                          |
| C. Business Information  1. Trade Name VONSUN  | 1.11   | at IANT NO                        | 7 I.N                      | 100000   | うつつぐ                       |
| I am   | 0 -111   | L 6405 VY                         |                            | ne Number 608 882  |                            |
| 2. Address of Premises   | 1 100/10/  |                                   |                            | Zip Code Valusville W  |                            |
| and brewpubs?  |  | • • • • • • • • • • • • • • • • • | <sub></sub>                |  |                            |
| <ol> <li>Premises description: I<br/>include all rooms includi<br/>records. (Alcohol bevera</li> </ol> | ng living quarters, if   | used, for the sale                | s. service, consumo        | are to be sold and stored. The<br>otion, and/or storage of alcoho<br>bed.) | e applicant<br>of beverage |
|  | ing Hall 4   | Club                              |                            | -  |                            |
| Bow and B  |  |                                   |                            |  |                            |
|  | eer Goviden  |                                   |                            |  |                            |

| s is given on previous pa  | ige):   |   |   |  |  |
|--|---|---|---|--|--|
| r or agent for either a lir<br><b>cted of any offenses</b> (e<br>ny Wisconsin laws, any  | nited liability compa<br>excluding traffic offer<br>laws of other states                              | any licensee, or<br>enses not relate<br>s, or ordinances  | nonprofit<br>d to alcohol)<br>of any county   | ☐ Yes  | <b>⊠</b> No  |
| sently <b>pending</b> (excludi<br>ersons affiliated with this  | ng traffic offenses r<br>s license? <b>If yes, e</b>  | not related to alc<br>explain fully on  | ohol) against<br>page 3   | ☐ Yes  | <sup>™</sup> No  |
| e there been any chang<br>is license? <b>If yes, expl</b>  | es in the answers t   | to the questions  | as submitted  | ☐ Yes  | ⊠ No   |
|  |   |   |   |  |  |
| alcohol beverages for the results of | e previous year rep   | orted on the Wis  | consin Income   | ☐ Yes  | ⊠ No   |
| must hold a Wisconsin S  | eller's Permit?   |   | Districtions on   | ☐ Yes  | Ŋo   |
| Icohol beverage invoices allable for inspection by   | must be kept at the law enforcement?  | e licensed premi  | ses for 2 years   | ☐ Yes  | <b>X</b> No  |
| esaler beyond 15 days f  | or beer or 30 days  | for liquor?   |   | ☐ Yes  | <b>™</b> No  |
| operty taxes, assessmer<br>denied pursuant to a loc  | nts, or other fees?   | licensee owes n   | nunicipal taxes,  | ☐ Yes  | <b>⋈</b> No  |
| e knowledge of the signe<br>nd made a complete ans<br>derstands that any licens<br>applicant may be prosec   | er. The signer agree<br>swer to each questi<br>se issued contrary to<br>cuted for submitting          | es that he/she is t<br>on, and that the a<br>to Chapter 125 o<br>a false statement  | he person name<br>answers in each<br>of the Wisconsin<br>s and affidavits   | ed in the for<br>instance<br>Statutes<br>in connec   | oregoing<br>are true<br>shall be<br>tion with  |
| 1  | Title / Member  Ray Ace   | to  | Date 04-08  | -202   | 2  |
|  | Phone Number  | 4570  | Elliali Addiess   |  | idr. NR  |
|  |   |   |   |  |  |
| Date reported to council   | / board   | Date license  | granted   |  |  |
| Date license issued  |   | Signature of  | Clerk / Deputy Clerk  |  |  |
|  | has the named licenseer or agent for either a lincted of any offenses (eny Wisconsin laws, any page 3 | ror agent for either a limited liability competed of any offenses (excluding traffic offiny Wisconsin laws, any laws of other states page 3 | has the named licensee, any member of a partnership licenser or agent for either a limited liability company licensee, or cted of any offenses (excluding traffic offenses not relate hy Wisconsin laws, any laws of other states, or ordinances page 3 | has the named licensee, any member of a partnership licensee, or any or agent for either a limited liability company licensee, or nonprofit cated of any offenses (excluding traffic offenses not related to alcohol) by Wisconsin laws, any laws of other states, or ordinances of any county page 3.  sently pending (excluding traffic offenses not related to alcohol) against ersons affiliated with this license? If yes, explain fully on page 3.  ethere been any changes in the answers to the questions as submitted is license? If yes, explain  alcohol beverages for the previous year reported on the Wisconsin Income et? If not, explain  must hold a Wisconsin Seller's Permit?  licehol beverage invoices must be kept at the licensed premises for 2 years aliable for inspection by law enforcement?  esaler beyond 15 days for beer or 30 days for liquor?  operty taxes, assessments, or other fees?  denied pursuant to a local ordinance, if the licensee owes municipal taxes,  Under penalty provided by law, the undersigned states that each of the above knowledge of the signer. The signer agrees that he/she is the person name and made a complete answer to each question, and that the answers in each derstands that any license issued contrary to Chapter 125 of the Wisconsin applicant may be prosecuted for submitting false statements and affidavits lay provides materially false information on this application may be required  Talle / Member  Box Agrantation  Date license granted | has the named licensee, any member of a partnership licensee, or any or agent for either a limited liability company licensee, or nonprofit cted of any offenses (excluding traffic offenses not related to alcohol) ny Wisconsin laws, any laws of other states, or ordinances of any county page 3 |

## THIS RENEWAL FORM CANNOT BE USED IF:

- There is a change in business entity (i.e., individual has changed to partnership or corporation/limited liability company; partnership changed to individual or corporation/limited liability company; corporation changed to individual, partnership or limited liability company) and if limited liability company has been dissolved.
- 2. Partners are added or dropped.
- 3. Application is made in a different municipality.

#### **PARTNERSHIPS:**

Indicate full name and home address of each partner. One partner must sign application. **Reminder**: If partners have been added or dropped since your last application, you must use Form AT-106 (Original Beverage License Application).

## **CORPORATIONS:**

One officer must sign application. Be sure to answer Question No. 7 by indicating any change of officers, directors, and/or changes in home address. If there are any changes in officers and/or directors each must complete Form AT-103 (Auxiliary Questionnaire). If there has been a change in agent since your last approved agent, he/she must complete Forms AT-104 (Schedule for Appointment of Agent) AND AT-103 (Auxiliary Questionnaire) in addition to this (AT-115) form.

## LIMITED LIABILITY COMPANY:

One member/manager must sign application. Follow procedure under Corporations for any change of members or agent.

**NOTE:** Use ink or typewriter when filling in applications. Be sure to answer all questions fully and accurately. 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.

# **DISCRIMINATION CLAUSE** – (City of Milwaukee only)

The applicant shall not willfully refuse to provide those services offered under this license or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry, the applicant shall not seek information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion solely on the basis of such information. The applicant also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

Complete, sign and return this form to the clerk.

If answer to Questions No. 6a and/or 6b on page 2 are "YES," outline details below:

| 1. | NAME           |              | STATUTE NO./LOCAL ORDIN  | ANCE        |        |
|----|----------------|--------------|--------------------------|-------------|--------|
|    | CHARGE         |              | WHERE CONVICTED          |             |        |
|    | DATE           | PENALTY      | -                        | MISDEMEANOR | FELONY |
| 2. | NAME           |              | STATUTE NO./LOCAL ORDIN  | ANCE        |        |
|    | CHARGE         |              | WHERE CONVICTED          |             |        |
|    |                |              |                          |             |        |
| 3. | NAME           | <del>_</del> | STATUTE NO./LOCAL ORDIN  | ANCE        |        |
|    | CHARGE         |              | WHERE CONVICTED          |             |        |
|    | DATE           | PENALTY      |                          | MISDEMEANOR | FELONY |
|    |                |              |                          |             |        |
|    |                | PEN          | DING CHARGE              |             |        |
| 1. | NAME           |              | STATUTE NO./LOCAL ORDINA | ANCE        |        |
|    | PENDING CHARGE |              | DATE                     |             |        |

# 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 The undersigned duly authorized officer/member/manager of a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as Vame of Appointed Agent) MANSVI 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? No. Yes How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? Place of residence last year 55 emovia 1 (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** , 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. Agent's age gnature of Agent) (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 (Date) (Signature of Proper Local Official) (Town Chair, Village President, Police Chief) AT-104 (R. 4-18) Wisconsin Department of Revenue

Submit to municipal clerk.

