VILLAGE OF NEW GLARUS PUBLIC WORKS / PUBLIC SAFETY COMMITTEE MEETING Village Hall Board Room

319 2ND Street 6/14/2023 7:00 P.M.

REGULAR MEETING

- 1. Call to Order
- 2. Approval of Agenda
- 3. Appointment of Chair
- 4. Approval of 5.8.23 Minutes
- 5. Public Safety
 - a. Monthly Police Department Report
 - b. Consideration/Discussion: Operator's Licenses Kristal Gille, Alyssa Cramer, Nathania Kummer, Greg Kleeman, Barbara Froehlich, Trey Armstrong, Leah Hanson, Keith Kube, Kayla Brick, Tyler Ballweg, Hillary Phillips, Beverly Hoesly, Roger O'Leary, Kayla Ballweg, David Tierman, Jake Lynch, Hunter Tierman, Ginger Blum, Joni Keehn, Diane Peters, Kimberly Bigler, McAllister Reynolds, Anastasia Schwenn, Harmony Brooks, Nicole Rivers, John Miller, Alexandra Sayre, Michael Nevil, Jill Stickwell, Kellene Kutz, Tami Reeson, Shannon Jelle, Taylor Clark, Tammy Burnett, Patricia Best, Jolene Butenhoff, Pamela Cox, Kennedy Dreger, Brenna Meier, John Gobeli, Julie O'Connell, Reba Bergmann, Chloe Gwin, Maureen Fugate, Jonathan Cruse & Hallie Weintraub
 - c. Consideration/Discussion: Misc. Licenses to Expire 6/30/23 Mobile Home Park/Firefly Estates, Pool Table Lic. -Toffler's & Kleeman's, Tobacco Retail Lic. Casey's, Rusty Raven, Sportsman's & Ott Haus, Shubh Self Service, Blanchardville Coop
 - d. Consideration/Discussion: Renewal Alcohol Beverage Licenses

Class A Beer: Blanchardville Coop (Gery Steinmetz)

Class A Beer/Liquor: Shubh Self Service Inc (Suchinder Singh), Burreson's/Roy's Market (Darin Burreson), Casey's (Anthony Hawks)

Class B Beer/Liquor: Kleeman's Bar & Grill LLC (Gregory Kleeman); Puempel's Olde Tavern (Charles Bigler); Ott Haus (Amber Tierman), Fest Haus (Randy Dreger), Sportsman's Reloaded (Scott Hook), NG Hotel Restaurant & Landhaus Restaurant (Mike Nevil), Glarner Stube (John Gobeli), Tofflers Pub & Grill (Stephen Longo), Kristi's Restaurant (Kristi Lopez)

Class B Beer: Rusty Raven LLC (Kristiann Schultz), Dirty Dog Taphaus (Leah Hanson)

Class A Liquor: Brenda's Blumenladen (Brenda Siegenthaler), The Bramble Patch (Sheri Weix), New Rose LLC (Bryenna Reinicke), Chalet Cheese Haus LLC (Michael Hlubek), Lollygag Antiques (Karen Rodeghier)

Class B Beer/C Wine: Fat Cat Coffee Works (Alexandra Sayre), Sugar River Pizza Co (Deb Watterson)

6. Public Works

- a. Monthly Public Works Department Report
- b. Consideration/Discussion: Stop Signs at 8th St & 9th Ave
- Consideration/Discussion: No Parking East Side of 3rd St from 4th Ave to 6th Ave for Emergency Vehicle Access
- d. Consideration/Discussion: Burn Site Permit
- 7. Adjournment

Peggy Kruse, Chair Public Works/ Public Safety Committee

AGENDA

POSTED: N.G. Village Hall 6/9/23

NG Post Office 6/9/23 Bank of New Glarus 6/9/23 Kelsey A. Jenson, Clerk

PURSUANT TO APPLICABLE LAW, NOTICE IS HEREBY GIVEN THAT A QUORUM OR A MAJORITY OF THE NEW GLARUS VILLAGE BOARD OF TRUSTEES MAY ATTEND THIS MEETING. INFORMATION PRESENTED AT THIS MEETING MAY HELP FORM THE RATIONALE BEHIND FUTURE ACTIONS THAT MAY BE TAKEN BY THE NEW GLARUS VILLAGE BOARD.

PERSONS REQUIRING ADDITIONAL SERVICES TO PARTICIPATE IN A PUBLIC MEETING MAY CONTACT THE VILLAGE CLERK FOR ASSISTANCE AT 527-2510.

VILLAGE OF NEW GLARUS PUBLIC WORKS & SAFETY MEETING MINUTES May 8, 2023 6:30 pm

REGULAR MEETING

Present: Peggy Kruse and Michael Bell

Also Present: Director of Public Works Joe Cockroft; Police Chief Jeff Sturdevant; Village Administrator Lauren Freeman; Chamber of Commerce Executive Director Bekah Stauffacher; Board Trustee Gof Thomson, Tim Usher, Jeff Babler, Rosalie Huntington

- 1. Call to Order 6:30 p.m.
- 2. Approval of Agenda: Michael, Peggy second
- 3. Approval of 4.10.23 Minutes: Michael, Peggy second
- 4. Public Hearing: Special Assessments for 3rd Avenue between 3rd Street & 8th Street
 - a. Jeff Babler (506 3rd Ave) asked, as part of the project, if the all three sidewalks at his property could be handicap accessible to the property's mailboxes. Village Engineer Pat Rank stated he would investigate further.
 - b. Tim Usher (701 3rd Ave) asked when construction was expected to start. Village Engineer Pat Rank stated it would likely be mid to late July 2023. Usher asked why some parts of the sidewalk on 3rd Avenue are 4' and some 5'. Rank stated that the east section of 3rd Avenue is 4' because they were only filling in areas that did not have sidewalk and wanted to keep the width consistent. The new sidewalk going in between 6th and 8th Street would be 5', which is the engineering standard for residential neighborhoods. Usher also asked if the sidewalk could be moved closer to the road to avoid tree roots, and Rank stated he would explore that further. Usher also asked about the interest rate charged for the special assessment payments and when that rate will be established. Administrator Freeman said she would look into it and let him know.
 - c. Rosalie Huntington (707 3rd Ave) asked whether her tree would be taken out as part of the project. Rank was unsure but said it was likely. Huntington also asked if their driveway would be impacted by the project. Rank said that the lower section would impacted to add in the new sidewalk, but would be replaced my the Village.
- 5. Approval: Special Assessments for 3rd Avenue between 3rd Steet & 8th Street Peggy motion to approve, Michael second
- 6. Public Safety:
 - a. Monthly Police Department Report Chief Sturdevant shared the April monthly police report. There were 331 calls in April.
 - b. Consideration/Discussion: Special Event: Blues, Brews & Food Trucks, June 24, 2023 Peggy motion to approve, Michael second
 - c. Consideration/Discussion: Operator License for Jolene Klarer Peggy motion to approve, Michael second
- 7. Public Works:
 - A. Monthly Public Works Department Report Public Works Director provided an update on Public Works and Utility projects.

- B. Consideration/Discussion: Qualifications-Based Selection of Engineer for Water Reservoir Peggy made a motion to select Town & Country as the engineer for the water reservoir project, Mike second
- C. Consideration/Discussion: Water Reservoir Tank Option Selection Peggy made a motion to approve use of prestressed concrete for the water reservoir project, Mike second
- D. Consideration/Discussion: GIS Mapping Update Village Administrator Lauren Freeman provided an update on GIS mapping for Public Works and Utilities.

Adjourn 7:39 PM

- Lauren Freeman Village Administrator

NEW GLARUS POLICE DEPARTMENT 313 2nd Street • PO Box 187 • New Glarus, WI 53574

Jeff Sturdevant **Chief of Police** sturdevant@newglaruspolice.com



Office: 608-527-2145 Fax: 608-527-2062 info@newglaruspolice.com

June 6, 2023

To: Administrator Freeman and the New Glarus Public Safety/Works Committee

From: Chief Jeff Sturdevant

Reference: May Monthly Police Report

Here is the summary of the Police Department statistics for last month and the year to date calls for service along with a comparative to last year's numbers.

Types of Calls	Current Month	Since Jan 1st	Total Last Year
Overall calls for service	397	1722	3791
Assist other agencies/departments	37	160	528
Incarcerated/Jailed	1	13	44
Traffic/Municipal Citations	61	228	618
Traffic Warnings	102	368	738
Parking Citations	1	130	258
Traffic Accidents	0	4	42

Notable information or call(s) for service:

- 05-06-23—New Glarus Prom. The department had an officer present at the entire prom and there were no issues. The Police Department received several thanks from parents and students for being present and ensuring it was a safe event.
- 05/17/23—Assist Green County (Domestic)/SWAT Call Officers responded to a residence in Green County to assist with a domestic with the offender being intoxicated and firing a weapon. New Glarus officers were the first to arrive and attempted to talk with the suspect and then assisted with the perimeter. Chief Sturdevant was also on scene as SWAT was called out to the location.

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"America's Little Switzerland"

- 05-19-23—New Glarus Officers attended the Wisconsin Law Enforcement Memorial Ceremony at the Wisconsin Capitol in Madison.
- 05/19/23—Emergency Detention Juvenile subject was threatening suicide. An officer arrived at the residence to investigate the incident. The juvenile was transported to SSM Health in Monroe for a medical clearance and then transported to Winnebago Mental Health. Due to numerous delays, officers doing the transport of the juvenile finally returned and completed the call at 5:00 PM on 05/20/23. This call from beginning to end took approximately 20 hours. The total time on call with all officers involved was approximately 33 hours.
- The New Glarus Police Department and New Glarus Chamber of Commerce hosted the annual Bike Rodeo on 05/20/23. The weather was nice and the attendance was up. There were twelve (12) bicycles given away. The first 50 children needing helmets received them for free. The first 100 children received goodie bags full of free items from businesses throughout the Village. There was a petting zoo also. All participants and family members attending received a free lunch. The event was funded through donations and the New Glarus Police Departments Community Relations Fund.
- Grant Received—I completed an equipment grant and recently learned I was awarded the grant. This grant was for a total of \$1,800.00 and will be used to purchase a digital camcorder and accessories for it that the department will utilize on investigations and other needs for the department.
- Update on hiring process.

