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 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 full or partial closure o	urpose of business 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:		

## **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

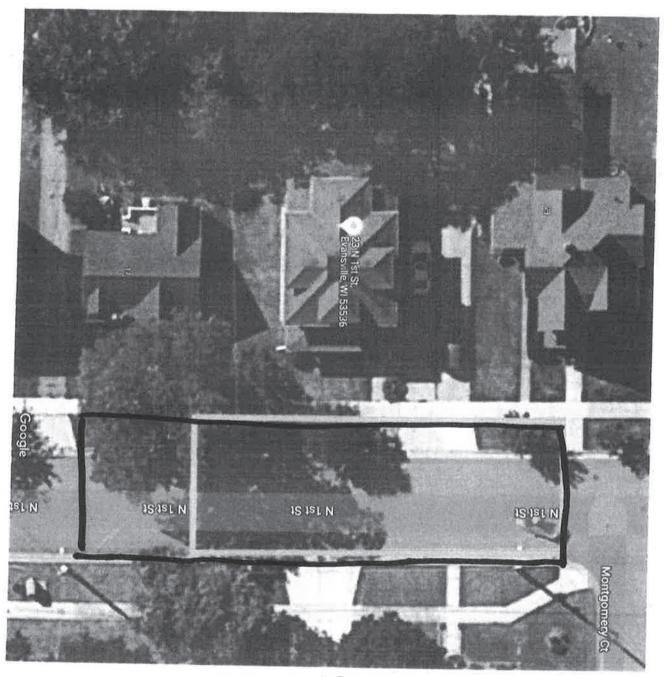
Joe Kaether 23 N. 1<sup>st</sup> Street Evansville, WI 53536

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 A Temporary Class "B" license to sell fermer :: A Temporary "Class 8" license to sell wine a	ited malt beverages at pic		
at the premises described below during a speci- to comply with all laws, resolutions, ordinances and/or wine if the license is granted.	and regulations (state, fed	and ending areas or local) affecting the	and egrees 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 Bloc	. b	
(b) Lot			
(c) Do premises occupy all or part of building (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

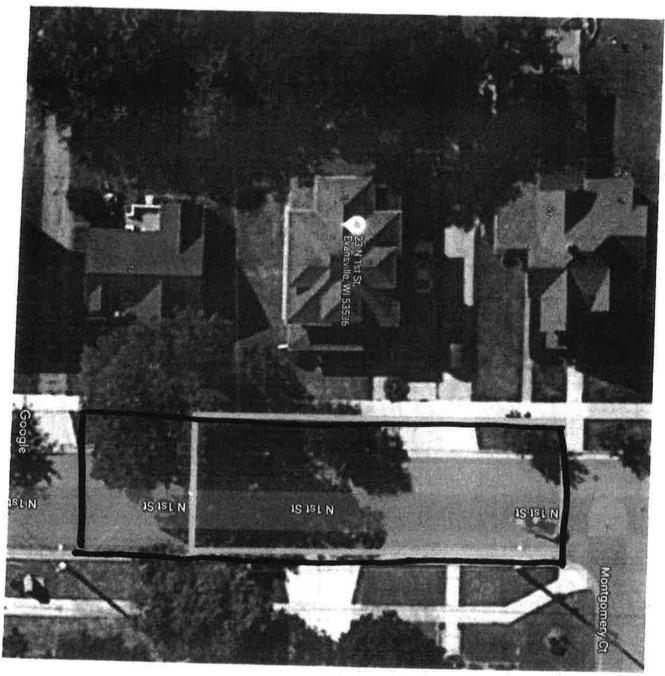
Joe Kaether 23 N. 1<sup>st</sup> Street Evansville, WI 53536