| The above named individual provides the following inform  Applying for an alcohol beverage license as an individual provides the following application of a partnership which is making application for an alcohol beverage limit which is making application for an alcohol beverage limit the above named individual provides the following information. How long have you continuously resided in Wisconsin 2. Have you ever been convicted of any offenses (other the violation of any federal laws, any Wisconsin laws, any or municipality?  If yes, give law or ordinance violated, trial court, trial day status of charges pending. (If more room is needed, continuous)  | idual. ion for an alcohol beverage  (Name of Corporation to the licensing authorise to this date?  than traffic unrelated to alcohol laws of any other states of  | Place of Birth  Place of Birth | S VFW                   |
|--|---|--|-------------------------|
| The above named individual provides the following inform Applying for an alcohol beverage license as an individual A member of a partnership which is making applicate  of  (Officer / Director (Member / Manager / Agent)) which is making application for an alcohol beverage li The above named individual provides the following inform. How long have you continuously resided in Wisconsin Have you ever been convicted of any offenses (other to violation of any federal laws, any Wisconsin laws, any or municipality?  If yes, give law or ordinance violated, trial court, trial day  | ination as a person who is idual. ion for an alcohol beverage (Name of Corporaticense. ation to the licensing authorior to this date? than traffic unrelated to alcohol laws of any other states of iduals. | Check one):  Place of Birth  P | 3536<br>or, WI<br>S VFW |
| The above named individual provides the following inform  Applying for an alcohol beverage license as an individual of a partnership which is making applicate of a partnership which is making application of a partnership which is making application for an alcohol beverage limit which is making application for an alcohol beverage limit above named individual provides the following information. How long have you continuously resided in Wisconsin and the provided in the provid | ination as a person who is idual. ion for an alcohol beverage (Name of Corporaticense. ation to the licensing authorior to this date? than traffic unrelated to alcohol laws of any other states of iduals. | (check one):  Je license.  Je l | 3536<br>or, WI<br>S VFW |
| Applying for an alcohol beverage license as an individual A member of a partnership which is making application of which is making application of which is making application for an alcohol beverage limited above named individual provides the following information. How long have you continuously resided in Wisconsin 2. Have you ever been convicted of any offenses (other to violation of any federal laws, any Wisconsin laws, any or municipality?  If yes, give law or ordinance violated, trial court, trial day   | idual. ion for an alcohol beverage  (Name of Corporation to the licensing authorise to this date?  than traffic unrelated to alcohol laws of any other states of  | ge license.  NOVICE POST 690  Non, Limited Liability Company or Nonprofit Organ  ority:  20hol beverages) for  |                         |
| Applying for an alcohol beverage license as an individual A member of a partnership which is making application of the above named individual provides the following informable. Have you ever been convicted of any offenses (other to violation of any federal laws, any Wisconsin laws, any or municipality?  If yes, give law or ordinance violated, trial court, trial dates.   | idual. ion for an alcohol beverage  (Name of Corporation to the licensing authorise to this date?  than traffic unrelated to alcohol laws of any other states of  | ge license.  NOVICE POST 690  Non, Limited Liability Company or Nonprofit Organ  ority:  20hol beverages) for  |                         |
| A member of a partnership which is making application.  Officer / Director (Member / Manager / Agent)  which is making application for an alcohol beverage limited by the second of the above named individual provides the following information. How long have you continuously resided in Wisconsin 2. Have you ever been convicted of any offenses (other the violation of any federal laws, any Wisconsin laws, any or municipality?  If yes, give law or ordinance violated, trial court, trial dates.   | ion for an alcohol beverage (Name of Corporation to the licensing authorito this date?  than traffic unrelated to alcohol laws of any other states of the licensing authorito the licensing authoritory.    | ority:   |                         |
| of (Officer / Director Member / Manager / Agent) which is making application for an alcohol beverage li The above named individual provides the following inform.  1. How long have you continuously resided in Wisconsin 2. Have you ever been convicted of any offenses (other t violation of any federal laws, any Wisconsin laws, any or municipality?  If yes, give law or ordinance violated, trial court, trial day   | icense. ation to the licensing authorior to this date? han traffic unrelated to alcolaws of any other states of   | ority:   |                         |
| <ul> <li>The above named individual provides the following information.</li> <li>How long have you continuously resided in Wisconsin</li> <li>Have you ever been convicted of any offenses (other twiolation of any federal laws, any Wisconsin laws, any or municipality?</li> <li>If yes, give law or ordinance violated, trial court, trial date</li> </ul>   | ation to the licensing auth<br>prior to this date?<br>han traffic unrelated to ald<br>laws of any other states o  | cohol beverages) for   |                         |
| <ol> <li>How long have you continuously resided in Wisconsin</li> <li>Have you ever been convicted of any offenses (other t violation of any federal laws, any Wisconsin laws, any or municipality?</li> <li>If yes, give law or ordinance violated, trial court, trial day</li> </ol>   | prior to this date? han traffic unrelated to alc laws of any other states o   | cohol beverages) for   |                         |
| <ol> <li>How long have you continuously resided in Wisconsin</li> <li>Have you ever been convicted of any offenses (other t<br/>violation of any federal laws, any Wisconsin laws, any<br/>or municipality?</li> <li>If yes, give law or ordinance violated, trial court, trial day</li> </ol>   | prior to this date? han traffic unrelated to alc laws of any other states o   | cohol beverages) for   |                         |
| <ol> <li>Have you ever been convicted of any offenses (other t<br/>violation of any federal laws, any Wisconsin laws, any<br/>or municipality?</li> <li>If yes, give law or ordinance violated, trial court, trial day</li> </ol>  | han traffic unrelated to ald<br>laws of any other states o  | cohol beverages) for ordinances of any county  |                         |
| violation of any federal laws, any Wisconsin laws, any or municipality?  If yes, give law or ordinance violated, trial court, trial da   | laws of any other states of   | or ordinances of any county  |                         |
| or municipality?   |   | , ===,   |                         |
| If yes, give law or ordinance violated, trial court, trial da status of charges pending. (If more room is needed, conti  | ate and penalty imposed   | Kirorokokokokokokokokokokokokokokokokokok  | Yes X No                |
| status of charges pending. (If more room is needed, conti  | are and penalty imposed,  | and/or date, description and   | LAI                     |
|  | inue on reverse side of this fo   | orm.)  |                         |
| municipality?  If yes, describe status of charges pending.  4. Do you hold, are you making application for or are you organization or member/manager/agent of a limited liable beverage license or permit?  If yes, identify.  5. Do you hold and/or are you an officer, director, stockhown member/manager/generates of a limited liability assurance.  | an officer, director or age bility company holding or (Name, Location and Type of Lice)   | nt of a corporation/nonprofit applying for any other alcohol anse/Permit) any person or corporation or   | Yes X No                |
| member/manager/agent of a limited liability company h brewery/winery permit or wholesale liquor, manufacture   | olding or applying for a w  | holesale beer permit,  | <del></del>             |
| brewery/winery permit of wholesale figuor, manufacture   | or rectifier permit in the  | State of Wisconsin?  | Yes 💢 No                |
| If ves. identify   |   |  |                         |
| If yes, identify.  | mittoo)   |  |                         |
| If yes, identify.  (Name of Wholesale Licensee or Per  |   | (Address By City and County)   |                         |
| If yes, identify.  (Name of Wholesale Licensee or Per  |   | (Address By City and County)  Employed From To   |                         |
| If yes, identify.  (Name of Wholesale Licensee or Per  5. Named individual must list in chronological order last tw  |   |  |                         |
| If yes, identify.  (Name of Wholesale Licensee or Per  5. Named individual must list in chronological order last tw  |   |  |                         |

Submit to municipal clerk.

| 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.  **Real Place of Birth Wisconsin**  Wisconsin**  Which is making application for an alcohol beverage license.  **Provided Place of Division Member Mainager Agent of VFW Post 1905  Which is making application for an alcohol beverage license.  **Provided Place of Division Member Mainager Agent of VFW Post 1905  Which is making application for an alcohol beverage license.  **Provided Place of Division Member Mainager Agent of Place of Composition Limited Library Company or hongroit Origanization)  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?  2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Vilsconsin laws, any laws of any other states or ordinances of any county or municipality?  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?  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 a wholesale beer permit, brewery/Winnery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin?    Ves Xi   Plac | individual's Full Name (please print) (last na   | me) (first name)  |   | (middle name)    |
|--|--|---|---|------------------|
| 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.  Bar Manager of VFW Post (Officer Dividual Manager / Agent)  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?  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?  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?  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?  (Nome, Localition and Type of License/Famili)  Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewsry/winery permit or wholesale liquer, manufacturer or rectifier permit in the State of Wisconsin?  (Maine or Wholesale License or Permition)  (Maine of Wholesale License or Permition)   | Laur   | sen Lynda   |   |                  |
| 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.   A member of a partnership which is making application for an alcohol beverage license.   Which is making application for an alcohol beverage license.   Which is making application for an alcohol beverage license.   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?   53 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, give law or ordinance violated, trial count, 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 inunicipality?   Yes, describe status of charges pending.   Yes   Yes   Yes   Yes   Yes, describe status of charges pending.   Yes   Yes   Yes, describe status of charges pending.   Yes   Yes   Yes, dendify.   Yes, dendify.   Yes, dendify.   Yes   Yes   Yes, dendify.   Yes   Yes   Yes, dendify.   Yes, dendify. | Home Address (street/route)  | CIb.  |   | WI 53536         |
| Applying for an alcohol beverage license as an individual.  A member of a partnership which is making application for an alcohol beverage license.  **Bornary**  Barnary**  Barn |  |   |   |                  |
| Tor violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality?  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?  If yes, identify.  (Name, Localion and Type of License/Permit)  5. Do you hold and/or are you an officer, director, stockholder, agent or employe 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?  If yes, identify.  (Name of Wholesala Licensee of Permittee)  (Address By City and County)  [Employer's Name]  Employer's Name  | Applying for an alcohol beverage in A member of a partnership which Bar Manager Which is making application for an The above named individual provides the How long have you continuously restricted of an violation of any federal laws, any Wormunicipality?  If yes, give law or ordinance violated | is making application for an alcohol beverage licer of VFW Post (Name of Corporation, Limit alcohol beverage license.  The following information to the licensing authority: sided in Wisconsin prior to this date?  The offenses (other than traffic unrelated to alcohol becomes in laws, any laws of any other states or ording, trial court, trial date and penalty imposed, and/or | A VIS<br>Deverages) for<br>nances of any co | ounty            |
| 5. Do you hold and/or are you an officer, director, stockholder, agent or employe 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?  | for violation of any federal laws, any municipality?   | Wisconsin laws, any laws of other states or ordinal ording.  ation for or are you an officer, director or agent of a pent of a limited liability company holding or applying  | corporation/no                              | unty or Yes No   |
| 6. Named individual must list in chronological order last two employers.  Employer's Name  Employer's Address  Employer's Address  St. France   Address   Employed From   Top  | member/manager/agent of a limited<br>brewery/winery permit or wholesale I  | r, director, stockholder, agent or employe of any pe<br>liability company holding or applying for a wholesa   | erson or corpora                            |                  |
| Employer's Address Employer's Address Employed From To   | 6. Named individual must list in chronol   | Wholesale Licensee or Permittee)  | (Address B)                                 | City and County) |
|  | VFW 6905   | 179 Main St Evansville WI   | 2007  | Present          |
| of The Living Christ 110 NGammon Rd Madison 2016 Present   | The Rutheran Church<br>Of The Living Christ  | 110 NGammon Rd Madison  | Employed From 2016                          |                  |
| WI   | V  | Wi  |   |                  |

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.