Application For License

To the Clerk of the Village of New Glarus

County of Green, Wisconsin

The undersigned hereby applies for a license to engage in the business of:

Mobile Home Park

For the term beginning July 1, 2023 and ending June 30, 2024.

The applicant agrees to comply with and be bound by all the laws, ordinances, rules, regulations, and penalties governing the business for which this license is applied for.

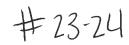
Name	and	Address	of Establis	shment.
ITGITT	uiiu	7441633	UI LSIADIIS	Millelli.

501	14TH LUBARE
	GENUS, W1 53574

A receipt is submitted herewith, showing the payment of the sum of \$25.00 to the treasurer, in payment of this license.

Dated: 5-5-2023

Signed:



Renewal Alcohol E	Beverage Lic	ense App	olication	Applicant's Wisconsin Seller's Pern	
(Submit to municipal clerk. R	ead instructions or	n page 3.)		456000047	18604
For the times and the training	07 01 0003	202	ri sanak habitatanko	39-016933	0
For the license period beginning	1g; <u>07 01 2023</u> (mm dd yyyy)	ending: <u>06</u>	30 2024 (mm dd yyyy)	TYPE OF LICENSE REQUESTED	FEE
	☐ Town of			☑ Class A beer	\$ 500
To the Governing Body of the:	✓ Village of \ Net	w Glarus		Class B beer	\$ 300
	☐ City of 】			Class C wine	\$
County of Green		Aldermani	ic Dist. No	Class A liquor	\$ 750,-
County of		(if require	d by ordinance)	Class A liquor (cider only)	\$ N/A
				Class B liquor	\$
Check one: 🔲 Individual	Limited Liability	Company		Reserve Class B liquor	\$
☐ Partnership		profit Organiza	tion	Class B (wine only) winery	\$
Commission B All Co	1 4 4			Publication fee	\$
Complete A or B. All must c	omplete G.			TOTAL FEE	\$
A. Individual or Partnership:					
Full Name (Lest)	(First)	(Middle Name)	Home Address (Street,	Cily 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)	
	L				
B. LLC or Corporation (and					
Full Legal Name of Corporation / Nonp				Imited Liability Company (if different fro	
Blanchardville Coop	OIl Assoc.		314 S Main St	. Blanchardville WI 5	3516
All corporations/organizations liquor must appoint an agent.	or limited liability cor	npanies applyin	g for a license to se	ell fermented malt beverages a	nd/or intoxicating
Agent Last Name	(First)	(Middle Name)		City or Post Office, & Zip Code)	
Steinmetz	Gery	Edward	4154 330th S	St Boyd WI 54726	
All Officer(s) Director(s) of C	Corporation and Me	mhers / Manad	ers of Limited Liak	villty Company:	
President / Member Last Name	(First)	(Middle Name)		City or Post Office, & Zlp Code)	
and the second s				ony or root omoof a zip occop	
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)	****************
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,	Clty or Post Office, & Zip Code)	
Directors / Managers Last Name	(First)	(Middle Name)		0. 0.00	
Directors (Maintigota Last (Mainte	(1 1131)	(Middle Manis)	Home Address (Street,	City or Post Office, & Zip Code)	
C. Business Information					
1. Trade Name Blanchard	ville Coop Oil	Assoc.	Business Pho	one Number <u>608-523-4294</u>	
2. Address of Premises 140	l WI State Hwy	69	Post Office &	Zip Code New Glarus WI	53574
3. Does the applicant unders and brewpubs?	tand that they must p	ourchase alcoho	ol beverages only fro	om Wisconsin wholesalers, bre	weries
4. Premises description: De	scribe building or bu	uildings where a	alcohol beverages	are to be sold and stored. The	annlicant must
Retail Convenience	2				
	11077				
40.					

5.	Legal description (omit if street address	is given on previous pag	ge):				
6.	a. Since filing of the last application, h member, officer, director, manager organization licensee been convict for violation of any federal laws, any or municipality? If yes, complete p	or agent for either a lim ted of any offenses (e y Wisconsin laws, any la	nited liability company xeluding traffic offense aws of other states, or	licensee, or es not related ordinances	nonprofit d to alcohol) of any county	☐ Yes	☑ No
	b. Are charges for any offenses pres the named licensee or any other pe					☐ Yes	☑ No
7.	Except for questions 6a and 6b, have by you on your last application for this					☐ Yes	☑ No
8.	Was the profit or loss from the sale of a or Franchise Tax return of the Ilcensee?	lcohol beverages for the	previous year reporte	d on the Wisc	consin Income	☑ Yes	□ No
9.	Does the applicant understand they me [phone (608) 266-2776]					✓ Yes	□No
10.	Does the applicant understand that alc from the date of invoice and made available.					☑ Yes	□No
11.	Is the applicant indebted to any wholes	saler beyond 15 days fo	r beer or 30 days for I	iquor?		☐ Yes	Ø No
12,	Does the applicant owe municipal prop (Note: Renewal of licenses may be do assessments or other fees).	perty taxes, assessment enied pursuant to a loca	ts, or other fees? If ordinance, if the lice	nsee owes m	unicipal taxes,	☐ Yes	☑ No
app and voi this	AD CAREFULLY BEFORE SIGNING: It truthfully answered to the best of the blication; that the applicant has read and correct. The undersigned further under and under penalty of state law, the application. Any person who knowingly in \$1,000.	knowledge of the signer d made a complete ansv erstands that any license pplicant may be prosect	. The signer agrees that wer to each question, a e issued contrary to C uted for submitting fals	at he/she is thand that the a hapter 125 o e statements	ne person name inswers in each f the Wisconsin a and affidavits i	d in the fo instance Statutes n connect	regoing are true shall be tion with
	ntact Person's Name (Last, First, M.I.)		Title / Member		Date		
_	ry Steinmetz		General Manage	r	04/13/2023 Email Address		
"	650		608-523-4294		gerys@blan	chardv:	ille
то	BE COMPLETED BY CLERK						
Da	e received and filed with municipal clerk	Date reported to council / t	· NL	Date license g	ranted		
Lio	5 29 23	Date license issued	ed VD	Slanding	lerk / Deputy Clerk		
Lic	23-24	Date license issued		alghature of C	Merk / Deputy Clerk	١	
AT-1	15 (R. 5-19)		- 2 -				

Application for Cigarette and Tobacco Products Retail License

Application for	or Cigarette and		MUNICIPAL USE ONLY
	-		License Number 23-02
			Period Covered
Submit to r	nunicipal clerk.		0.000 00.000
Applicant's Wisconsin 15-die	git Sales Tax Account Number		Date of Issuance
1	New Glarus WI 53574	-	
		arrie of the hochage below.	Federal Employer Identification No. (FEIN)
			39-0169330
			Telephone Number
Trade or business Name (ii	allerent than Legal Name)		(60) 523-4294
Business Address (License	Location)	Business Located In	Business Telephone
		Clty Village Town	(60) 523-4294
Municipality			County
New Glarus	WI 53574	of: Green	Green
		Municipality	State Zip Code
314 S. Main	St. PO box 88	Blanchardville	WI 53516
Organization (check o	ne)	*	
Sole Proprietor	Wisconsin Corporation – En	iter date incorporated:	in the second second
Partnership	Out-of-State Corporation - A	Are you registered to do business in V	Visconsin? Yes No
		, ,	
	4 0 41 15 4 4 4	that they much numbers signification	and tobacco products only from
Yes No	distributors inhibers or subject	ners, who hold a permit with the W	isconsin Department of Revenue?
Yes No	untaxed tobacco products from available from the Wisconsin D	n an out-of-state company? (Toba Department of Revenue at 608-260	acco Products Distributor permit is
Yes No			
Yes No			
Yes No	Does the applicant understand products and nicotine products	I that they may not sell, give or oth to minors (including electronic cig	nerwise provide cigarettes/tobacco arettes containing nicotine)?
√ Yes ☐ No	6. Does the applicant understand	that they may not sell single cigar-	ettes?
Yes No	licensed premises for two year	rs from the date of the invoice and enue/law enforcement and that fail	ucts invoices must be kept on the I be available for inspection by the ure to comply can result in criminal
✓ Yes	the Wisconsin Department of Ju	that only cigarettes and roll-your-ow ustice's website labeled "Directory <u>wi.us/dls/tobacco-directory</u> may be	vn (RYO) tobacco products listed on of Certified Tobacco Manufacturers sold in Wisconsin?
Cigarettes / Tobacco	o will be sold	through vending mach	nine Doth
been truthfully answe that the rights and re por-tion of a licensed	BEFORE SIGNING: Under penalty property to the best of the knowledge of the esponsibilities conferred by the license of premises during inspection will be decorated by this license. Any person who know the them \$1,000.	applicant. Applicant agrees to opera (s), if granted, cannot be assigned temed a refusal to permit inspection.	te this business according to law and o another.Any lack of access to any Such refusal is a misdemeanor and

Applicable Laws and Rules

This document provides statements or interpretations of the following laws and regulations in effect as of September 19, 2019: Sections 134.65, 134.66, 139.321, 139.79, 139.76, 995.10, and 995.12, Wis. Stats.