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 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 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 y 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 Joseph	Johnson (lowa)			05/02/22	A-C5		
	Scott Allen 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 John	Toraason			05/02/22	A - CO		
El Vallarta De Evansville 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 Joseph	Johnson (Jawa)				
	Scott Allen 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, John	Torasson				
El Vallada De Evansville 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 456-0000602957-03	rmit Number
		,	00/00/0000	FEIN Number 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 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 HAWKS	(First) ANTHONY	(Middle Name) WAYNE	Home Address (Street, C 538 BIESE STREE	City or Post Office, & Zip Code) ET, COMBINED LOCKS, WI 54	l 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	 L53536
b. Does the applicant underst and brewpubs?	* * * * * * * * * * * * * * * * *			Yes	✓ No
<ul> <li>Premises description: De- include all rooms including records. (Alcohol beverage</li> </ul>	living quarters, if us	sed, for the sales	s. service, consumpti	on, and/or storage of alcohol.	applicant must 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 ted of any offenses (e y Wisconsin laws, any	mited liability company excluding traffic offens laws of other states, o	licensee, o es not relate r ordinances	r nonprofit ed to alcohol) of any county	☐ Yes	No
	b. Are charges for any offenses pres the named licensee or any other pe	ently <b>pending</b> (excluding rsons affiliated with this	ng traffic offenses not r s license? If yes, expl	elated to ald ain fully on	ohol) against 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 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 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 mied pursuant to a loca	s, or other fees? I ordinance, if the licen	see owes n	unicipal taxes,	☐ Yes	<b>√</b> No
bee app and voic 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. made a complete answ rstands that any license plicant may be prosecu	The signer agrees tha ver to each question, a e issued contrary to Ch ited for submitting false	t he/she is the did that the a apter 125 or statements	ne person name inswers in each f the Wisconsin and affidavits i	d in the fo instance Statutes n connect	regoing are true shall be ion with
	lact Person's Name (Last, First, M.I.) EECH, DOUGLAS M	15	Title / Member ASSISTANT SEC	RETARY	Date 4/21/22		
Sigr	Jaiure Jourges M. Been	<del>.</del>	Phone Number 515-381-5109		Email Address 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

This information is intended for the use of the individual or entity to which it is addressed and may contain information that is confidential and privileged and exempt from disclosure under applicable law. You are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited.

# 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 /ered by the agent. The appointment must be signed by an officer of the 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 (If more room is need a presently pendin aws, any Wisconsidary arges pending.	nded, continue on reven ng against you (other in laws, any laws of o	e side of this farm.) than traffic unrelated to alc ther states or ordinances o	cohol be of any co	verages 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 (If more room is need a presently pending aws, any Wisconsi arges pending. g application for or nager/agent of a li	nded, continue on reven ing against you (other in laws, any laws of o in are you an officer, o imited liability compa	than traffic unrelated to alc ther states or ordinances o director or agent of a corpor ny holding or applying for a	cohol be of any co cation/no	verages ounty or onprofit 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 (If more room is need a presently pending aws, any Wisconsi arges pending. g application for or nager/agent of a li	ng against you (other in laws, any laws of o r are you an officer, o imited liability compa	than traffic unrelated to alc ther states or ordinances o director or agent of a corpor ny holding or applying for a	cohol be of any co cation/no	verages ounty or onprofit r alcoho	☐ Yes 🔽
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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 (If more room is need a presently pending aws, any Wisconsider arges pending. g application for or nager/agent of a light 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 fany co ration/no my other	verages unty or enprofit r alcoho	Yes Yes
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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 (If more room is need a presently pending aws, any Wisconsinarges pending. g application for or nager/agent of a light HED an officer, director 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 iny other or corpor r permit, consin?	verages unty or enprofit r alcoho	Yes V
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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 ation/no ary other or corpor r permit consin? (Address	verages unty or enprofit r alcoho	Yes V

Submit to municipal clerk.