Tynda Jaurson

AT-103 (R. 7-10)

Wisconsin Department of Revenue

ole Ph 130121

| Renewal Alcohol  | Bevera <del>ge L</del> i | cense App                      | lication                     | Applicant's Wisconsin Seller's Peri               | mit Number of a       |  |
|--|--------------------------|--------------------------------|------------------------------|---|-----------------------|--|
| Renewal Alcohol Beverage License Application (Submit to municipal clerk. Read instructions on page 3.)  Applicant's Wisconsin Seller's Permit Number 2007 1 - 0 885 880 2  |                          |                                |                              |   |                       |  |
| For the license period beginning: 7/1/22 ending: 6/30/23   |                          |                                | 8 - 20298                    | 353   |                       |  |
| , , , , , , , , , , , , , , , , , , ,  | (mm da yyyy)             |                                | (mm de yyyy)                 | TYPE OF LICENSE<br>REQUESTED                      | FEE                   |  |
| To the Governing Body of the:  | ☐ Town of ☐ Village of } | Janevi                         | 1/15-                        | Class A beer                                      | \$ 100                |  |
| 1.1  | eity of                  | 2004 30 4                      |                              | Elass B beer Elass C wine                         | \$ 100                |  |
| County of Rock   |                          | Aldormoni                      | c Dist. No                   | Class A liquor                                    | \$ 100                |  |
| oddiny of 1 CO. C  |                          |                                | d by ordinance)              | Class A liquor (cider only)                       | \$ N/A                |  |
| Check one:  Individual   | Not instead Linkston     |                                |                              | Class B liquor                                    | \$ 500                |  |
| Partnership  | Corporation/No           | r Company<br>nprofit Organizat | ion                          | Reserve Class B liquor Class B (wine only) winery | \$                    |  |
|  | _                        | mpront Organizat               |                              | Publication fee                                   | \$ 15                 |  |
| Complete A or B. All must o  | •                        |                                |                              | TOTAL FEE   | \$ 215.00             |  |
| A. Individual or Partnership:<br>Full Name (Last)  | (First)                  | (Middle Name)                  | Home Address (Street C       | City or Post Office, & Zip Code)                  |                       |  |
| Barcena  | ( Such me)               | Ansel                          | nome Address (Street, C      | City or Post Office, & Zip Code)                  | 11                    |  |
| Full Name (Last)   | (First)                  | (Middle Name)                  | Н                            |   |                       |  |
|  |                          |                                |                              |   |                       |  |
| Full Name (Last)   | (First)                  | (Middle Name)                  | Home Address (Street, C      | city or Post Office, & Zip Code)                  |                       |  |
|  |                          |                                |                              |   |                       |  |
| B. LLC or Corporation (and   |                          |                                |                              |   |                       |  |
| Full Legal Name of Corporation / Nonp  | //                       | Liability Company              | Address of Corporation / Lir |   | m licensed premises)  |  |
| 1 0 1  | 229 W                    |                                | 105 10                       | aln 8+ ,535                                       | 36                    |  |
| All corporations/organizations liquor must appoint an agent.   | or limited liability col | mpanies applying               | g for a license to sell      | fermented malt beverages a                        | nd/or intoxicating    |  |
| Agent Last Name  | (First)                  | (Middle Name)                  | Home Address (Street, C      | ity or Post Office, & Zip Code)                   | 116 100               |  |
| gorbena  | Michael                  | Angel                          |                              |   |                       |  |
| All Officer(s) Director(s) of C  |                          |                                | ei                           |   |                       |  |
| President / Member Last Name   | (First)                  | (Middle Name)                  |                              |   | 37                    |  |
| Vice President / Member Last Name  | (First)                  | (Middle Name)                  | Homo Address (Street C       | ity or Post Office, & Zip Code)                   | , , , ,               |  |
| THE THE SHOULD S | (I list)                 | (widdle Name)                  | Home Address (Sizeel, C      | ity of Post Office, & Zip Code)                   |                       |  |
| Secretary / Member Last Name   | (First)                  | (Middle Name)                  | Home Address (Street, C      | ity or Post Office, & Zip Code)                   |                       |  |
|  |                          |                                |                              |   |                       |  |
| Treasurer / Member Last Name   | (First)                  | (Middle Name)                  | Home Address (Street, C      | ity or Post Office, & Zip Code)                   |                       |  |
| Directors / Managers Last Name   | (First)                  | (Middle Name)                  | Home Address (Street C       | ity or Post Office, & Zip Code)                   |                       |  |
|  | (4                       | (mail rame)                    | Trome radioda (Oneci, O      | ny or rost office, a zip dode)                    |                       |  |
| Directors / Managers Last Name   | (First)                  | (Middle Name)                  | Home Address (Street, C      | ity or Post Office, & Zip Code)                   |                       |  |
|  |                          |                                |                              |   |                       |  |
| C. Business Information  | 1 /                      |                                |                              | 0.00  |                       |  |
| 1. Trade Name  | galas H                  | 22eria                         | Business Phon                | e Number <u>608 - 88</u>                          | 2-1315                |  |
| 2. Address of Premises 15  | 35 Mai                   | n x-1-                         |                              | ip Code 57536                                     | ×                     |  |
|  |                          |                                |                              |   | This TO Marketon      |  |
| 3. Does the applicant underst and brewpubs?  |                          |                                | Deverages only from          |   | weries                |  |
| 4. Premises description: De  | scribe building or b     | uildings where a               | Icohol beverages ar          | e to be sold and stored. The                      |                       |  |
| include all rooms including  | living quarters, if us   | sed, for the sales             | s, service, consumpt         | ion, and/or storage of alcoho                     | l beverages and       |  |
| records. (Alcohol beverage   | s may be sold and        | stored only on t               | he premises describ          | ed.)  |                       |  |
| ALCONOL WILL be stoned ustains   |                          |                                |                              |   |                       |  |
| (1st Cloop) inside model concer  |                          |                                |                              |   |                       |  |
|  |                          | 10-2                           | 1                            |   |                       |  |
| AT-115 (R. 5-19) Wisconsin Department of Revenue   |                          |                                |                              |   |                       |  |
| * ONG  | 18tock                   | rep-                           | + (1/                        | VVISCONSIN  | Copariment of Revenue |  |
| 1.0  | all -1 1                 | 100                            | her ir                       | South a   | *                     |  |
|  |                          | ( 00                           |                              | Bitche  | nn                    |  |

| 9. Does the applicant understand they must hold a Wisconsin Seller's Permit?  [phone (608) 266-2776]  10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years  | 5. I                                    | egal description (omit if street address is  | given on previous page  | ):  |  |  |   |
|---|---|--|---|---|--|--|---|
| the named licensee or any other persons affiliated with this license? If yes, explain fully on page 3.  | 6. i                                    | member, officer, director, manager or organization licensee been convicted for violation of any federal laws, any V  | agent for either a limite<br>d of any offenses (exc<br>Visconsin laws, any lav  | ed liability company lic<br>luding traffic offenses<br>vs of other states, or c   | censee, or nonprofit<br>not related to alcohol)<br>rdinances of any county   | ☐ Yes `  | <b>√</b> No                               |
| 8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain  |   | <ul> <li>Are charges for any offenses presen<br/>the named licensee or any other person</li> </ul>   | tly <b>pending</b> (excluding<br>ons affiliated with this li  | traffic offenses not rel<br>cense? If yes, explain  | ated to alcohol) against<br>n fully on page 3  | ☐ Yes  | <b>⊠</b> No                               |
| 9. Does the applicant understand they must hold a Wisconsin Seller's Permit?  [phone (608) 266-2776]  10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  12. Does the applicant owe municipal property taxes, assessments, or other fees?  (Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).  READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions he been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoin application, that the applicant has read and made a complete answer to each question, and that the answers in each instance are fruit and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall by 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.  Contact Person's Name (Last, First, M.I.)  Date   | 7.                                      | Except for questions 6a and 6b, have thoy you on your last application for this li   | ere been any changes<br>cense? If yes, explair  | in the answers to the   | questions as submitted   | ☐ Yes  | ₹No                                       |
| 9. Does the applicant understand they must hold a Wisconsin Seller's Permit?  [phone (608) 266-2776]  10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  12. Does the applicant owe municipal property taxes, assessments, or other fees?  (Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).  READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions he been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoin application, that the applicant has read and made a complete answer to each question, and that the answers in each instance are fruit and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall by 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.  Contact Person's Name (Last, First, M.I.)  Date   |   |  |   |   | on the Wisconsin Income  |  |   |
| [phone (608) 266-2776]  10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?   | 8.                                      | or Franchise Tax return of the licensee? I   | f not, explain  |   |  | ☐ Yes  | □ No                                      |
| 11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  12. Does the applicant owe municipal property taxes, assessments, or other fees? (Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).  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 foregoin 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 withis application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.  Contact Person's Name (Last, First, M.I.)  Signeture  Date Member  Date Member  Date Member  Date incersed and filed with municipal clerk  Date received and filed with municipal clerk  Date received and filed with municipal clerk  | 9.                                      | Does the applicant understand they mus [phone (608) 266-2776]  | t hold a Wisconsin Sell   | er's Permit?  | Para namara profesione din   | Yes  | □ No                                      |
| 12. Does the applicant owe municipal property taxes, assessments, or other fees?  (Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).  READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions had been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoin 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.  Contact Person's Name (Last, First, M.I.)  Contact Person's Name (Last | 10.                                     | Does the applicant understand that alcoh from the date of invoice and made availa  | nol beverage invoices m<br>ble for inspection by lav  | ust be kept at the licer<br>v enforcement?  | nsed premises for 2 years  | Yes  | □ N                                       |
| 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 foregoin 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.  Contact Person's Name (Last, First, M.I.)  Contact Person's Name (Last, First, M.I.)  Date  Date  Date  Date  Date  Date  Date  Date license granted  | 11.                                     | Is the applicant indebted to any wholesa   | ler beyond 15 days for  | beer or 30 days for liq   | uor?   | ☐ Yes  | $ \mathbb{Z}_{N} $                        |
| been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoin 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.  Contact Person's Name (Last, First, M.I.)  Fittle / Member  Date  Date  Phone Number  Date  Date license granted  Date license granted  | 12.                                     | (Note: Renewal of licenses may be den  | rty taxes, assessments<br>ied pursuant to a local   | , or other fees? ". "<br>ordinance, if the licens   | see owes municipal taxes,  | ☐ Yes  | ŽΝ  |
| TO BE COMPLETED BY CLERK  Date received and filed with municipal clerk  Date reported to council / board  Date license granted  | bee<br>app<br>and<br>voi<br>this<br>tha | in truthfully answered to the best of the kr<br>dication; that the applicant has read and re-<br>dicorrect. The undersigned further unders<br>di, and under penalty of state law, the application. Any person who knowingly re-<br>in \$1,000. | nowledge of the signer. made a complete answestands that any license dicant may be prosecut provides materially false | The signer agrees that er to each question, ar issued contrary to Chaed for submitting false information on this agree. | he/she is the person name and that the answers in each apter 125 of the Wisconsin statements and affidavits oplication may be required | ed in the for instance of Statutes in connect to forfeit | oregoin<br>are tru<br>shall b<br>tion wit |
| Date received and filed with municipal clerk  Date reported to council / board  Date license granted  | Sje                                     | arbeira, manger  | , 111 900   |   |  |  | 3   |
|   | то                                      | BE COMPLETED BY CLERK  |   |   |  |  |   |
| License number issued  Date license issued  Signature of Clerk / Deputy Clerk   | Da                                      | te received and filed with municipal clerk   | Date reported to council / bo   | pard  | Date license granted   |  |   |
|   | Lic                                     | ense number issued   | Date license issued   |   | Signature of Clerk / Deputy Clerk  | (  |   |