(Officer of Corporation / Member-LManager of Limited Liability Company / Partner / Individual)

Renewal Alcohol I	Beverage Li	cense App	olication		it Number
(Submit to municipal clerk. R	ead instructions o	on page 3.)			
For the lineage period beginning	07 01 0000		22 222	47-2727959	
For the license period beginning	(mm dd yyyy)	enaing:_06	(mm dd yyyy)	TYPE OF LICENSE REQUESTED	FEE
	☐ Town of)	01		Class A beer	\$
To the Governing Body of the:	Village of	ew Glarus		Class B beer	\$
	☐ City of			Class C wine	
County of Green	Idease period beginning: 07 01 2023	250.			
Submit to municipal clerk. Read instructions on page 3.	₿ N/A				
				The state of the s	
				7-12	
☐ Partnersnip	Corporation/No	inprofit Organiza	tion		
Complete A or B. All must c	omplete C				
				TOTAL FEE	<u>, </u>
		(Middle Name)	Marsa Address (Street	City on Port Office (2.7in Orde)	
. ' '		1			
					, WI 53574
Full Name (Last)	(FIRST)	(Milddle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
Full Name (Lost)	(Fire4)	(Bitialala Blazza)	Harris Address (Otarist	Ott Part Off 0.7' . 0.1'	
Full Name (Last)	(Filst)	(Milagle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
		1			
B. LLC or Corporation (and A	Agent):				
Full Legal Name of Corporation / Nonp	rofit Organization / Limite	d Liability Company	Address of Corporation / I	Limited Liability Company (if different from	licensed premises)
All corporations/organizations (or limited liability co	mpanies applyin	g for a license to se	ell fermented malt beverages an	d/or intoxicating
	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
All Officer(s) Director(s) of C	ornoration and Me	mbers / Manag	ers of Limited Lieb	aility Company:	
	(,	(,			
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street	City or Post Office & Zin Code)	
	(= 4)	(madio mamo)	Trome riduress (ourself	ony of Foot office, a zip oode,	
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street	City or Post Office & Zin Code)	
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Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street	City or Post Office & Zin Code)	
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Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street	City or Post Office & Zin Code)	
and the state of t	((Middle Hame)	Trome riddress (Street,	only of 1 out office, a zip oode)	
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street	City or Post Office & Zin Code)	
3	(4	(,	(000.,	ony of the officer, a zip code,	
		1,	1		
C. Business Information					
1. Trade Name The Bramb	le Patch		Business Pho	one Number 608-527-4878	
2. Address of Premises 102	5th Ave, New	Glarus, WI	Post Office &	Zip Code PO Box 33, 535	74
3. Does the applicant understand brewpubs?	and that they must	purchase alcoho	ol beverages only fro		
include all rooms including	living guarters if u	ised for the sale	s service consumi	ntion, and/or storage of alcohol.	heverages and
records. (Alcohol beverage	es may be sold and	stored only on	the premises descri	ibed.) Retail sales floo	r for
display, sales & m	inor storage	of items wa	iting to be so	old; Kitchen for main	alcohol
				riveway for festival s	
records stored in					
TCCOTAB BLOTER III	antocrea, emp	TOYEE-acces	pinte fite iu	PINC MOTITOOMS.	

5.	Legal description (omit if street address	is given on previous pa	ge):				
6.	a. Since filing of the last application, h member, officer, director, manager organization licensee been convict for violation of any federal laws, any or municipality? If yes, complete p	or agent for either a lim t ed of any offenses (e v Wisconsin laws, any l	nited liability compan excluding traffic offen aws of other states, of	y licensee, o ses not relate or ordinances	r nonprofit ed to alcohol) s of any county	☐ Yes	₽ No
	b. Are charges for any offenses prese the named licensee or any other per					☐ Yes	∠ No
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 t	the questions	as submitted	☐ Yes	⊘ No
8.	Was the profit or loss from the sale of all or Franchise Tax return of the licensee?					✓ Yes	□ No
9.	Does the applicant understand they mu [phone (608) 266-2776]	st hold a Wisconsin Se	ller's Permit?	*******	13 100000000000	☑ Yes	□ No
10.	Does the applicant understand that alco from the date of invoice and made available.					☑ Yes	∏ No
11.	Is the applicant indebted to any wholesa	aler beyond 15 days for	beer or 30 days for	liquor?	XXX XXX (0.00 (0.00 (0.00))	☐ Yes	☑ No
12.	Does the applicant owe municipal prope (Note: Renewal of licenses may be detassessments or other fees).					☐ Yes	☑ No
bee app and voic this	AD CAREFULLY BEFORE SIGNING: Unitruthfully answered to the best of the kilication; that the applicant has read and correct. The undersigned further underst, and under penalty of state law, the application. Any person who knowingly in \$1,000.	nowledge of the signer. made a complete answ stands that any license blicant may be prosecut	The signer agrees the rer to each question, a issued contrary to Cated for submitting false.	at he/she is the and that the a hapter 125 of se statements	ne person named inswers in each f the Wisconsin and affidavits ir	d in the foli instance a Statutes so n connecti	regoing are true shall be ion with
Con	tact Person's Name (Last, First, M.I.)		Title / Member		Date		
	ix, Sheri		owner		03/24/2023		
Sigi	Sheri Wx		Phone Number 608-527-4878		Email Address TheBramble	Patch@c	outlo
	BE COMPLETED BY CLERK						
	e received and filed with municipal clerk	Date reported to council / bo		Date license g	ranted		
	3/27/23		VB 6/20				
Lice	nse number issued 23 04	Date license issued		Signature of C	lerk / Deputy Clerk		
AT-11	5 (R, 5-19)		2 -	1 2 7 701 0			

AT-115 (R. 5-19)

R	enewal Alcohol E	3everage Lic	ense App	lication	Applicant's Wisconsin Seller's Perr	mit Number
	ubmit to municipal clerk. R	_			456-1028266294-02	
(3	ubiliit to iliuliicipal cielk. K i	sau mstructions of	ii page 3.)		FEIN Number	
Fo	r the license period beginnir	ig: 07 01 2023	ending: 06	30 2024	46-4112140	
		(mm dd yyyy)		(mm dd yyyy)	TYPE OF LICENSE REQUESTED	FEE
_		Town of	w Clarud		Class A beer	\$
lo	the Governing Body of the:	✓ Village of	w Glarus		☐ Class B beer	\$
		City of			Class C wine	\$
C	ounty of Green		Aldormani	c Dist. No	✓ Class A liquor	\$ 250.
00	diffy of			d by ordinance)	Class A liquor (cider only)	\$ N/A
			(ii required	a by ordinance)	Class B liquor	\$
Ch	eck one: Individual	✓ Limited Liability	Company		Reserve Class B liquor	\$
	☐ Partnership	Corporation/Nor	nprofit Organizat	tion	Class B (wine only) winery	\$
					Publication fee	\$
Co	mplete A or B. All must c	omplete C.			TOTAL FEE	\$
Δ	Individual or Partnership:				101/12122	
	Il Name (Last)	(First)	(Middle Name)	Home Address (Street C	ity or Post Office, & Zip Code)	
'	iii ivaille (Last)	(Trist)	(Wildule Walle)	Florite Address (Street, C	ity of Post Office, a Zip Code)	
Fu	ll Name (Last)	(First)	(Middle Name)	Home Address (Street, C	ity or Post Office, & Zip Code)	
			1			
Fu	ll Name (Last)	(First)	(Middle Name)	Home Address (Street, C	ity or Post Office, & Zip Code)	
-						
	LLC or Corporation (and A					
100			Liability Company	Address of Corporation / Lin	nited Liability Company (if different fro	m licensed premises)
B:	cenda's Blumenladen	LLC		7965 Ritschard	Rd New Glarus, WI 53	574
All	corporations/organizations of uor must appoint an agent.	or limited liability cor	mpanies applyin	g for a license to sell	fermented malt beverages a	nd/or intoxicating
_	ent Last Name	(First)	(Middle Name)	Home Address (Street C	ity or Post Office, & Zip Code)	
1 ~	iegenthaler	Brenda	(Middle Name)		w Glarus, WI 53574	
	regenenarer	Dicha		TO BOX 314 NO	w Glalus, WI 55574	
	Officer(s) Director(s) of C	orporation and Me	mbers / Manag			
Pr	esident / Member Last Name	(First)	(Middle Name)	Home Address (Street, C	ity or Post Office, & Zip Code)	
s:	legenthaler	Brenda		PO Box 314, N	ew Glarus, WI 53574	
	ce President / Member Last Name	(First)	(Middle Name)		ity or Post Office, & Zip Code)	
Si	egenthaler	Duane		DO BOY 314 N	ew Glarus, WI 53574	
	cretary / Member Last Name	(First)	(Middle Name)		ity or Post Office, & Zip Code)	
	,	(4	(,	(0,000,000,000,000,000,000,000,000,000,	ny or root amos, a zip addo,	
Tre	easurer / Member Last Name	(First)	(Middle Name)	Home Address (Street C	ity or Post Office, & Zip Code)	
'''	sasurer / Werriber Last Name	(I list)	(Wilddle Name)	Tionie Address (Street, C	ity of Post Office, a Zip Code)	
D:		(E. D.	(8.4% 111 8.1 1	11		
ווטן	ectors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, C	ity or Post Office, & Zip Code)	
_						
Dir	ectors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, C	ity or Post Office, & Zip Code)	
L						
C	Business Information					
1.	Trade Name Brenda's	<u>Blumenladen LI</u>	LC	Business Phon	e Number 608-527-2230	
2.	Address of Premises 17 6	th Ave		Post Office & Z	ip Code PO Box 5, 5357	74
3.	Does the applicant underst	and that they must r	ourchase alcoho	l beverages only from	n Wisconsin wholesalers, bre	weries
	and brewpubs?					☑ □ No
4.	include all rooms including	living quarters, if us	sed for the sale	s service consumnt	e to be sold and stored. The ion, and/or storage of alcoho ^{ed.)} <u>Brenda's Blumenl</u>	I heverages and
					New Glarus WI 53574	
	both buildings, wa	lkway between	buildings	and store room	above Railroad St.	Boutique.