JAMES	ame) SA	(first name) MUEL		(middie na 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 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 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 ending. 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 ending. cation for or are you an off 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 onprofit ar alcohol	grahesi	
for violation of any federal laws, an municipality?	y Wisconsin laws, any law ending. cation for or are you an off 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 onprofit 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 pending cation for or are you an off 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 onprofit 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 ending. cation for or are you an off agent of a limited liability of ACHED	vs of other states or ordina ficer, director or agent of a company holding or applyin	corporation/ng for any othe	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	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 ficer, director or agent of a company holding or applyin the, Location and Type of License/Perm 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 cending. cation for or are you an off agent of a limited liability of 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 onprofit 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 cending. cation for or are you an off agent of a limited liability of 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 onprofit er alcohol	X Yes	N
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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 onprofit er alcohol 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 LARSEN	(first name)  ERIC		lle <b>name)</b> 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) 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 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 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 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 director, stockholder, agent or employe of any pe ability company holding or applying for a wholesa	erson or corporation or le beer permit,	
Do you hold and/or are you an officer, member/manager/agent of a limited lia brewery/winery permit or wholesale liq	(Name, Location and Type of License/Perr director, stockholder, agent or employe of any pe	erson or corporation or 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 director, stockholder, agent or employe of any pe ability company holding or applying for a wholesa uor, manufacturer or rectifier permit in the State	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 liquid liq	(Name, Location and Type of License/Perr director, stockholder, agent or employe of any pe ability company holding or applying for a wholesa uor, manufacturer or rectifier permit in the State olesale Licensee or Permittee)	erson or corporation or 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 director, stockholder, agent or employe of any per ability company holding or applying for a wholesa uor, manufacturer or rectifier permit in the State of the sale Licensee or Permittee) 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 director, stockholder, agent or employe of any per ability company holding or applying for a wholesa uor, manufacturer or rectifier permit in the State of colesale Licensee or Permittee) 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 director, stockholder, agent or employe of any per ability company holding or applying for a wholesa uor, manufacturer or rectifier permit in the State of the sale Licensee or Permittee) 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 DOUGLAS	- Feet /	1	MARS	name) 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 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 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 is needed, continue on reverse pending against you (other th	y imposed, and/or side of this form.) nan traffic unrelate	date, descript	tion and	5)	X
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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 ounty or onprofit 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 : ☐ 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 \$ 500	
County of KOC		Aldermani	c Dist. No.	Class A liquor (cider only)	\$ 500 \$ 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 Full Name (Last) V P	James	(Middle Name)	8017 N.	ty or Post Office, & Zip Code)  ty or Post Office, & Zip Code)  Va	vansulewt 53536 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 WI	sville 53536	,
6.	member, officer, director, manager or organization licensee been convict for violation of any federal laws, any	as the named licensee, any member of a par or agent for either a limited liability company ed of any offenses (excluding traffic offens Wisconsin laws, any laws of other states, o age 3	licensee, or nonprofit es not related to alcohol) r ordinances of any county	☐ Yes	No	