## THIS RENEWAL FORM CANNOT BE USED IF:

- There is a change in business entity (i.e., individual has changed to partnership or corporation/limited liability company; partnership changed to individual or corporation/limited liability company; corporation changed to individual, partnership or limited liability company) and if limited liability company has been dissolved.
- 2. Partners are added or dropped.
- 3. Application is made in a different municipality.

# **PARTNERSHIPS:**

Indicate full name and home address of each partner. One partner must sign application. **Reminder**: If partners have been added or dropped since your last application, you must use Form AT-106 (Original Beverage License Application).

# **CORPORATIONS:**

One officer must sign application. Be sure to answer Question No. 7 by indicating any change of officers, directors, and/or changes in home address. If there are any changes in officers and/or directors each must complete Form AT-103 (Auxiliary Questionnaire). If there has been a change in agent since your last approved agent, he/she must complete Forms AT-104 (Schedule for Appointment of Agent) AND AT-103 (Auxiliary Questionnaire) in addition to this (AT-115) form.

# LIMITED LIABILITY COMPANY:

One member/manager must sign application. Follow procedure under Corporations for any change of members or agent.

**NOTE:** Use ink or typewriter when filling in applications. Be sure to answer all questions fully and accurately. 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.

# **DISCRIMINATION CLAUSE** – (City of Milwaukee only)

The applicant shall not willfully refuse to provide those services offered under this license or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry, the applicant shall not seek information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion solely on the basis of such information. The applicant also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

Complete, sign and return this form to the clerk.

If answer to Questions No. 6a and/or 6b on page 2 are "YES," outline details below:

| 1. | NAME           |             | STATUTE NO./LOCAL ORDINANCE |             |        |  |  |
|----|----------------|-------------|-----------------------------|-------------|--------|--|--|
|    | CHARGE         |             | WHERE CONVICTED             |             |        |  |  |
|    | DATE           | PENALTY     |                             | MISDEMEANOR | FELONY |  |  |
| 2. | NAME           |             | STATUTE NO./LOCAL ORDIN     | ANCE        |        |  |  |
|    | CHARGE         |             | WHERE CONVICTED             |             |        |  |  |
|    | DATE           | PENALTY     |                             | MISDEMEANOR | FELONY |  |  |
| 3. | NAME           |             | STATUTE NO./LOCAL ORDIN     | ANCE        |        |  |  |
|    | CHARGE         | 121         | WHERE CONVICTED             |             |        |  |  |
|    | DATE           | PENALTY     |                             | MISDEMEANOR | FELONY |  |  |
|    | PENDING CHARGE |             |                             |             |        |  |  |
| 1. | NAME           |             | STATUTE NO./LOCAL ORDIN     | ANCE        |        |  |  |
|    | PENDING CHARGE | <del></del> | DATE                        |             |        |  |  |

# 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. of & Dansille To the governing body of: The undersigned duly authorized officer/member/manager of a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as located at appoints 204 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? 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? How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? Place of residence last year (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** , 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. Agent's age (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

(Signature of Proper Local Official)

| the character, rec | ord and reputation are satisfactory | and I have no objection to the agent appointed. |
|--------------------|-------------------------------------|---|
| Approved on        | by                                  | Title   |

AT-104 (R. 4-18)

(Date)

(Town Chair, Village President, Police Chief)

Submit to municipal clerk.

| Individual's Full Name (please print) (last name) (first name) (middle name)   |     |  |  |  |  |  |  |
|--|-----|--|--|--|--|--|--|
| Home Address (street/route) Post Office City State Zip Code  | -   |  |  |  |  |  |  |
|  |     |  |  |  |  |  |  |
| WF 53508   | _   |  |  |  |  |  |  |
| Place of Birth  AD 1 CO 1  |     |  |  |  |  |  |  |
| MADISON  |     |  |  |  |  |  |  |
| 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.   | ŝ   |  |  |  |  |  |  |
| Micheel Routoena of Corporation, Limited Liability Company or Nongrotit Organization)  | 2   |  |  |  |  |  |  |
| 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?  |     |  |  |  |  |  |  |
| 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?   | ۵   |  |  |  |  |  |  |
| 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.)  |     |  |  |  |  |  |  |
| 2. Are charged for any ofference and the said to the s | _   |  |  |  |  |  |  |
| 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?   | _   |  |  |  |  |  |  |
| municipality?  | Э   |  |  |  |  |  |  |
| 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?  |     |  |  |  |  |  |  |
| If yes, identify.  |     |  |  |  |  |  |  |
| (Name, Location and Type of License/Permit)  | No. |  |  |  |  |  |  |
| 5. Do you hold and/or are you an officer, director, stockholder, agent or employe 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?   | )   |  |  |  |  |  |  |
| W. W. L. 1995  |     |  |  |  |  |  |  |
| (Name of Wholesale Licensee or Permittee) (Address By City and County)  5. Named individual must list in chronological order last two employers.   |     |  |  |  |  |  |  |
| Employer's Name Employer's Address Employer's Address Employer's Name  | 7   |  |  |  |  |  |  |
| Marsalas 220 18 & Main 84 18/06/21 Curund  |     |  |  |  |  |  |  |
| Employer's Name Employer's Address Employed From To  | -   |  |  |  |  |  |  |
| ( whom Home 390 Laven ct 8/20/17 9/29/20   |     |  |  |  |  |  |  |
| Sombles Obeson wit   | _   |  |  |  |  |  |  |
| READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions have   |     |  |  |  |  |  |  |
| peen truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing  | S   |  |  |  |  |  |  |
| ipplication; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and   | ď   |  |  |  |  |  |  |
| forrect. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and  | d   |  |  |  |  |  |  |
| inder 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.  | l-  |  |  |  |  |  |  |
| ion. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000   | ł.  |  |  |  |  |  |  |
| 1/18 ch at the   |     |  |  |  |  |  |  |
| (Signature of Named Individual)  | -   |  |  |  |  |  |  |
| (Signature of Names allowidual)  |     |  |  |  |  |  |  |