AT-115 (R; 5-19)

5.	Legal description (omit if street address	is given	on previous p	age):				
6.	a. Since filing of the last application, had member, officer, director, manager of organization licensee been convicted for violation of any federal laws, any or municipality? If yes, complete page 1.	or agent ed of an Wiscon	for either a lii ny offenses (sin laws, any	mited liability company excluding traffic offens laws of other states, o	/ licensee, or ses not relate or ordinances	r nonprofit ed to alcohol) of any county	☐ Yes	☑ No
	b. Are charges for any offenses prese the named licensee or any other pers						☐ Yes	☑ No
7.	Except for questions 6a and 6b, have t by you on your last application for this	here bed license?	en any chang ^{>} If yes , expl	es in the answers to the lain	he questions	as submitted	☐ Yes	☑ No
8.	Was the profit or loss from the sale of alcor Franchise Tax return of the licensee?	If not, e	explain			N/315-81N/3/3/8/N/8/3/8	√ Yes	□No
9.	Does the applicant understand they mus [phone (608) 266-2776]	st hold a	ı Wisconsin S	eller's Permit?	tind title tetichin	en energy ea	√ Yes	□ No
10.	Does the applicant understand that alco from the date of invoice and made available.						✓ Yes	□No
11,	Is the applicant indebted to any wholesa	aler beyo	ond 15 days f	or beer or 30 days for I	iquor?	KARA BASKIKSKIM KIR	☐ Yes	√ No
12.	Does the applicant owe municipal prope (Note: Renewal of licenses may be derassessments or other fees).						☐ Yes	☑ No
app and void this	AD CAREFULLY BEFORE SIGNING: Unit ruthfully answered to the best of the killication; that the applicant has read and correct. The undersigned further undersigned under penalty of state law, the application. Any person who knowingly in \$1,000.	nowledg made a stands tl olicant m	e of the signe complete ans hat any licens nay be prosec	r. The signer agrees the wer to each question, a se issued contrary to C uted for submitting fals	at he/she is to and that the a hapter 125 o se statements	ne person name answers in each f the Wisconsin a 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.I.)			Title / Member		Date		
_	enda Siegenthaler			Owner/member		03/20/2023		
	Brenda Siegenthaler			Phone Number 608-527-2230		Email Address brendasblu	menlad	an@am
_	o source organisation			1000 327-2230		DI CHASDIU	menrade	-11@YIII
TO	BE COMPLETED BY CLERK							
_	e received and filed with municipal clerk 3 22 /23	Date rep	orted to council /		Date license (granted		
Lice	ense number issued	Date lice	ense issued		1 · ^	Clerk / Deputy Clerk		
AT 4	5 (P 5 10)			_	100000	4)		

#23-19

Renewal Alcohol B	Beverage Li	icense App	olication	Applicant's Wisconsin Seller's Per	
(Submit to municipal clerk, R	ead instructions	on page 3.)		456-1029314 FEIN Number	
For the license period beginning	ng 107-01-24	3 ending: A	-30-2024	81-27824	51
For the license period beginning			(TYPE OF LICENSE REQUESTED	FEE
To the Governing Body of the:	Town of	New Islan		☑ Class A beer	\$ 500
To the Governing Body of the:	Village of	ALES CIWA	14.5	Class B beer	\$
7	☐ City of			Class C wine	\$
County of Trees		Alderman	ic Dist. No		\$ 250
			d by ordinance)	Class A liquor (cider only)	\$ N/A
				Class B liquor	\$
Check one: 🔲 Individual	X Limited Liabilit			Reserve Class B liquor	\$
☐ Partnership	☐ Corporation/N	onprofit Organiza	tion	Class B (wine only) winery	\$
O				Publication fee	\$
Complete A or B. All must c	omplete C.			TOTAL FEE	\$
A. Individual or Partnership:	16				
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)	
(===-)	((madie mame)	Trame riddress (84 864)	only of 1 dat office, a zip gode)	
Full Name (Last)	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
B. LLC or Corporation (and A					
Legal Name of Corporation / Nonp			Address of Corporation / I	Limited Liability Company (if different fr	om licensed premises)
Durisen's Market In	- / Koys V	Ylarket			
All corporations/organizations of liquor must appoint an agent.	or limited liability o	ompanies applyin	g for a license to se	ell fermented malt beverages a	and/or intoxicating
Agent Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	. 1_
Burreson	Davin	1.	216.5 Pur	Kney St. Madise	211 53701
			22		1 10
All Officer(s) Director(s) of C					
President / Member Last Name	(First)	(Middle Name)	- 1	City or Post Office, & Zip Code)	1, 53703
Burson	Davin	→ M		Cher St. Machiller	W 22/03
∀Ice President / Member Last Name	(First)	(Middle Name)	Home Address (Street,	City of Post Office, & Zip Code)	
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street	City or Post Office, & Zip Code)	
	(1 11 23)	(image riams)	Traine Address (Street,	only of 1 out office, a zip dode,	
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,	City or Post Office, & Zip Code)	
C. Business Information	. ()				
1. Trade Name	u's Wlar	Ket	Business Pho	one Number (208 52	7-2914
2. Address of Premises (c)	51 Rd 6	ì		Zip Code 53574	
Does the applicant understand brewpubs?	tand that they mus	t purchase alcoho	ol beverages only fro	om Wisconsin wholesalers, br	eweries 🔲 No
4. Premises description: De					17
include all rooms including records. (Alcohol beverage	living quarters, if	used, for the sale	es, service, consum	ption, and/or storage of alcoh	ol beverages and
13,000 59	Ft Bu	ulding	Alcohol	Displayed	09
the Doce	Aura	ve 15	a Rock	Stort-	

a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete page 3	☐ Yes	☑No
b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on page 3 .	☐ Yes	ŬNo
Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain	☐ Yes	Ū√No
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	'E Yes	□No
Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]	∏∕fes	□No
. 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?	□\Yes	□No
. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?	☐ Yes	□No
Does the applicant owe municipal property taxes, assessments, or other fees?	☐ Yes	□No
EAD CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the abo		ons has
en truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person name plication; that the applicant has read and made a complete answer to each question, and that the answers in each d correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin id, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits is application. Any person who knowingly provides materially false information on this application may be required an \$1,000.	instance : Statutes : in connect	are true shall be ion with
ten truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person name plication; that the applicant has read and made a complete answer to each question, and that the answers in each d correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin id, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits is application. Any person who knowingly provides materially false information on this application may be required an \$1,000. Title / Member Date Title / Member Date STORE MANAGER Date	Statutes : in connect to forfeit n	are true shall be ion with
ten truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person name plication; that the applicant has read and made a complete answer to each question, and that the answers in each d correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin id, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits is application. Any person who knowingly provides materially false information on this application may be required an \$1,000. Title / Member Date	instance statutes sin connect to forfeit n	are true shall be ion with ot more
ten truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person name plication; that the applicant has read and made a complete answer to each question, and that the answers in each d correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin id, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits is application. Any person who knowingly provides materially false information on this application may be required an \$1,000. Sontact Person's Name (Last, Eirst, M.I.) Title / Member STORE MANAGER 5-23- Phone Number 1-608-574-2073 Faraderson	instance statutes sin connect to forfeit n	are true shall be ion with ot more
ten truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person name plication; that the applicant has read and made a complete answer to each question, and that the answers in each d correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin id, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits is application. Any person who knowingly provides materially false information on this application may be required an \$1,000. Solution of the viscons of the wiscons of the wiscon	instance statutes sin connect to forfeit n	are true shall be ion with ot more
ten truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person name plication; that the applicant has read and made a complete answer to each question, and that the answers in each d correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin id, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits is application. Any person who knowingly provides materially false information on this application may be required an \$1,000. Southern Roman (Last First, M.I.) Phone Number STORE MANAGEL 5-23-	instance statutes sin connect to forfeit n	are true shall be ion with ot more

Renewal Alcohol	_		olication	Applicant's Wisconsin Seller's Per 456-000602957-03	mit Number
(Submit to municipal clerk.		,		FEIN Number 42-1435913	
For the license period beginn	ng: 07/01/2023 (mm dd yyyy)	ending: 06	(mm dd yyyy)	TYPE OF LICENSE REQUESTED	FEE
	Town of			Class A beer	\$ 500
To the Governing Body of the	· Ly village of 7	EW GLARUS		Class B beer	\$
	☐ City of			Class C wine	\$
County of GREEN				Class A liquor	\$ 250-
County of STEET			ic Dist. No	Class A liquor (cider only)	\$ N/A
		(ii require	d by ordinance)	Class B liquor	\$
Check one: Individual	Limited Liability	/ Company		Reserve Class B liquor	\$
☐ Partnership		onprofit Organiza	tion	72-72	1
☐ i artifership	[V] Corporation/AC	nipront Organiza	LIOI1	Class B (wine only) winery	\$
Complete A or B. All must o	complete C.			Publication fee	\$
				TOTAL FEE	\$
A. Individual or Partnership		I I I I I I I I I I I I I I I I I I I			
Full Name (Last)	(First)	(Middle Name)	Home Address (Street	t, City or Post Office, & Zip Code)	
Full Name (Last)	(First)	(Middle Name)	Home Address (Street	t, Clty or Post Office, & Zip Code)	
Full Name (Last)	(First)	(Middle Name)	Home Address (Street	, City or Post Office, & Zlp Code)	
B. LLC or Corporation (and	Agent):		4		
		d Liability Company	Address of Corporation /	Limited Liability Company (if different fro	m licanged prominent
CASEY'S MARKETING CO		d Liability Company		NIENCE BLVD, ANKENY, I	
All corporations/organizations liquor must appoint an agent.	or limited liability co	ompanies applyin	g for a license to s	ell fermented malt beverages a	nd/or intoxicating
Agent Last Name	(First)	(Middle Name)	Home Address (Street	; City or Post Office, & Zip Code)	
HAWKS	ANTHONY	WAYNE		TREET, COMBINED LOCKS	s, WI 54113
All Officer(s) Director(s) of (
President / Member Last Name PLEASE SEE ATTACHE	(First) OFFICER LIST	(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)	
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street	, Clty or Post Office, & Zlp 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	, City or Post Office, & Zip Code)	
C. Business Information					
1. Trade Name CASEY'S G	SENERAL STORE	#3572	Business Pho	one Number 608-453-4529	
2. Address of Premises 101				Zip Code NEW GLARUS 5	3574
3. Does the applicant unders and brewpubs?	tand that they must	purchase alcoho	ol beverages only fr	om Wisconsin wholesalers, bre	weries
				are to be sold and stored. The	No. □ No applicant must
include all rooms including records. (Alcohol beverag	g living quarters, if ເ	ised, for the sale	s, service, consum	ption, and/or storage of alcoho	bl beverages and
ONE STORY PRESTR	UCTURED STEEL	BUILDING			
3,000					