	b. Are <b>charges</b> for <b>any offenses</b> prese 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 [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 Ind oic nis hac	n truthfully answered to the best of the kr lication; that the applicant has read and r correct. The undersigned further unders 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 nd that the answers in each apter 125 of the Wisconsin e statements and affidavits in	d in the fo instance Statutes : connect	regoing are true shall be 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) 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: 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 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 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 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 (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 (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 member, officer, director, manager or agent for ei organization licensee been convicted of any off for violation of any federal laws, any Wisconsin la or municipality? If yes, complete page 3	ther a limited liability company l enses (excluding traffic offense ws, any laws of other states, or	icensee, or nonprofit s not related to alcohol) 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 and void 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 plete answer to each question, a my license issued contrary to Ch he prosecuted for submitting false	it he/she is the person name nd that the answers in each napter 125 of the Wisconsin e statements and affidavits i	ed in the for instance Statutes in connec	oregoing are true shall be 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 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 —	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 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 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 (mm dd yyyy)	ending:	(mm dd yyyy)	TYPE OF LICENSE 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 All Officer(s) Director(s) of C	orporation and Me	<i>Dlin</i> mbers / Manag		City or Post Office, & Zip Code)	<i>f</i>	042
Olme of p All Officer(s) Director(s) of O President / Member Last Name	Corporation and Me	Dlin mbers / Manag (Middle Name)		City or Post Office, & Zip Code)	6	22
Olme of p All Officer(s) Director(s) of O 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 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 All Officer(s) Director(s) of O 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 werie	536 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> werie	3536 s □ 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 member, officer, director, manager of organization licensee been convicted for violation of any federal laws, any or municipality? If yes, complete page	r agent for either a limi e <b>d of any offenses</b> (e) Wisconsin laws, any la	ited liability company li coluding traffic offenses lws of other states, or c	censee, or nonprofit not related to alcohol) irdinances of any county	☐ Yes	<b>₩</b> No
b. Are <b>charges</b> for <b>any offenses</b> prese the named licensee or any other pers	ntly <b>pending</b> (excluding cons affiliated with this	g traffic offenses not rel 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 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 nied pursuant to a loca	s, or other fees? 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 made a complete answ stands that any license 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 instance in Statutes in connec	oregoing are true shall be tion with
Brenda S. Oliv		Prosiden			
Brenda 5. Olin grature 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 member, officer, director, manag organization licensee been conv for violation of any federal laws, or municipality? If yes, complet	er or agent for either a l ricted of any offenses any Wisconsin laws, any	imited liability compa- (excluding traffic offer	ny licensee, or nonprofit nses not related to alcohol)	, , ∏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		_ ☑ No
7.	Except for questions 6a and 6b, have by you on your last application for the	ve there been any chang 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 [phone (608) 266-2776]	nust hold a Wisconsin S	eller's Permit?		Yes Yes	□No
10.	Does the applicant understand that ale from the date of invoice and made ava	cohol beverage invoices allable for inspection by l	must be kept at the lid 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 Note: Renewal of licenses may be dassessments or other fees).	perty taxes, assessmen enied pursuant to a loca	ts, or other fees? al ordinance, if the lice	nsee owes municipal taxes,	☐ Yes	<b>☑</b> No
appli and o void, 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 ver to each question, a e issued contrary to Cl ated for submitting fals	at he/she is the person name and that the answers in each hapter 125 of the Wisconsin a statements and officiavite is	d in the for instance a Statutes s	regoing ire true 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:

- 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				

# 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 must be signed by an officer of the 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) 5353	6	
			(Home Addre	ss of Appointed Agent)	0	
m alcount	on/limited liability o	stea therein, i	ited liability company w Is applicant agent pres	rith full authority and 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 \$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 b <b>everages</b>	/organization/limit conducted on the	ted liability o	company and assume rithe corporation/organ	full responsibility f 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 Clerk cannot sign on			-
hereby ce he charact	rtify that I have ch 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 [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 violation of any federal laws, an</li> </ol>	of any citenses tomer man tranic 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 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 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 PUBLIC INTOXICATION A	om Is needed, continue on reverse s 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 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	, 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 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 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 on named in the foregoin each instance are true an Statutes shall be void, an onnection with this applica 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 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 ☑ No
4. Premises description: De	scribe building or bu	uildings where a sed, for the sales	lcohol beverages a 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	): 			
6.	a. Since filing of the last application, has the member, officer, director, manager or ager organization licensee been convicted of for violation of any federal laws, any Wisco or municipality? If yes, complete page 3	nt for either a limite any offenses (exc onsin laws, any law	ed liability company lic luding traffic offenses as of other states, or c	censee, or nonprofit not related to alcohol) 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 Iffiliated with this lid	traffic offenses not rel 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 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 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 oursuant to a local	, or other fees? ordinance, if the licent	see owes municipal taxes,	☐ Yes	⊠No
be ap an voi 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 er to each question, ar issued contrary to Ch ed for submitting false	he/she is the person name nd that the answers in each apter 125 of the Wisconsin statements and affidavits	ed in the for instance in Statutes in connec	are true shall be 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 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 include all rooms including 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 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 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 member, officer, director, manager or agent for organization licensee been convicted of any for violation of any federal laws, any Wisconsi or municipality? If yes, complete page 3	r either a limited liability company lic offenses (excluding traffic offenses n laws, any laws of other states, or o	censee, or nonprofit not related to alcohol) rdinances of any county	☐ Yes	TX No
	<ul> <li>Are charges for any offenses presently pend 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 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 app and voi 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 complete answer to each question, an at any license issued contrary to Cha ay be prosecuted for submitting false	he/she is the person name and that the answers in each apter 125 of the Wisconsir statements and affidavits	ed in the formation instance of the statutes in connection in the statutes in the st	are true shall be 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 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 (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 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 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 LELKSIDE FLACE BOOK	nse Ad of Did 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. CLIMC 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 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 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. 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 member, officer, director, manager or agent for ei organization licensee been convicted of any off for violation of any federal laws, any Wisconsin la or municipality? If yes, complete page 3	licensee, any member ither a limited liability c fenses (excluding traffi aws, any laws of other s	c offenses not related to alcohol) tates, or ordinances of any county	∐ Yes	×νο
	<ul> <li>Are charges for any offenses presently pending 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 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 [phone (608) 266-2776]	isconsin Seller's Permit	?	Yes	∐ No
	<ol> <li>Does the applicant understand that alcohol beverage 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 (Note: Renewal of licenses may be denied pursua assessments or other fees).</li> </ol>	assessments, or other tant to a local ordinance	ees?	. [_] Ye:	s XNO
b a v 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 ntrary to Chapter 125 of the Wiscons	ch instand in Statute 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 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 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 y offenses (excluding traffic offenses sin laws, any laws of other states, or c	censee, or nonprofit not related to alcohol) ordinances of any county	☐ Yes	₹No
ŀ	<ul> <li>Are charges for any offenses presently pend 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 and void 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 complete answer to each question, and that any license issued contrary to Ch may be prosecuted for submitting false	he/she is the person name nd that the answers in each apter 125 of the Wisconsin statements and affidavits i	d in the f instance Statutes n connec	oregoing are true shall be 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.