| Renewal Alcohol  | _                         |  | plication                  | Applicant's Wisconsin Seller's Pe  |         |                |
|--|---------------------------|--|----------------------------|--|---------|----------------|
| (Submit to municipal clerk.  | Read instructions         |  | × ×                        | FEIN Number  |         |                |
| For the license period begin   | ning: 7/1/207             | ending:  | 130/2023<br>(mm dd yyyy)   | 81-373727<br>TYPE OF LICENSE   | 3       | FEE            |
|  | ☐ Town of >               |  |                            | REQUESTED  |         |                |
| To the Governing Body of th  | e.  Village of            | EVANSVIL   | LE                         | Class A beer   | \$      | 10             |
| to the coverning body of the   | City of                   |  |                            | ☑Class B beer  | \$      | 10             |
|  | LA Oity of                |  |                            | Class C wine   | \$      | 10             |
| County of Pock   |                           |  | ic Dist. No                | Class A liquor   | \$      | 50             |
|  |                           | (if require  | d by ordinance)            | Class A liquor (cider only)  |         | N/A            |
| Check one:  Individual   | X Limited Liabilit        | v Company  |                            | Class B liquor   | \$      | 50             |
| ☐ Partnership  |                           | onprofit Organiza  | tion                       | Reserve Class B liquor   | \$      |                |
| raithership  | Corporation/iv            | onpront Organiza   | Ition                      | Class B (wine only) winery   |         |                |
| Complete A or B. All must  | t complete C.             |  |                            | Publication fee TOTAL FEE  | \$      | 215            |
| A. Individual or Partnershi  | -                         |  |                            | TOTAL FEE  | Φ       | 215            |
| Full Name (Last)   | (First)                   | (Middle Name)  | Hama Addraga /Ctroat       | City or Dook Office 9 7% Codes   |         |                |
| , di Name (Last)   | (Filst)                   | (wildule Name)   | nome Address (Street,      | City or Post Office, & Zip Code)   |         |                |
| Full Name (Leat)   | (First)                   | 784:111 81 3   | 11 11 10                   |  |         |                |
| Full Name (Last)   | (First)                   | (Middle Name)  | Home Address (Street,      | City or Post Office, & Zip Code)   |         |                |
|  |                           |  |                            |  |         |                |
| Full Name (Last)   | (First)                   | (Middle Name)  | Home Address (Street,      | City or Post Office, & Zip Code)   |         |                |
|  |                           |  |                            |  |         |                |
| B. LLC or Corporation (and   | d Agent):                 |  |                            |  |         |                |
|  |                           | ad Linkiik. Communi  | Add 60 6 - 41              | imited Liability Company (if different fr  |         |                |
|  |                           | ed Liability Company   | Address of Corporation / L | imited Liability Company (if different fr  | om lice | nsed premise   |
| THE GROVE MARK   |                           |  | 27 E. MAN                  | 1 ST, EVANSVILLE, V  | VI      | 23536          |
| All corporations/organization<br>iquor must appoint an agent   | s or limited liability of | ompanies applyin   | g for a license to sel     | Il fermented malt beverages  | and/o   | intoxicati     |
| Agent Last Name  | (First)                   | (Middle Name)  | Home Address (Street       | City or Post Office, & Zip Code)   |         |                |
| WIEDEL   | JONNIFER                  | DECKER   |                            |  |         | -~-            |
| 10.000 Annual An | <u> </u>                  | 1 200 1 01   |                            |  |         |                |
| All Officer(s) Director(s) of  |                           |  |                            |  |         |                |
| President / Member Last Name   | (First)                   | (Middle Name)  | H                          |  |         |                |
| WIEDEL   | JONNIFOR                  | DECKER_  | 11-14.                     | CE I JUJE CYTTOSTICE   | - 1/1   | 11 - 2 - 2 - 7 |
| Vice President / Member Last Name  | (First)                   | (Middle Name)  | Home Address (Street, 0    | City or Post Office, & Zip Code)   | -       |                |
|  |                           |  |                            |  |         |                |
| Secretary / Member Last Name   | (First)                   | (Middle Name)  | Home Address (Street, 0    | City or Post Office, & Zip Code)   |         |                |
|  |                           |  |                            |  |         |                |
| Treasurer / Member 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)   |         |                |
| _  | <b>\</b>                  | ,  |                            | 5.1, 5.1, 551 555, G 2.1p 3535)  |         |                |
| Directors / Managers Last Name   | (First)                   | (Middle Name)  | Home Address (Street (     | City or Post Office, & Zip Code)   | _       |                |
| Directors / Wallagers Last Name  | (i ii st)                 | (Middle Marrie)  | Home Address (Street, C    | City of Post Office, & Zip Code)   |         |                |
|  |                           |  |                            |  |         |                |
| 2. Business Information  |                           | The GR   | ove-                       |  |         |                |
| 1. Trade Name The Grove  | E NAADKOT 111             | (Non FITTENE   | N 1) Rusiness Phor         | ne Number 608 - 882 -  | 117     | il.            |
|  |                           | The state of the s |                            |  | 124     | $\varphi$      |
| 2. Address of Premises 24  | E. MAN ST                 |  | Post Office & 2            | Zip Code 53534   |         |                |
| 3. Does the applicant under  | rstand that they must     | t purchase alcoho  | ol beverages only from     | m Wisconsin wholesalers, br  | ewerie  |                |
| and brewpubs?  |                           |  |                            |  | X       | L_             |
| include all rooms includir   | ng living quarters, if r  | used for the sale  | s service consumn          | re to be sold and stored. Th<br>tion, and/or storage of alcoh<br>ped.) モルフルモ ルルの | ol hav  | 1012000 21     |
| OUTDOOR PRE  |                           | 24:24  | / F. MA                    |  |         |                |
| STORAGE OF   | - WINE :                  | Pun  |                            | - CAGE" IN DE  |         | Tan A-         |
|  | à                         |  |                            |  | 1 >     | 10/2/16        |
| FOOM AND   | BEVERAGE                  | coolers  | IN tRONT                   | OF House.  |         |                |

| <ol><li>Legal description (omit if street ac</li></ol>  | ddress is given on previous pa   | age):  |   |  |  |   |
|---|--|--|---|--|--|---|
| <ol> <li>a. Since filing of the last applica<br/>member, officer, director, man<br/>organization licensee been c<br/>for violation of any federal law<br/>or municipality? If yes, com</li> </ol>                               | nager or agent for either a lin<br>onvicted of any offenses (e<br>vs, any Wisconsin laws, any l                                  | nited liability company l<br>excluding traffic offense<br>laws of other states, or   | icensee, or nonpr<br>s not related to alo<br>ordinances of any  | ofit<br>cohol)<br>county                                   | Yes                                    | Μ̈́No   |
| b. Are <b>charges</b> for <b>any offense</b> the named licensee or any of   | s presently pending (excluding) her persons affiliated with this   | ng traffic offenses not resticense? If yes, expla  | lated to alcohol) a in fully on page 3  | gainst<br>3[   | Yes                                    | ×Νο   |
| 7. Except for questions 6a and 6b, by you on your last application #   LEFAL BUCING   LUC. NOW DOIN   EVENTS,   | for this license? If yes, expl<br>CS NAME POMA<br>BUSINGSS AS  | NS AS THE G<br>THE GROVE K   | POVE MAR  |  | <b>▼</b> Yes                           | □No   |
| 8. Was the profit or loss from the sa or Franchise Tax return of the lice   | ensee? If not, explain   | e previous year reported   | 5,54  | Income   | Yes                                    | □ No  |
| 9. Does the applicant understand t<br>[phone (608) 266-2776]  | hey must hold a Wisconsin S  | eller's Permit?  |   | and the second second                                      | <b>⊠</b> Yes                           | □ No  |
| Does the applicant understand t<br>from the date of invoice and man   | hat alcohol beverage invoices<br>de available for inspection by  | s must be kept at the lice law enforcement?  | nsed premises for   | 2 years  | X Yes                                  | □ No  |
| 11. Is the applicant indebted to any  | wholesaler beyond 15 days f  | or beer or 30 days for lie   | quor?   |  | ☐ Yes                                  | <b>⊠</b> No                                   |
| <ol> <li>Does the applicant owe municip<br/>(Note: Renewal of licenses ma<br/>assessments or other fees).</li> </ol>  | oal property taxes, assessmer<br>y be denied pursuant to a loc   | nts, or other fees? at ordinance, if the licen   | see owes municip  | oal taxes,   | ☐ Yes                                  | <b>⊠</b> No                                   |
| READ CAREFULLY BEFORE SIGN been truthfully answered to the best application; that the applicant has reand correct. The undersigned further void, and under penalty of state law this application. Any person who knows \$1,000. | of the knowledge of the signe<br>ead and made a complete ans<br>er understands that any licens<br>to the applicant may be prosec | er. The signer agrees that<br>swer to each question, a<br>se issued contrary to Ch<br>cuted for submitting false<br>alse information on this a | t he/she is the per<br>nd that the answe<br>apter 125 of the V<br>e statements and a<br>pplication may be | son named<br>rs in each ii<br>Visconsin S<br>affidavits in | in the fonstance<br>Statutes<br>connec | oregoing<br>are true<br>shall be<br>tion with |
| Contact Person's Name (Last, First, M.I.)   |  | Title / Member  McMBAL - DW  | Date  | 1. 12  |  |   |
| Signature Dly (A  | , D.   | Phone Number   | NEW Email   | Address  |  |   |
| TO BE COMBLETED BY CLEBY  |  |  |   |  |  |   |
| TO BE COMPLETED BY CLERK  Date received and filed with municipal clerk  | Date reported to council   | / board  | Date license granted  |  |  |   |
|   |  |  | 0: 1 ::   |  |  |   |
| License number issued   | Date license issued  |  | Signature of Clerk / D  | eputy Clerk  |  |   |

# Instructions for Renewal Alcohol Beverage License Application

#### THIS RENEWAL FORM CANNOT BE USED IF:

- There is a change in business entity (i.e., individual has changed to partnership or corporation/limited liability company; partnership changed to individual or corporation/limited liability company; corporation changed to individual, partnership or limited liability company) and if limited liability company has been dissolved.
- 2. Partners are added or dropped.
- 3. Application is made in a different municipality.

### **PARTNERSHIPS:**

Indicate full name and home address of each partner. One partner must sign application. **Reminder**: If partners have been added or dropped since your last application, you must use Form AT-106 (Original Beverage License Application).

#### **CORPORATIONS:**

One officer must sign application. Be sure to answer Question No. 7 by indicating any change of officers, directors, and/or changes in home address. If there are any changes in officers and/or directors each must complete Form AT-103 (Auxiliary Questionnaire). If there has been a change in agent since your last approved agent, he/she must complete Forms AT-104 (Schedule for Appointment of Agent) AND AT-103 (Auxiliary Questionnaire) in addition to this (AT-115) form.

#### LIMITED LIABILITY COMPANY:

One member/manager must sign application. Follow procedure under Corporations for any change of members or agent.

**NOTE:** Use ink or typewriter when filling in applications. Be sure to answer all questions fully and accurately. 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.

## **DISCRIMINATION CLAUSE** – (City of Milwaukee only)

The applicant shall not willfully refuse to provide those services offered under this license or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry, the applicant shall not seek information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion solely on the basis of such information. The applicant also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

Complete, sign and return this form to the clerk.