5.	Legal description (omit if street address	is given on previous page):		
6.	member, officer, director, manager organization licensee been convict for violation of any federal laws, any	as the named licensee, any member of a partnership licensee, or a or agent for either a limited liability company licensee, or nonprofit ted of any offenses (excluding traffic offenses not related to alcohy Wisconsin laws, any laws of other states, or ordinances of any copage 3	ol) unty	√ No
	b. Are charges for any offenses prese the named licensee or any other per	ently pending (excluding traffic offenses not related to alcohol) agains rsons affiliated with this license? If yes, explain fully on page 3.	nst 🗌 Yes	√No
7.	Except for questions 6a and 6b, have by you on your last application for this	there been any changes in the answers to the questions as submilicense? If yes, explain	tted Yes	√ No
8.	or Franchise Tax return of the licensee?	cohol beverages for the previous year reported on the Wisconsin Inco	ome Yes	□No
9.	Does the applicant understand they mu [phone (608) 266-2776]	st hold a Wisconsin Seller's Permit?	✓ Yes	□No
	from the date of invoice and made availa	shol beverage invoices must be kept at the licensed premises for 2 years able for inspection by law enforcement?	··· Yes	□ No
11.	Is the applicant indebted to any wholes	aler beyond 15 days for beer or 30 days for liquor?	Yes	√ No
12.		erty taxes, assessments, or other fees?nied pursuant to a local ordinance, if the licensee owes municipal ta		□ No
bee app and voic this	n truthfully answered to the best of the k lication; that the applicant has read and correct. The undersigned further under l, and under penalty of state law, the app	nder penalty provided by law, the undersigned states that each of the nowledge of the signer. The signer agrees that he/she is the person a made a complete answer to each question, and that the answers in stands that any license issued contrary to Chapter 125 of the Wiscoplicant may be prosecuted for submitting false statements and affidation provides materially false information on this application may be requ	named in the for each instance onsin Statutes ovits in connect	oregoing are true shall be tion with
ı	tact Person's Name (Last, First, M.I.) ECH, DOULGAS M	Title / Member ASSISTANT SECRETARY FOR CASEY'S MARKETING COMPANY Date 3/17/23		
Sign	Donger m. Beech	Phone Number Email Addre 515-381-5109 LICENSING	ss GTEAM@CASE	YS.COM
	BE COMPLETED BY CLERK received and filed with municipal clerk	Date reported to council / board Date license granted		
	3/28/23	PW 6-12 / VB 6-20		
Lice	nse number issued	Date license issued Signature of Clerk / Deputy	Clerk	
AT-11	5 (R. 5-19)	-2-		

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 One SE Convenience Blvd. Ankeny, IA 50021

Brian J. Johnson, Vice President One SE Convenience Blvd. Ankeny, IA 50021

Scott A. Faber, Secretary One SE Convenience Blvd. Ankeny, IA 50021

Eric Larsen, Treasurer One SE Convenience Blvd. Ankeny, IA 50021

Douglas M. Beech, Assistant Secretary One SE. Convenience Blvd. Ankeny, IA 50021

BOARD OF DIRECTORS

Samuel J. James, Chairman One SE Convenience Blvd. Ankeny, IA 50021

Brian J. Johnson One SE Convenience Blvd. Ankeny, IA 50021

Scott Faber One SE Convenience Blvd. Ankeny, IA 50021

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.

Application for Cigarette and MUNICIPAL USE ONLY License Number **Tobacco Products Retail License** Period Covered Submit to municipal clerk. Applicant's Wisconsin 15-digit Sales Tax Account Number Date of Issuance ← This must be issued in the same 456-0000602957-03 Legal Name of the licensee below. Legal Name (corporation, limited liability company, partnership or sole proprietorship) Federal Employer Identification No. (FEIN) CASEY'S MARKETING COMPANY 42-1435913 Trade or Business Name (if different than Legal Name) Telephone Number CASEY'S GENERAL STORE #3572 (608) 453-4529 Business Address (License Location) Business Telephone Business Located In 1019 STATE HWY 69 **√** Village (515)381-5109 Town Municipality State Zip Code County **NEW GLARUS** WI **IOWA NEW GLARUS** 53565 Mailing Address (if different than Business Address) Municipality Zip Code State ATTN: LICENSING, ONE SE CONVENIENCE BLVD ANKENY IA 50021 Organization (check one) Sole Proprietor Wisconsin Corporation - Enter date incorporated: Partnership Out-of-State Corporation - Are you registered to do business in Wisconsin? No Other (describe) No 1. Does the appl cant understand that they must purchase cigarettes and tobacco products only from distributors, jobbers, or subjobbers, who hold a permit with the Wisconsin Department of Revenue? No 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-266-6701. See application form CTP-129, revenue.wi.gov/dorforms/ctp-129.pdf.) 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products No from another retailer, including transferring existing stock to a new owner? 4. Does the applicant understand that they must provide employees with tobacco sales training approved No by the Wisconsin Department of Health Services? (https://witobaccocheck.org) No 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)? No 6. Does the applicant understand that they may not sell single cigarettes? 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products? No 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco-directory may be sold in Wisconsin?

READ CAREFULLY BEFORE SIGNING: Jnder penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another. Any lack of access to any por-tion 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

over counter

(Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)
DOUGLAS BEECH, ASSISTANT SECRETARY FOR CASEY'S MARKETING COMPANY

through vending machine

Applicable Laws and Rules

This document provides statements or interpretations of the following laws and regulations in effect as of September 19, 2019: Sections 134.65, 134.66, 139.321, 139.79, 139.76, 995.10, and 995.12, Wis. Stats.

Cigarettes / Tobacco will be sold

both

23.13

Renewal Alcohol	Beverage I	License App	olication	Applicant's Wisconsin Seller's Permit Number 456 - 10310 & 8 5 8 1 - 04			
(Submit to municipal clerk.	ead instruction		FEIN Number				
	07/01/0		1- 10-01	88-2699618			
For the license period beginni	ng: 01/01/220	<u>023</u> ending: <u>4</u> ଆ	(mm dd yyyy)	TYPE OF LICENSE REQUESTED	FEE		
	☐ Town of 🥤	. 1 - 1 0 .		Class A beer	\$		
To the Governing Body of the	∶ 💢 Village of 🧲	NEW GLAR	us	Class B beer	\$		
	☐ City of			Class C wine	\$		
County of GREEN		Alderman	io Diet. No	☑ Class A liquor	\$ 250		
County of		/if require	ic Dist. No d by ordinance)	Class A liquor (cider only			
		(ii roquiio	a by ordinarioo,	Class B liquor	\$		
Check one: 🔲 Individual	Limited Liab	ility Company		Reserve Class B liquor	\$		
☐ Partnership	, .	Nonprofit Organiza	tion	Class B (wine only) winer	y \$		
				Publication fee	\$		
Complete A or B. All must o	omplete C.			TOTAL FEE	\$		
A. Individual or Partnership	:				•		
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)			
	,	ľ	,				
Full Name (Last)	(First)	(Middle Name)	Home Address (Street.	City or Post Office, & Zip Code)			
Towns (2001)	(,	(25)5 : 1257	110110111011010101010101	- Oily of 1 cost offices, at 21p costs,			
	I.						
3. LLC or Corporation (and	Agent):						
Full Legal Name of Corporation / Nonp		nited Liability Company	Address of Corporation / I	Limited Liability Company (if different f	rom licensed premises)		
CHALET CHEESE HAD				NEW GLACUS, IN1 5			
	,		,				
All corporations/organizations iquor must appoint an agent.	or inflited liability	companies applyin	g for a license to se	eii iermenteo mait beverages	and/or intoxicating		
Agent Last Name	(First)	(Middle Name)	Home Address (Street	City or Post Office, & Zip Code)			
HLUBEK	MICHAEL	(Initiality)			all.		
SERVICE OF THE SERVICE OF DOOR OF				8, MONROE, WI 53	344		
All Officer(s) Director(s) of C	orporation and						
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)			
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)			
-		, i	` '	, , , , , , , , , , , , , , , , , , , ,			
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street	City or Post Office, & Zip Code)			
Jilodolo / Wallagolo Edot Wallio	(1 1131)	(Middle Maille)	Tionio Address (otreet,	ony of Post Office, & Zip Code)			
. Declaration							
. Business Information							
1. Trade Name <u>CHALET</u>	CHEESE HA	U3	Business Pho	one Number <u>608 - 636 -</u>	2130		
2. Address of Premises <u>55</u>	4 157 578	EFT	Post Office &	Zip Code NEW GLARUS	(1// 5357		
0:					18		
Does the applicant unders and brewpubs?					reweries		
4. Premises description: De	scribe building o	r buildings where a	alcohol beverages a	are to be sold and stored. The	he applicant mus		
include all rooms including	living quarters, i	f used, for the sale	s, service, consum	ption, and/or storage of alcoh	nol beverages and		
records. (Alcohol beverag					3		
	. 43 WO 8		_				
RETAIL AREA, BI	CK ROOM,	BACK COOLET	ζ				