# **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 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 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 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 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 nited Liability
O BE COMPLETED BY CLERK	501 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 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 (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 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 456-1030363 FEIN Number	
For the license period beginni	ng: Wold 202	2 ending: $6$	/30/23 (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 living quarters, if us as may be sold and	uildings where al sed, for the sales 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 dof any offenses (excluding traffic offens Wisconsin laws, any laws of other states, o	r licensee, or nonprofit les not related to alcohol) ir ordinances of any county	☐ Yes	√No
ntly <b>pending</b> (excluding traffic offenses not 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 and that the answers in each Chapter 125 of the Wisconsir Ise statements and affidavits	ed in the to i instance i Statutes in connec	are true shall be 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 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 com is needed, continu	e and penalty imposed, and/or 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 Do you hold, are you making applica		officer director or agent of a	corneration/nen	orofit
7.6	organization or member/manager/ag- 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 member/manager/agent of a limited I brewery/winery permit or wholesale li 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 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: (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 include all rooms includi records. (Alcohol bevera</li> </ol>	ng living quarters, if	used, for the sale	s. service, consumo	are to be sold and stored. The otion, and/or storage of alcoho bed.)	e applicant 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 <b>cted of any offenses</b> (e ny Wisconsin laws, any	nited liability compa excluding traffic offer laws of other states	any licensee, or enses not relate s, or ordinances	nonprofit d to alcohol) of any county	☐ Yes	<b>⊠</b> No
sently <b>pending</b> (excludi ersons affiliated with this	ng traffic offenses r s license? <b>If yes, e</b>	not related to alc explain fully on	ohol) against page 3	☐ Yes	<sup>™</sup> No
e there been any chang 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 denied pursuant to a loc	nts, or other fees?	licensee owes n	nunicipal taxes,	☐ Yes	<b>⋈</b> No
e knowledge of the signe nd made a complete ans derstands that any licens applicant may be prosec	er. The signer agree swer to each questi se issued contrary to cuted for submitting	es that he/she is t on, and that the a to Chapter 125 o a false statement	he person name answers in each of the Wisconsin s and affidavits	ed in the for instance Statutes in connec	oregoing are true shall be 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 or, WI 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 or, WI 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 prior to this date? han traffic unrelated to ald 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 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>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>	han traffic unrelated to ald 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 Deverages) for 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 brewery/winery permit or wholesale I	r, director, stockholder, agent or employe of any pe 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 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 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 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: 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 d of any offenses (exc Visconsin laws, any lav	ed liability company lic luding traffic offenses vs of other states, or c	censee, or nonprofit not related to alcohol) 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 the named licensee or any other person</li> </ul>	tly <b>pending</b> (excluding ons affiliated with this li	traffic offenses not rel cense? If yes, explain	ated to alcohol) against 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 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 ble for inspection by lav	ust be kept at the licer 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 ied pursuant to a local	, or other fees? ". " 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 app and voi this tha	in truthfully answered to the best of the kr dication; that the applicant has read and re- dicorrect. The undersigned further unders di, and under penalty of state law, the application. Any person who knowingly re- 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 are tru shall b 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 (mm dd yyyy)	81-373727 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 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 tion, and/or storage of alcoh 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 member, officer, director, man organization licensee been c for violation of any federal law or municipality? If yes, com</li> </ol>	nager or agent for either a lin onvicted of any offenses (e vs, any Wisconsin laws, any l	nited liability company l excluding traffic offense laws of other states, or	icensee, or nonpr s not related to alo ordinances of any	ofit cohol) 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 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 CS NAME POMA BUSINGSS AS	NS AS THE G 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 [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 from the date of invoice and man	hat alcohol beverage invoices 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 (Note: Renewal of licenses ma assessments or other fees).</li> </ol>	oal property taxes, assessmer 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 ead and made a complete ans er understands that any licens to the applicant may be prosec	er. The signer agrees that swer to each question, a se issued contrary to Ch cuted for submitting false alse information on this a	t he/she is the per nd that the answe apter 125 of the V e statements and a pplication may be	son named rs in each ii Visconsin S affidavits in	in the fonstance Statutes connec	oregoing are true shall be 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 Place of Birth
Place of Birth
Place of Birth
MILWAVKEE, WI
989
y or Nonprofit Organization)
n insateman sa <b>f</b> amasasa
county
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everages)
ounty or
Yes 📈 No
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onprofit
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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). Sconsin laws, any laws.	oing traffic offenses 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 the named licensee or any other persons</li> </ul>	pending (excluding tra affiliated with this lice	affic offenses not rel nse? If yes, explai	ated to alco	hol) against 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 or Franchise Tax return of the licensee? If n					<b>%</b> Yes	☐ No
						thm x	
	Does the applicant understand they must h [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 for inspection by law e	t be kept at the lice 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 I pursuant to a local or	r other fees? dinance, if the licens	see owes m	unicipal taxes,	☐ Yes	<b>₩</b> No
ee app and oid his 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 de a complete answer ands that any license iss ant may be prosecuted vides materially false in	e signer agrees that to each question, ar sued contrary to Cha for submitting false aformation on this ap	he/she is that the a apter 125 of statements	e person name nswers in each the Wisconsin and affidavits in	d in the fo instance Statutes n connect	regoing are true shall be 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 (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 to Enroute in Minutes	Avg Unit Enroute to Arrived at Scene in Minutes	Avg Unit Arrived on Scene to Left Scene in Minutes	Avg Unit Left Scene to Arrived at Destination in Minutes	Avg Unit Arrived at Destination to Unit Back In Service in Minutes	Number 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.