If answer to Questions No. 6a and/or 6b on page 2 are "YES," outline details below:

## **CONVICTIONS**

| CHARGE   | 1. | NAME           |         | STATUTE NO./LOCAL ORDIN | IANCE       |        |
|--|----|----------------|---------|-------------------------|-------------|--------|
| 2. NAME  |    | CHARGE         |         | WHERE CONVICTED         |             |        |
| CHARGE   |    | DATE           | PENALTY |                         | MISDEMEANOR | FELONY |
| DATE   | 2. | NAME           |         | STATUTE NO./LOCAL ORDIN | ANCE        |        |
| 3. NAME  |    | CHARGE         |         | WHERE CONVICTED         |             |        |
| CHARGE WHERE CONVICTED MISDEMEANOR FELONY  PENDING CHARGE  1. NAME STATUTE NO./LOCAL ORDINANCE |    | DATE           | PENALTY |                         | MISDEMEANOR | FELONY |
| DATE PENALTY MISDEMEANOR FELONY  PENDING CHARGE  1. NAME STATUTE NO./LOCAL ORDINANCE           | 3. | NAME           |         | STATUTE NO./LOCAL ORDIN | ANCE        |        |
| PENDING CHARGE  1. NAME STATUTE NO./LOCAL ORDINANCE  |    | CHARGE         |         | WHERE CONVICTED         |             |        |
| 1. NAME STATUTE NO./LOCAL ORDINANCE  |    | DATE           | PENALTY |                         | MISDEMEANOR | FELONY |
| 1. NAME STATUTE NO./LOCAL ORDINANCE  |    |                |         |                         |             |        |
|  |    |                | PEN     | DING CHARGE             |             |        |
| PENDING CHARGE DATE  | 1. | NAME           |         | STATUTE NO./LOCAL ORDIN | ANCE        |        |
|  |    | PENDING CHARGE | -       | DATE                    |             |        |
|  |    | PENDING CHARGE |         | DATE                    |             |        |

# 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. Town To the governing body of: County of Pock Village OF EVANSVILLE 🔽 City The undersigned duly authorized officer/member/manager of The Brove Market Julia (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 EVENTS (Trade Name) LIBERTY ST, EVANSVILLE, WI (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? 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? How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? Place of residence last year MARKET (Name of Corporation / Organization / Limited Liability Company) (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** 11FER DECKER WIGDER , hereby accept this appointment as agent for the 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. (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.

(Signature of Proper Local Official)

AT-104 (R. 4-18)

Approved on

(Date)

(Town Chair, Village President, Police Chief)

# Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

| State Zip Code  W1 53534  Place of Birth  MILWAVKEE, W1 |
|---|
| WI 53534<br>Place of Birth                              |
| Place of Birth  |
| Place of Birth  |
|   |
| MILWAVKEE, WI   |
| 989   |
|   |
|   |
|   |
| y or Nonprofit Organization)                            |
| n insateman sa <b>f</b> amasasa                         |
|   |
|   |
|   |
| county  |
| Yes 💢 No  |
| ion and   |
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| everages)   |
| ounty or  |
| Yes 📈 No  |
| • ,   |
|   |
| onprofit  |
| er alcohol  |
| er alcohol  |
| er alcohol  |
| er alcohol  |
| er alcohol Yes X No                                     |
| ration or   |
| er alcohol Yes No                                       |
| ration or   |
| ration or   |
| ration or  By City and County)                          |
| ration or  By City and County)                          |
| ration or  By City and County)                          |
| ration or  By City and County)  To  Yes  No.            |
| ration or  By City and County)  To 8/2019               |
| t   |

| Renewal Alcohol                   | Beverage Li                  | cense Apı            | olication                   | Applicant's Wisconsin Seller's Per         |             |                |
|-----------------------------------|------------------------------|----------------------|-----------------------------|--|-------------|----------------|
| (Submit to municipal clerk.       | _                            |                      |                             | 456-102951-25                              | 97-0        | 4              |
| For the license period beginni    | na 10/30/200                 | 2 anding 1           | 130/2023                    | 84-3879259                                 |             |                |
| For the license period beginni    |                              | , Z enailingu        | (mm dd yyyy)                | TYPE OF LICENSE REQUESTED                  |             | FEE            |
|                                   | Town of                      |                      |                             | Class A beer                               | \$          | 100            |
| To the Governing Body of the      | : U Village of               | -vansulle            |                             | Class B beer                               | \$          | 100            |
|                                   | City of                      |                      |                             | Class C wine                               | \$          | 100            |
| County of Rock                    |                              | Alderman             | ic Dist. No.                | Class A liquor                             | \$          | 500            |
|                                   |                              |                      | d by ordinance)             | Class A liquor (cider only)                | \$          | N/A            |
|                                   | Caldedon                     | , .                  | ,                           | Class B liquor                             | \$          | 500            |
| Check one: Undividual             | Timited Liability            |                      |                             | Reserve Class B liquor                     | \$          |                |
| ☐ Partnership                     | Corporation/No               | nprofit Organiza     | ition                       | Class B (wine only) winery                 | \$          |                |
| Complete A or B. All must a       |                              |                      |                             | Publication fee                            | \$          | 15             |
| Complete A or B. All must o       | complete C.                  |                      |                             | TOTAL FEE                                  | \$ 2        | 15.00          |
| A. Individual or Partnership      | :                            |                      |                             |  |             |                |
| Full Name (Last)                  | (First)                      | (Middle Name)        | Home Address (Street,       | City or Post Office, & Zip Code)           |             |                |
| Arndt                             | Shannow                      | 1 2                  |                             |  |             |                |
| Full Name (Last)                  | (First)                      | (Middle Name)        |                             |  |             |                |
| Maly                              | Carl                         | 1 .1                 |                             |  |             |                |
| Full Name (Last)                  | (First)                      | (Middle Name)        | Home Address (Street,       | City or Post Office, & Zip Code)           |             |                |
|                                   |                              |                      |                             |  |             | il.            |
| _                                 | 1                            | -                    |                             |  |             |                |
| B. LLC or Corporation (and        |                              |                      | v                           |  |             |                |
|                                   | profit Organization / Limite | d Liability Company  | Address of Corporation / Li | imited Liability Company (if different fro | m license   | d premises)    |
| CoiliLLC                          |                              |                      |                             |  |             |                |
| All corporations/organizations    | or limited liability co      | mpanies applyir      | ng for a license to se      | II fermented malt beverages a              | ınd/or ir   | ntoxicating    |
| liquor must appoint an agent.     | •                            |                      |                             | 3  |             | <b>g</b>       |
| Agent Last Name                   | (First)                      | (Middle Name)        | Home Address (Street,       | City or Post Office, & Zip Code)           |             |                |
| Arndt                             | Shannon                      | I R                  |                             |  |             |                |
| All Officer(s) Director(s) of (   | Corporation and Ma           | mboro / Manas        |                             |  |             | <b>#</b> (1)   |
| President / Member Last Name      | (First)                      | (Middle Name)        | je i                        |  |             | 1              |
| -0 11                             |                              | (Mindale Maine)      |                             |  |             |                |
| Vice President / Member Last Name | Sharmon                      |                      | _                           |  |             |                |
| 1 AAA 1                           | (First)                      | (Middle Name)        |                             |  |             |                |
| Ivialy                            | Carl                         |                      |                             |  | J           |                |
| 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, 0     | City or Post Office, & Zip Code)           |             |                |
|                                   |                              |                      |                             |  |             |                |
| Directors / Managers Last Name    | (First)                      | (Middle Name)        | Home Address (Street, (     | City or Post Office, & Zip Code)           |             |                |
|                                   |                              |                      |                             |  |             |                |
| Directors / Managers Last Name    | (First)                      | (Middle Name)        | Home Address (Street, 0     | City or Post Office, & Zip Code)           |             |                |
|                                   |                              |                      |                             |  |             |                |
|                                   |                              | 1                    |                             |  |             |                |
| C. Business Information           |                              |                      |                             | 44 - 7                                     |             |                |
| 1. Trade Name Ceili Coff          | er and Wino A                | Bar                  | Business Pho                | ne Number <u>/ 108 698 9</u> 3             | 298         |                |
| 2. Address of Premises 16         | 12 00 1 1 5                  |                      | 11 5353Le                   | 7:00-de 52.4.2.1                           |             |                |
| 2. Address of Premises 110        | LO. MACH ST E                | vansoille l          | Post Office &               | ZID Code                                   |             |                |
| 3. Does the applicant unders      | tand that they must          | purchase alcoho      | ol beverages only fro       | m Wisconsin wholesalers, bre               | weries      |                |
| and brewpubs?                     | ×                            | 10 - 101 - 101 - 101 |                             | Yes  |             | □ No           |
| 4. Premises description: De       | escribe building or b        | where                | alcohol beverages a         | ure to be sold and stored. Th              | e annli     | cant must      |
|                                   |                              |                      |                             | otion, and/or storage of alcoho            |             |                |
| records. (Alcohol beverag         | es may be sold and           | stored only on       | the premises describ        | hod )                                      | book        | - 10 low 1     |
|                                   | 1 1                          | , a 1                | ) =                         | 10000014                                   | LUSTE       | 110 12m1       |
| upstairs is an                    | apartment c                  | ompletely 3          | separate from 1             | lower level, 1st floo                      | Vis C       | omne ore in    |
| Space Total Soul                  | (C) 3200 200                 |                      | room with or                | no estilite Most au                        | 111         | handing        |
|                                   |                              |                      |                             | , , , ,                                    | 411         | were cap       |
| accessable bathroom               | n. There is a                | concrete             | patio out the               | at between front.                          | door c      | and sidew      |
| AT-115 (R. 5-19) We have mi       | eltiple lockon               | Cabinets             | Dive cooler a               | nd refigerator vistoksi                    | n departing | Arlor Revenued |
| hour storeage                     |                              | nes de sel           |                             | - · · · · · · · · · · · · · · · · · · ·    | 100         | - S            |