5.	Legal description (omit if street address	s is given on previous pa	age):				
6.	a. Since filing of the last application, member, officer, director, manager organization licensee been convictor violation of any federal laws, an or municipality? If yes, complete	or agent for either a lin cted of any offenses (e ny Wisconsin laws, any l	nited liability compan excluding traffic offend laws of other states, o	y licensee, o ses not relate or ordinances	r nonprofit ed to alcohol) s of any county	☐ Yes	⊠ No
	b. Are charges for any offenses pres the named licensee or any other pe					☐ Yes	™ No
7.	Except for questions 6a and 6b, have by you on your last application for this					☐ Yes	°⊠ No
8.	Was the profit or loss from the sale of a or Franchise Tax return of the licensee?					Yes	□No
9.	Does the applicant understand they mi [phone (608) 266-2776]	ust hold a Wisconsin Se	eller's Permit?	******		Y⊈ Yes	□No
	Does the applicant understand that alcording the date of invoice and made avai					Yes	□No
11.	Is the applicant indebted to any wholes	saler beyond 15 days for	r beer or 30 days for I	liquor?		☐ Yes	⋈ No
	Does the applicant owe municipal prop (Note: Renewal of licenses may be deassessments or other fees).					☐ Yes	⊠ No
bee app and voic this	AD CAREFULLY BEFORE SIGNING: Untruthfully answered to the best of the leication; 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. I made a complete answ rstands that any license oplicant may be prosecu	The signer agrees the ver to each question, a sissued contrary to Ci ted for submitting fals	at he/she is the and that the a hapter 125 of se statements	ne person name inswers in each f the Wisconsin and affidavits ir	d in the folinstance a Statutes s connecti	regoing are true shall be ion with
	act Person's Name (Last, First, M.I.)		Title / Member		Date		
Sign	ALUBEK, MICHAEL		MANAGER Phone Number		5/15/20 Email Address	23	
3	MUBEK, MICHAEL Michael Wlakel		608-636-21	30	mike. hlube	ko cha	letchees
	<i>F</i> *				haus.co	on	
то	BE COMPLETED BY CLERK	è					
	received and filed with municipal clerk	Date reported to council / bo) VR 6/20	Date license g	ranted		
Lice	5.15.23 ise number issued	Date license issued	AP 190	1	erk / Deputy Clerk	l l	
AT-11	(R. 5-19)		2 -	1	000		

23-09

Renewal Alcohol I	3everage Li	icense App	lication	Applicant's Wisconsin Seller's Peri	mit Num	ber	
(Submit to municipal clerk. R		,		FEIN Number 85-4084873			
For the license period beginning	ng: 07 01 2023 (mm dd yyyy)	ending: <u>06</u>	30 2024 (mm dd yyyy)	TYPE OF LICENSE REQUESTED		FEE	
	☐ Town of 🦒	6.1		Class A beer	\$		
To the Governing Body of the:	village of	ew Glarus		Class B beer	-	מים	
	☐ City of			Class C wine	\$	DO	
County of Green		A I - I	c Dist. No.	Class A liquor	\$		
County of			d by ordinance)	Class A liquor (cider only)	\$	N/A	
		(ii required	by ordinarioe;	Class B liquor	\$		
Check one: Individual	✓ Limited Liabilit	y Company		Reserve Class B liquor	\$		
☐ Partnership	Corporation/N	onprofit Organizat	ion	Class B (wine only) winery	_		
				Publication fee	\$		
Complete A or B. All must c	omplete C.			TOTAL FEE	\$		
A. Individual or Partnership:				Marie	-		
Full Name (Last)	(First)	(Middle Name)	Home Address (Street.	City or Post Office, & Zip Code)			
Kube	Keith	A		New Glarus WI 53574			
Full Name (Last)	(First)	(Middle Name)		City or Post Office, & Zip Code)			
	` '	1					
Hanson	Leah	L		New Glarus WI 53574			
Full Name (Last)	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zlp Code)			
D 110 - 0							
B. LLC or Corporation (and							
Full Legal Name of Corporation / Nonp Dirty Dog Taphaus and	_		· ·	Limited Liability Company (if different fro ew GLarus WI 53574	m licens	sed premises)	
All corporations/organizations liquor must appoint an agent.	or limited liability c	ompanies applyin	g for a license to se	ell fermented malt beverages a	nd/or i	intoxicating	
Agent Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)			
All Officer(s) Director(s) of C	ornoration and M	lembers / Manag	ers of Limited Lish	allity Company:			
President / Member Last Name	(First)	(Middle Name)		City or Post Office, & Zip Code)			
	1						
Kube Vice President / Member Last Name	Keith	Allen		New Glarus WI 53574			
	(First)	(Middle Name)		City or Post Office, & Zip Code)			
Hanson	Leah	Lynne		New Glarus WI 53574			
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)			
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)			
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,	City or Post Office, & Zip Code)	*3****		
C. Business Information	L						
1. Trade Name Dirty Dog	Taphaus and	Eatery LLC	Business Pho	one Number 608 636 2048			
						7.0	
2. Address of Premises 101				Zip Code New Glarus WI			
3. Does the applicant unders and brewpubs?				om Wisconsin wholesalers, bre	ewerie:	s □ No	
	living quarters, if	used, for the sale	s, service, consum	are to be sold and stored. The ption, and/or storage of alcoholibed.)			
Single story histo	rical buildi	ng with fenc	ed outside pa	tio area.			

AT-115 (R. 5-19)

5.	Legal description (omit if street address	is given on previous page):		
6.	member, officer, director, manager of organization licensee been convict for violation of any federal laws, any	as the named licensee, any member of a partnership licensee, or any or agent for either a limited liability company licensee, or nonprofit ed of any offenses (excluding traffic offenses not related to alcohol) Wisconsin laws, any laws of other states, or ordinances of any county rage 3	☐ Yes	⊮ No
		ently pending (excluding traffic offenses not related to alcohol) against sons affiliated with this license? If yes, explain fully on page 3	☐ Yes	№ No
7.		there been any changes in the answers to the questions as submitted license? If yes, explain	☐ Yes	☑ No
8.		cohol beverages for the previous year reported on the Wisconsin Income If not, explain	✓ Yes	□No
9.	Does the applicant understand they mu [phone (608) 266-2776]	st hold a Wisconsin Seller's Permit?	Yes Yes	□No
		hol beverage invoices must be kept at the licensed premises for 2 years able for inspection by law enforcement?	☑ Yes	□ No
11.	Is the applicant indebted to any wholes	aler beyond 15 days for beer or 30 days for liquor?	☐ Yes	✓ No
12.		erty taxes, assessments, or other fees?	☐ Yes	☑ No
app and void this	n truthfully answered to the best of the k lication; that the applicant has read and correct. The undersigned further under , and under penalty of state law, the ap	nder penalty provided by law, the undersigned states that each of the abo nowledge of the signer. The signer agrees that he/she is the person named made a complete answer to each question, and that the answers in each stands that any license issued contrary to Chapter 125 of the Wisconsin colicant may be prosecuted for submitting false statements and affidavits in provides materially false information on this application may be required to	d in the fo instance a Statutes a connect	regoing are true shall be ion with
Cor	tact Person's Name (Last, First, M.I.)	Title / Member Date		
_	ah Hanson	Owner/ Member 05/05/2023		
Sign	Set Ha	Phone Number	gmail.c	om
— то	BE COMPLETED BY CLERK			
Dat	received and filed with municipal clerk 5-8- 23	Date reported to council / board PW 6/12 Date license granted		
Lice	nse number issued	Date license issued Signature of Clerk / Deputy Clerk		
AT-11	5 (R. 5-19)	-2-		

grant *

	Beverage Li	cense App	lication	Applicant's Wisconsin Seller's Perr	mit Number
(Submit to municipal clerk. R	_			456-600-319	155450
•		,		FEIN Number 20 - 803 - 70	~17
For the license period beginning	ng: (e 30) 2	3 ending:			
	(mm dd yyyy)		(mm dd yyyy)	TYPE OF LICENSE REQUESTED	FEE
	☐ Town of				
To the Governing Body of the:	Village of	tew colo	arus	Class A beer	\$ 00.
3,	City of			Class C wine	\$ 100.
County of Coveen				Class A liquor	\$
county of WYCEV			ic Dist. No d by ordinance)	Class A liquor (cider only)	\$ N/A
		(ii require	d by ordinance)	☐ Class B liquor	\$
Check one: Individual	Limited Liability	y Company		Reserve Class B liquor	\$
☐ Partnership	Corporation/No	onprofit Organiza	tion	Class B (wine only) winery	\$
	1			Publication fee	\$
Complete A or B. All must o	complete C.			TOTAL FEE	\$
A. Individual or Partnership					
Full Name (Last)	(First)	(Middle Name)	Home Address (Street	et, City or Post Office, & Zip Code)	
	1				
Full Name (Last)	(First)	(Middle Name)	Home Address (Stree	et, City or Post Office, & Zip Code)	
	1				
Full Name (Last)	(First)	(Middle Name)	Home Address (Stree	et, City or Post Office, & Zip Code)	
	1	1			
II corporations/organizations quor must appoint an agent.	or limited liability co	ompanies applyin	g for a license to s	sell fermented malt beverages a	nd/or intoxical
Agent Last Name	(First)	(Middle Name)	Home Address (Stree	t City or Boot Office & Zin Code)	
Soure	Alexander	A			_ 0
	1 100 City	a claire	M8494	Poplar Grave	Pd.
I) Officer(s) Director(s) of C		- 0101.0	ers of Limited Lia	Poplar Gibve	pd.
		- 0101.0		Poplar Gibve	pd.
	orporation and M	embers / Manag		Poplar Grove ability Company:	Pd.
President / Member Last Name	Corporation and M	embers / Manag (Middle Name)	Horne Address (Stree	Poplar Grove ability Company:	pd.
President / Member Last Name	orporation and M	embers / Manag	Horne Address (Stree	Poplar & vove ability Company: et, City or Post Office, & Zip Code)	Pd.
President / Member Last Name Vice President / Member Last Name	Corporation and M	embers / Manag (Middle Name)	Home Address (Street Home Address (Street	Poplar & vove ability Company: et, City or Post Office, & Zip Code)	Pd.
President / Member Last Name Vice President / Member Last Name	(First)	embers / Manag (Middle Name) (Middle Name)	Home Address (Street Home Address (Street	Ability Company: et, City or Post Office, & Zip Code) et, City or Post Office, & Zip Code)	Pd.
President / Member Last Name Vice President / Member Last Name Secretary / Member Last Name	(First)	embers / Manag (Middle Name) (Middle Name)	Home Address (Street Home Address (Street Home Address (Street	Ability Company: et, City or Post Office, & Zip Code) et, City or Post Office, & Zip Code)	Pd.
President / Member Last Name Vice President / Member Last Name Secretary / Member Last Name	(First) (First)	embers / Manag (Middle Name) (Middle Name) (Middle Name)	Home Address (Street Home Address (Street Home Address (Street	ability Company: et, City or Post Office, & Zip Code) et, City or Post Office, & Zip Code) et, City or Post Office, & Zip Code)	Pd.
President / Member Last Name Vice President / Member Last Name Secretary / Member Last Name Treasurer / Member Last Name	(First) (First)	embers / Manag (Middle Name) (Middle Name) (Middle Name)	Home Address (Street Home Address (Street Home Address (Street Home Address (Street	ability Company: et, City or Post Office, & Zip Code) et, City or Post Office, & Zip Code) et, City or Post Office, & Zip Code)	Pd.
President / Member Last Name Vice President / Member Last Name Secretary / Member Last Name Treasurer / Member Last Name	(First) (First) (First)	embers / Manag (Middle Name) (Middle Name) (Middle Name) (Middle Name)	Home Address (Street Home Address (Street Home Address (Street Home Address (Street	Ability Company: et, City or Post Office, & Zip Code)	Pd.
President / Member Last Name Vice President / Member Last Name Secretary / Member Last Name Treasurer / Member Last Name Directors / Managers Last Name	(First) (First) (First) (First)	embers / Manag (Middle Name) (Middle Name) (Middle Name) (Middle Name)	Home Address (Street	Ability Company: et, City or Post Office, & Zip Code)	Pd.
President / Member Last Name Vice President / Member Last Name Secretary / Member Last Name Treasurer / Member Last Name Directors / Managers Last Name	(First) (First) (First)	embers / Manag (Middle Name) (Middle Name) (Middle Name) (Middle Name) (Middle Name)	Home Address (Street	ability Company: et, City or Post Office, & Zip Code)	Pd.
President / Member Last Name Vice President / Member Last Name Secretary / Member Last Name Treasurer / Member Last Name Directors / Managers Last Name	(First) (First) (First) (First)	embers / Manag (Middle Name) (Middle Name) (Middle Name) (Middle Name) (Middle Name)	Home Address (Street	ability Company: et, City or Post Office, & Zip Code)	Pd.
President / Member Last Name Vice President / Member Last Name Secretary / Member Last Name Treasurer / Member Last Name Directors / Managers Last Name	(First) (First) (First) (First)	embers / Manag (Middle Name) (Middle Name) (Middle Name) (Middle Name) (Middle Name)	Home Address (Street	ability Company: et, City or Post Office, & Zip Code)	Pd.
President / Member Last Name 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)	embers / Manag (Middle Name) (Middle Name) (Middle Name) (Middle Name) (Middle Name)	Home Address (Street	ability Company: et, City or Post Office, & Zip Code)	Pd.
President / Member Last Name Vice President / Member Last Name Secretary / Member Last Name Treasurer / Member Last Name Directors / Managers Last Name Directors / Managers Last Name C. Business Information 1. Trade Name	(First) (First) (First) (First) (First) (First)	embers / Manag (Middle Name) (Middle Name) (Middle Name) (Middle Name) (Middle Name) (Middle Name)	Horne Address (Street Horne Address (Street Home Address (Street Home Address (Street Home Address (Street Home Address (Street	ability Company: et, City or Post Office, & Zip Code)	Fd. 5050
President / Member Last Name Vice President / Member Last Name Secretary / Member Last Name Treasurer / Member Last Name Directors / Managers Last Name Directors / Managers Last Name Business Information Trade Name	(First) (First) (First) (First) (First) (First)	embers / Manag (Middle Name) (Middle Name) (Middle Name) (Middle Name) (Middle Name) (Middle Name)	Horne Address (Street Horne Address (Street Home Address (Street Home Address (Street Home Address (Street Home Address (Street Business Ph	ability Company: et, City or Post Office, & Zip Code)	5.050 US 53
President / Member Last Name Vice President / Member Last Name Secretary / Member Last Name Treasurer / Member Last Name Directors / Managers Last Name Directors / Managers Last Name C. Business Information 1. Trade Name	(First) (First) (First) (First) (First) (First)	embers / Manag (Middle Name) (Middle Name) (Middle Name) (Middle Name) (Middle Name) (Middle Name)	Home Address (Street Post Office (Street) Display to the Address (Street)	ability Company: et, City or Post Office, & Zip Code)	5.050 US 53
All Officer(s) Director(s) of O President / Member Last Name 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)	embers / Manag (Middle Name) (Middle Name) (Middle Name) (Middle Name) (Middle Name) (Middle Name)	Home Address (Street	ability Company: at, City or Post Office, & Zip Code)	Pd.

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.)

AT-115 (R. 5-19)

Wisconsin Department of Revenue

Legal description (omit if street address is given on previous page):		
member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohor for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any co	ol) unty	XV°
		DOM:
Except for questions 6a and 6b, have there been any changes in the answers to the questions as submit by you on your last application for this license? If yes, explain	ted Yes	TOKNO
Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Incor Franchise Tax return of the licensee? If not, explain	ome Wes	□No
[phone (608) 266-2776]		□No
	Des	□ No
Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?	□ Yes	Mo
		No
en truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person olication; that the applicant has read and made a complete answer to each question, and that the answers in d correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisc d, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affid s application. Any person who knowingly provides materially false information on this application may be req in \$1,000.	named in the for each instance onsin Statutes avits in connec	oregoing are true shall be tion with
ntact Person's Name (Last, First, M.I.) Date Geneval manager 5/1 Phone Number Email Addre UN 198-695-6507 Ally	0 23 Prigge@	mail.
BE COMPLETED BY CLERK		-co
te received and filed with municipal clerk 5.10.23 Date reported to council / board Date license granted		
ense number issued Signature of Clerk / Deputy		
	a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or a member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee benc convicted of any offensee (excluding traffic offenses not related to alcoho for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any con or municipality? If yes, complete page 3 b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) again the named licensee or any other persons affiliated with this license? If yes, explain fully on page 3. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submit by you on your last application for this license? If yes, explain Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin locor Franchise Tax return of the licensee? If not, explain Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 yr from the date of invoice and made available for inspection by law enforcement? Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? 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). BD CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the nuthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person licetion; that the applicant has read and made a complete answer to each question, and that the answers in correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wiscol, and under penalt	a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit or organization licensee been convolted of any offensee (southing traffic offenses not related to alcohol) for violation of any federal laws, any Vilsconsin taws, any laws of other states, or ordanaces of any county Yes b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on page 3. Yes Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain Yes 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 Was 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? See 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? Set 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? Set the applicant one municipal property taxes, assessments, or other fees? Wes (Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees). AD CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above question that the sphilicant has read and made a complete insewer to each question, and that the answers in achiatuce in truth

Dear New Glarus Village,

This letter is to communicate that we, Fat Cat Coffee Works, would like to apply for a liquor Class B license.

During our 16 years of having the opportunity to serve this community we have hoped for the chance to apply for a liquor license a few times before. We are hoping this time is our chance!

We love New Glarus and we look forward to growing our business and expanding our hours so that we can offer our residents and visitors more!

Thank you for your consideration!