| 6. :                                 | a. Since filing of the last application, has th  | e named licensee, any  | member of a partn   | ership licen                                 | see, or any   |  |   |
|--------------------------------------|--|--|---|--|---|--|---|
|                                      | member, officer, director, manager or ag   | ent for either a limited   | liability company li  | censee, or i                                 | nonprofit   |  |   |
|                                      | organization licensee been convicted of for violation of any federal laws, any Wis   | or any oπenses (exclusions).<br>Sconsin laws, any laws.  | oing traffic offenses<br>of other states, or o  | rdinances o                                  | of any county   |  |   |
|                                      | or municipality? If yes, complete page   | 3  |   | 1 1 106 1 1 106(4)                           | e5  | ☐ Yes  | M No  |
|                                      |  |  |   |  |   |  |   |
|                                      | <ul> <li>Are charges for any offenses presently<br/>the named licensee or any other persons</li> </ul>   | pending (excluding tra<br>affiliated with this lice  | affic offenses not rel<br>nse? If yes, explai   | ated to alco                                 | hol) against<br>age 3   | ☐ Yes  | <b>⊠</b> No                                 |
| , ·                                  | Except for questions 6a and 6b, have there   | e been any changes in  | the answers to the  | questions a                                  | as submitted  |  |   |
|                                      | by you on your last application for this licer   | nse? If yes, explain 。   | F389 F389 - 979 - 92  |  | E   | ☐ Yes  | <b>₩</b> No                                 |
|                                      |  |  |   |  |   |  |   |
|                                      | Was the profit or loss from the sale of alcohor<br>or Franchise Tax return of the licensee? If n   |  |   |  |   | <b>%</b> Yes                                     | ☐ No  |
|                                      |  |  |   |  |   |  |   |
|                                      |  |  |   |  |   | thm x  |   |
|                                      | Does the applicant understand they must h<br>[phone (608) 266-2776]  | old a Wisconsin Seller'  | s Permit?   | ER THANK TO SHOW IT                          |   | W Yes  | ∐ No  |
| 0.                                   | Does the applicant understand that alcohol from the date of invoice and made available   | beverage invoices mus<br>for inspection by law e   | t be kept at the lice<br>inforcement?   | nsed premis                                  | es for 2 years  | W Yes  | ☐ No  |
| 1.                                   | Is the applicant indebted to any wholesaler  | beyond 15 days for be  | er or 30 days for liq   | uor?   |   | ☐ Yes  | M No  |
|                                      | Does the applicant owe municipal property ( <b>Note:</b> Renewal of licenses may be denied assessments or other fees).   | taxes, assessments, o<br>I pursuant to a local or  | r other fees?<br>dinance, if the licens   | see owes m                                   | unicipal taxes,   | ☐ Yes  | <b>₩</b> No                                 |
| ee<br>app<br>and<br>oid<br>his<br>ha | AD CAREFULLY BEFORE SIGNING: Under truthfully answered to the best of the know lication; that the applicant has read and mark correct. The undersigned further understard, and under penalty of state law, the application. Any person who knowingly provin \$1,000. | vledge of the signer. The<br>de a complete answer<br>ands that any license iss<br>ant may be prosecuted<br>vides materially false in | e signer agrees that<br>to each question, ar<br>sued contrary to Cha<br>for submitting false<br>aformation on this ap | he/she is that the a apter 125 of statements | e person name<br>nswers in each<br>the Wisconsin<br>and affidavits in | d in the fo<br>instance<br>Statutes<br>n connect | regoing<br>are true<br>shall be<br>ion with |
| Cor                                  | tact Person's Name (Last, First, M.L.)   | Titl   | e / Member  |  | Date  |  |   |
| 1                                    | trindt Shannon R   | B  | one Number  |  | 4102122   |  |   |
| Sig                                  | Sum Olt  | P  | one Number  |  | Email Address   | , . /  | Λ   |
| 0                                    | BE COMPLETED BY CLERK  |  |   |  |   |  |   |
| _                                    |  | ate reported to council / board  |   | Date license g                               | ranted  |  |   |
|                                      |  |  |   |  |   |  |   |
| Lic                                  | ense number issued Da  | ate license issued   |   | Signature of C                               | lerk / Deputy Clerk   |  |   |

# Instructions for Renewal Alcohol Beverage License Application

## THIS RENEWAL FORM CANNOT BE USED IF:

- There is a change in business entity (i.e., individual has changed to partnership or corporation/limited liability company; partnership changed to individual or corporation/limited liability company; corporation changed to individual, partnership or limited liability company) and if limited liability company has been dissolved.
- 2. Partners are added or dropped.
- 3. Application is made in a different municipality.

#### **PARTNERSHIPS:**

Indicate full name and home address of each partner. One partner must sign application. **Reminder**: If partners have been added or dropped since your last application, you must use Form AT-106 (Original Beverage License Application).

#### **CORPORATIONS:**

One officer must sign application. Be sure to answer Question No. 7 by indicating any change of officers, directors, and/or changes in home address. If there are any changes in officers and/or directors each must complete Form AT-103 (Auxiliary Questionnaire). If there has been a change in agent since your last approved agent, he/she must complete Forms AT-104 (Schedule for Appointment of Agent) AND AT-103 (Auxiliary Questionnaire) in addition to this (AT-115) form.

#### LIMITED LIABILITY COMPANY:

One member/manager must sign application. Follow procedure under Corporations for any change of members or agent.

**NOTE:** Use ink or typewriter when filling in applications. Be sure to answer all questions fully and accurately. 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.

## **DISCRIMINATION CLAUSE** – (City of Milwaukee only)

The applicant shall not willfully refuse to provide those services offered under this license or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry, the applicant shall not seek information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion solely on the basis of such information. The applicant also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

Complete, sign and return this form to the clerk.

If answer to Questions No. 6a and/or 6b on page 2 are "YES," outline details below:

## **CONVICTIONS**

| 1. | NAME           |         | STATUTE NO./LOCAL ORDIN | IANCE       |        |
|----|----------------|---------|-------------------------|-------------|--------|
|    | CHARGE         |         | WHERE CONVICTED         |             |        |
|    | DATE           | PENALTY |                         | MISDEMEANOR | FELONY |
| 2. | NAME           |         | STATUTE NO./LOCAL ORDIN | IANCE       |        |
|    | CHARGE         |         | WHERE CONVICTED         |             |        |
|    | DATE           | PENALTY |                         | MISDEMEANOR | FELONY |
| 3. | NAME           |         | STATUTE NO./LOCAL ORDIN | IANCE       |        |
|    | CHARGE         |         | WHERE CONVICTED         |             |        |
|    | DATE           | PENALTY |                         | MISDEMEANOR | FELONY |
|    |                | PEN     | DING CHARGE             |             |        |
| 1. | NAME           |         | STATUTE NO./LOCAL ORDIN | IANCE       |        |
|    | PENDING CHARGE |         | DATE                    |             |        |

# 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.

| Town

| ∐ Town   |
|--|
| To the governing body of: Village of Evansuille County of Rock   |
| The undersigned duly authorized officer/member/manager of (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   |
| (Trade Name)   |
| located at 16, West Main St Evansville WI 53536  |
| appoints Shannan Arrolf (Name of Appointed Agent)  |
| 414 Meadae Lance Evansville, Let 53536<br>(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?  No   |
| How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin?   |
| Place of residence last year 414 meadow love Fransville tel 53536  |
| For: Ceili LLC   |
| By: (Name of Corporation / Organization / Limited Liability Company)   |
| (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, Shannon R Amalt (Print / Type Agent's Name), hereby accept this appointment as agent for the   |
| 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.  |
| Agent's age (Date)   |
| (Home Address of Agent)  Date of birth   |
| 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) (las | st name) (first name)                                     | (middle name)  |
|--|---|--|
| Andt                                       | Shannow   | R  |
| Home Address (street/route)                | Post Office City  | State Zip Code                                       |
|  |   |  |
| H  |   | W1 53536   |
|  |   | Place of Birth                                       |
|  |   | Place of Birth  Eau Claim W                          |
|  |   |  |
|  | es the following information as a person who is (che      | eck one):  |
| Applying for an alcohol bevera             |   |  |
| A member of a partnership wh               | nich is making application for an alcohol beverage I      | license.   |
| Agent l Member / Member / Me               | of Ceili LC (Name of Corporation,                         | Limited Liability Company or Nonprofit Organization) |
| which is making application for            | an alcohol beverage license.                              |  |
| The above named individual provid-         | es the following information to the licensing authori     | ity:   |
|  | y resided in Wisconsin prior to this date?                | 441115   |
| 2. Have you ever been convicted of         | of any offenses (other than traffic unrelated to alcoh    | nol beverages) for                                   |
| violation of any federal laws, an          | y Wisconsin laws, any laws of any other states or o       | ordinances of any county                             |
| or municipality?                           | · · · · · · · · · · · · · · · · · · ·                     | · · · · Yes 🕿 No                                     |
| If yes, give law or ordinance viol         | lated, trial court, trial date and penalty imposed, and   | d/or date, description and                           |
| status of charges pending. (If m           | ore room is needed, continue on reverse side of this form | 1.)  |
| _  |   |  |
| 3. Are charges for any offenses pro        | esently pending against you (other than traffic unre      | lated to alcohol beverages)                          |
| for violation of any federal laws,         | any Wisconsin laws, any laws of other states or or        | dinances of any county or                            |
| municipality?                              |   | Yes 🗐 No   |
| If yes, describe status of charge          |   |  |
| 4. Do you nold, are you making ap          | plication for or are you an officer, director or agent    | of a corporation/nonprofit                           |
| organization or member/manage              | er/agent of a limited liability company holding or app    | plying for any other alcohol                         |
| If yes, identify.                          |   | Yes No   |
| ii yes, identiiy.                          | (Name, Location and Type of License                       | o/Pormiti  |
| 5 Do you hold and/or are you an o          | fficer, director, stockholder, agent or employe of an     |  |
| member/manager/agent of a lim              | ited liability company holding or applying for a whol     | locale beer name!                                    |
| brewery/winery permit or wholes            | sale liquor, manufacturer or rectifier permit in the St   | rate of Wissensin?                                   |
| If yes, identify.                          | are riquor, manufacturer or rectiner permit in the St     | ate of Wisconsin? Yes No                             |
|  | ne of Wholesale Licensee or Permittee)                    |  |
|  | onological order last two employers.                      | (Address By City and County)                         |
| Employer's Name                            | Employer's Address  | Employed From To                                     |
| 1111211-1116                               |   |  |
| Employer's Name                            | Lebo Highland Ave Madison W/                              | 5-721004 CUNNEUT                                     |
| (A) 1 m                                    | 1915 Brunch st Middleton Wil                              |  |
| Club Lavern                                | 1918 Branch St Middleton WI                               | 1/2002 10/2004                                       |
|  |   |  |
| READ CAREFULLY BEFORE SIGN                 | NING: Under penalty provided by law, the undersign        | gned 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 re-    | ad and made a complete answer to each question, a         | and that the answers in each instance are true and   |
| correct. The undersigned further und       | lerstands that any license issued contrary to Chapte      | er 125 of the Wisconsin Statutes shall be void, and  |
| tion. Any person who knowingly pro-        | cant may be prosecuted for submitting false stateme       | ents and affidavits in connection with this applica- |
| aon. Any person who knowingly prov         | vides materially false information on this application    | may be required to forceit not more than \$1,000.    |
|  |   | 1 (1)11  |
|  |   | Muy Lake   |
|  |   | (Signature of Named Individual)                      |



# **Evansville Public Safety Police Report**

May 4th 2022

# **Committee Members:**

Chair Erika Stuart Alderperson Gene Lewis Alderperson Susan Becker

# **City Representatives:**

Mayor: Dianne Duggan
City Administrator: Jason Sergeant
Prepared by: Chief Patrick Reese

# **Officer Training:**

- Sgt. Reilly completed first line supervisor class
- Chief Reese attended a Cultural Competency and Diversity Committee Summit in Green County on April 26<sup>th</sup>
- Ofc. Nankee and Schmidt attended SWAT training on April 27<sup>th</sup> and 28<sup>th</sup>
- Officer Johnson and Tway will attend ALLERT training in Janesville on May 4<sup>th</sup> and 5<sup>th</sup> (Advanced Law Enforcement Rapid Response Training)
- Sgt. Reilly will attend a Glock Armorer training on April 12<sup>th</sup>
- April 17<sup>th</sup> all officers will attend range qualifications
- April 23<sup>rd</sup> and 24<sup>th</sup> Ofc. Johnson will attend a sexual assault investigations course
- April 23<sup>rd</sup> April 26<sup>th</sup> Ofc. Tway will attend an instructor development course
- April 25<sup>th</sup> and 26<sup>th</sup> Jill and Chief Reese will attend Green Bays Mental Health & Wellness Symposium

# **Community Relations:**

- April 30<sup>th</sup> was drug take back day. We collected 27.7ibs of drugs on take back day and 151.7 total from the last take back event
- May 27<sup>th</sup> EPD staff will put on training for the Eager Free Public Library staff
- May 5<sup>th</sup> Ofc. Wickstrum will attend Cruise Night at Creekside
- May 20<sup>th</sup> Chief Reese and Lt. Jones will attend the Law Enforcement Memorial services at the State Capitol
- May 24<sup>th</sup> from 4PM-7PM Officer Ziolkowski is teaming up with Safe Kids and the Evansville Fire District to have a Child Safety Seat install event. Officer "Z" was able to secure free car seats through some grant funding Rock County provides

# **Monthly Update:**

# Technology/Equipment/Building Update:

- The grant for the generator was denied. Chief Reese is looking into other options for funding
- Chief Reese is looking to possibly sell off some of our old radios and replace a few each year as the budget allows.
- All eligible officers have received their new body armorer. The old armor I am seeking permission from the Mayor to donate to a missionary group delivering goods to Ukraine
- We needed to replace the printer in the booking/process room

# Police Commission/staffing:

We conducted three interviews for candidates for part time. 2 of the 3 have moved on to take the written testing. After the written tests are scored we will conducted backgrounds.

Calls for Service: April 2021: 1000 April 2022: 964

# **Accreditation:**

- Chief Reese has been continuing to review policy and update where necessary
- Detective Sgt. Rittenhouse has been assigned a CORE assessment review for Kiel PD

# Notable calls/incidents by Det. Sgt. Rittenhouse:

27 traffic stops

2 resulted in OWI arrests, one was for 5<sup>th</sup> offense OWI the second was 1<sup>st</sup> offense OWI

11 welfare checks

One subject was transported to Tellurian after being medically cleared for detox

Sergeant Reilly was dispatched to a suicidal subject with a gun. Officers were able to safely take the subject into custody and transport the subject to the hospital for evaluation. At the time of this incident, a secondary incident of a subject who intentionally attempted to overdose on medication was dispatched. Sergeant Reilly coordinated response from the Rock County Sheriff's Deputies to come to a safe resolution for both incidents

2 drug arrests

One as a result of a traffic stop and driving complaint. The stop resulted in an arrest for methamphetamine, possession of THC, and possession of drug paraphernalia

A trespass complaint at the pool resulted in citations being issued to juveniles who jumped the fence and while inside the bathrooms were engaged in illegal drug use

- 6 Domestic disturbances were investigated resulting in 5 arrests
- 5 Disorderly conduct incidents most notable was a subject who got into an disagreement with coworkers at Stoughton Trailers and was arrested after slashing a co-workers car tires
- A death investigation occurred on Badger Rd in the City. No threat to the public
- Staff assisted in attempting to locate a murder suspect out of Janesville (we did not locate the suspect, but the suspect was later apprehended by another jurisdiction)



# City of Evansville EMS

11 W. Church St. Evansville, WI 53536 (608)882-2269 Chief Jamie Kessenich



# Public Safety Meeting May 4, 2022

# 1. Calls for Service:

- a. 72 Calls during the month of April 2022. (641-70 /642-2)
- b. 58 Calls during the month of April 2021. (641-53/642-5)
- c. To date call volume 2022-247 2021-183

# **Average Run Times Summary Report**

| Avg Unit Notified<br>to Enroute in<br>Minutes | Avg Unit Enroute<br>to Arrived at Scene<br>in Minutes | Avg Unit Arrived on<br>Scene to Left Scene<br>in Minutes | Avg Unit Left Scene to<br>Arrived at Destination<br>in Minutes | Avg Unit Arrived at Destination to Unit Back In Service in Minutes | Number<br>of Runs |
|---|---|--|--|--|-------------------|
| 7.72  | 3.01  | 21.55  | 24.97  | 34.87  | 72                |

# **Runs by Dispatch Reason**

| Incident Complaint Reported By Dispatch (eDispatch.01) | Number of Runs | Percent of Total Runs |
|--|----------------|-----------------------|
| Falls  | 15             | 20.83%                |
| Chronic Illness/Medical Condition                      | 9              | 12.50%                |
| Breathing Problem                                      | 4              | 5.56%                 |
| Invalid Assist/Lifting Assist                          | 4              | 5.56%                 |
| Sick Person  | 4              | 5.56%                 |
| Abdominal Pain/Problems                                | 3              | 4.17%                 |
| Medical Alarm  | 3              | 4.17%                 |
| Stroke/CVA   | 3              | 4.17%                 |
| Altered Mental Status                                  | 2              | 2.78%                 |
| Assault  | 2              | 2.78%                 |
| Chest Pain (Non-Traumatic)                             | 2              | 2.78%                 |

| Incident Complaint Reported By Dispatch (eDispatch.01) | Number of Runs | Percent of Total Runs |
|--|----------------|-----------------------|
| Convulsions/Seizure                                    | 2              | 2.78%                 |
| Motor Vehicle Crash                                    | 2              | 2.78%                 |
| Motorcycle Collision                                   | 2              | 2.78%                 |
| Overdose/Poisoning/Ingestion                           | 2              | 2.78%                 |
| Unconscious/Fainting/Near-Fainting                     | 2              | 2.78%                 |
| Back Pain (Non-Traumatic)                              | 1              | 1.39%                 |
| Cardiac Arrest/Death                                   | 1              | 1.39%                 |
| Cardiac dysrhythmia                                    | 1              | 1.39%                 |
| Diabetic Problem                                       | 1              | 1.39%                 |
| Epistaxis (Nosebleed)                                  | 1              | 1.39%                 |
| Fever  | 1              | 1.39%                 |
| Fire Standby   | 1              | 1.39%                 |
| Hypotension / hypertension                             | 1              | 1.39%                 |
| Psychiatric Problem/Abnormal Behavior/Suicide Attempt  | 1              | 1.39%                 |
| Standby  | 1              | 1.39%                 |
| Unknown Problem/Person Down                            | 1              | 1.39%                 |

# 2. Continue to wear PPE on all calls.

- a. N95 Mask during patient care or contact/Surgical Masks while in the vehicles and building.
- b. Safety Glasses/Goggles
- c. Face shield

# 3. Training:

- a. April training was in-person lecture/skills on Pediatric Trauma.
- 4. New Employee: None to report
- 5. Maintenance:
  - a. Batteries were replaced in 642
  - b. Lighting that was not working was repaired on 642
  - c. Antenna was repaired on 641
  - d. Cardiac Monitor on 642 had some repairs completed-Blood Pressure Cuff function was not working.

# 6. Building Needs:

- a. Different counter space for report writing.
- b. Sleeping quarters, need to be up to code.
- c. Kitchen does not meet code.
- 7. Chief Kessenich has submitted a 30 day notice for her resignation as EMS Chief. I however have agreed to remain in the position until a replacement is found. I will complete essential administrative assignments to keep things moving and will assist with training the new appointment. Maximum of 10 hours per week.
- 8. Please continue to call or email if you have any COVID-19 related questions.