Sincerely,

Ally Sayre

Personal relations with a property of the plant of

100

23-22

Renewal Alcohol I	3everage Li	cense App	lication	Applicant's Wisconsin Seller's Perr	mit Number
(Submit to municipal clerk. R	ead instructions o	on page 3.)		604-000 10 7005-c)(
· ·			1. 100 011	39-1591613	
For the license period beginni	1g: 6+/01/2063	ending:06	130/24024		
				TYPE OF LICENSE REQUESTED	FEE
To the Governing Body of the:	lown of	Low Latercas		Class A beer	\$
to the Governing Body of the:	Village of > /V	the alleria		Class B beer	\$ 100.
	☐ City of →			Class C wine	\$
County of Green		Aldermania	c Dist. No	Class A liquor	\$
			by ordinance)	Class A liquor (cider only)	\$ N/A
			,	√ Class B liquor	\$ 2SO:
Check one: 🔲 Individual	Limited Liability	/ Company		Reserve Class B liquor	\$
Partnership	Corporation/No	nprofit Organizat	ion	☐ Class B (wine only) winery	\$
				Publication fee	\$
Complete A or B. All must o	omplete C.			TOTAL FEE	\$
A. Individual or Partnership:					×11
Full Name (Last)	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
Full Mana (Loss)	(Fi-A)	(NA) - (I - N)	111 111 (01)	0	
Full Name (Last)	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
	1				
Full Name (Last)	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
D 110 - 20 - 20 - 41 - 7 - 1					
B. LLC or Corporation (and a					
		d Liability Company	Address of Corporation / L	imited Liability Company (if different fro	m licensed premises)
Glarker Enterpl	1505 Inc				
All corporations/organizations iquor must appoint an agent.	or limited liability co	mpanies applying	for a license to se	Il fermented malt beverages a	nd/or intoxicating
Agent Last Name	(First)	(Middle Name)	Home Address (Street	City or Post Office, & Zip Code)	
Gobeli	John	chicotica	630 W/WIL.	ington St. Moulscel	10 53520
				•	10, 5 17 10
All Officer(s) Director(s) of C					
President / Member Last Name	(First)	(Middle Name)		City or Post Office, & Zip Code)	
Gobeli	John	Christian	630 washi	usten St Monticelle	57570
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, & Zlp 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)	
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
C. Business Information			1		
1. Trade Name Glarne	s orghi			ne Number 608 527 3	2216
2. Address of Premises 5(X	- 1st st		Post Office &	Zip Code Po Box 157	53574
Does the applicant unders and brewpubs?	tand that they must	purchase alcoho	beverages only fro	om Wisconsin wholesalers, bre	eweries 🔲 No
include all rooms including records. (Alcohol beverag	ງ living quarters, if ເ es may be sold and	ised, for the sales d stored only on t	s. service, consumo	are to be sold and stored. The tion, and/or storage of alcoholbed.)	ol beverages and
floors of	518 15	t Street	†		

5.	Legal description (omit if street address	is given on previous pa	age):				
6.	a. Since filing of the last application, h member, officer, director, manager organization licensee been convict for violation of any federal laws, any or municipality? If yes, complete p	or agent for either a lir ted of any offenses (o y Wisconsin laws, any	mited liability compar excluding traffic offen laws of other states,	ny licensee, on ses not relate or ordinances	nonprofited to alcohol) of any county	☐ Yes	X i N∈
	b. Are charges for any offenses prese the named licensee or any other per	ently pending (excluding (excluding section) entire the constant of the cons	ng traffic offenses not s license? If yes, exp	t related to ald plain fully on	ohol) against page 3	☐ Yes	⊠ No
7.	Except for questions 6a and 6b, have by you on your last application for this	there been any chang license? If yes, expl	es in the answers to ain	the questions	as submitted	☐ Yes	y ZÍ No
0	Months profit or loss from the sole of all						
8.	Was the profit or loss from the sale of al or Franchise Tax return of the licensee?	onol beverages for the	e previous year report	ed on the Wis	consin Income	√⊠ Yes	□ No
9.	Does the applicant understand they mu [phone (608) 266-2776]	ist hold a Wisconsin Se	eller's Permit?			⊠ Yes	∏ No
10.	Does the applicant understand that alco from the date of invoice and made avail	ohol beverage invoices able for inspection by la	must be kept at the lie aw enforcement?	censed premi	ses for 2 years	X Yes	□ No
11.	Is the applicant indebted to any wholes	aler beyond 15 days fo	or beer or 30 days for	liquor?		☐ Yes	⊠ No
12.	Does the applicant owe municipal proper (Note: Renewal of licenses may be detailed assessments or other fees).	erty taxes, assessment nied pursuant to a loca	ts, or other fees? Il ordinance, if the lice	ensee owes m	unicipal taxes,	☐ Yes	[Ø No
app and void this	AD CAREFULLY BEFORE SIGNING: Un truthfully answered to the best of the kication; 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.	nowledge of the signer. made a complete answ stands that any license plicant may be prosecu	. The signer agrees th ver to each question, e issued contrary to C Ited for submitting fals	nat he/she is the and that the a Chapter 125 of se statements	e person named nswers in each the Wisconsin and affidavits ir	d in the for instance a Statutes s n connecti	regoing are true shall be ion with
	act Person's Name (Last, First, M.I.)		Title / Member		Date	->	
Sign	abeli, John C		Phone Number		5 (24/ Email Address	23	
=			POR SIA 2	383	Email Address	CGu	g; l, to
_							
TO	BE COMPLETED BY CLERK						
	received and filed with municipal clerk 5 24 23	Date reported to council / b PW 6 12 V	B 6/20	Date license g	ranted		
	23-27	Date license issued		Signature of C	erk / Deputy Clerk		
AT-11	(R. 5-19)	-	2 -				

Renewal Alcohol	Beverage L	Applicant's Wisconsin Seller's Permit Number 456-102860 7452-02			
(Submit to municipal clerk. F		956-102860 1932-02 FEIN Number			
			1- /	47-33322	18
For the license period beginning. To the Governing Body of the	ing: //01/2:02_ (Imm dd yyyy)	<u>></u> ending: <u>lo</u>	(Inm dd yyyy)	TYPE OF LICENSE REQUESTED	FEE
	☐ Town of	Mr. Cas	eu (Class A beer	\$
To the Governing Body of the	Village of	WELL OFF		Pass B beer	\$ 100.
	☐ City of			Class C wine	\$
County of GRAN		ic Dist. No	☐ Class A liquor	\$	
			d by ordinance)	Class A liquor (cider only)	\$ N/A
	~0	antoness s	,	Class B liquor	\$ 2SD
Check one: Individual	Thimited Liabili	A Section 1		Reserve Class B liquor	\$
☐ Partnership	□ Corporation/N	lonprofit Organiza	tion	Class B (wine only) winery	
Complete A or B. All must o	complete C			Publication fee	\$
	•			TOTAL FEE	\$
A. Individual or Partnership	:				
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					
Full Legal Name of Corporation / Nonp	profit Organization / Limit	ted Liability Company	Address of Corporation / I	Limited Liability Company (if different fro	m licensed premises)
HUNGO LLC			100-5+ AV	MUE, HEW GLARY	SUF
All corporations/organizations liquor must appoint an agent.	or limited liability of	ompanies applyin		ell fermented malt beverages a	
Agent Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
LONGO	STEPPHEN	J	812-3RD ST	City or Post Office, & Zip Code) RECT. HEW GUARU	5 Wz 5351
All Officer(s) Director(s) of (Iomboro / Monay			
All Officer(s) Director(s) of (President / Member Last Name	(First)	(Middle Name)		City or Post Office, & Zip Code)	
Trosident/ Member Last Name	(11151)	(Middle Name)	Horne 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)	
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)	
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
C. Business Information	2 .				
/ /-	RS PUB AN	o GREIT	<u>,</u>	/ NX - 507-	-2490
1. Trade Name / Copie	1-15 1-16		Business Pho	one Number <u>608</u> - 527 -	27.0
2. Address of Premises			Post Office &	Zip Code NEW GLARUS	W= 5357
3. Does the applicant unders and brewpubs?	tand that they mus	t purchase alcoho	ol beverages only fro	om Wisconsin wholesalers, bre	eweries
Premises description: De include all rooms including records. (Alcohol beverage)	escribe building or g living quarters, if es may be sold an	buildings where a used, for the sale ad stored only on	alcohol beverages es, service, consum the premises descr	are to be sold and stored. The ption, and/or storage of alcoholibed.)	e applicant must
DINING ROOM	- UPSTATES ?	AND CROWN	is lever,	OUTSIDE BAR	l
OUT STOE FO	PUCED PA	TTO			

5. Leg	al description (omit if street address is	given on previous pag	je):				
r c f	Since filing of the last application, had member, officer, director, manager of organization licensee been convicte or violation of any federal laws, any bor municipality? If yes, complete pa	agent for either a limi d of any offenses (ex Wisconsin laws, any la	ted liability company liculuding traffic offense livs of other states, or	licensee, or s not related ordinances	nonprofit d to alcohol) of any county	☐ Yes ~	<u> </u>
b. A	Are charges for any offenses preser he named licensee or any other pers	ntly pending (excluding ons affiliated with this l	g traffic offenses not re icense? If yes, expla	elated to alco	ohol) against page 3	☐ Yes	D NG
	ept for questions 6a and 6b, have the you on your last application for this little					☐ Yes	1 100
8							
	s the profit or loss from the sale of alc Franchise Tax return of the licensee?					∀ es	□No
	es the applicant understand they musone (608) 266-2776]	st hold a Wisconsin Sel	ller's Permit?	******		*∑Yes	□No
10. Doe	es the applicant understand that alcoh n the date of invoice and made availa	nol beverage invoices r ble for inspection by la	nust be kept at the lice w enforcement?	nsed premis	es for 2 years	₽Ŷes	□No
11. Is t	he applicant indebted to any wholesa	ler beyond 15 days for	beer or 30 days for lic	quor?		☐ Yes	· [2]
(No	es the applicant owe municipal prope ote: Renewal of licenses may be den dessments or other fees).					☐ Yes	
been tra applica and con void, ar	CAREFULLY BEFORE SIGNING: Unuthfully answered to the best of the krition; that the applicant has read and interect. The undersigned further unders and under penalty of state law, the appolication. Any person who knowingly properties in the properties of the proper	nowledge of the signer. made a complete answ stands that any license licant may be prosecut	The signer agrees tha er to each question, an issued contrary to Ch ted for submitting false	t he/she is th nd that the a apter 125 of statements	ie person name nswers in each the Wisconsin and affidavits i	d in the fo instance : Statutes : n connect	regoing are true shall be ion with
Contact	Person's Name (Last, First, M.I.)	7	Title / Member		Date /	2 2 2	
Signatur	LONGS STE MAN,	لمت	O WIVER Phone Number 608-527-24		Email Address	102	
	2		608-527-24	190	stever to	Aler	s. com
						_	
	COMPLETED BY CLERK	T		1-			
Date red	eived and filed with municipal clerk	Date reported to council / bo	NB 6120	Date license g	ranted		
License	number issued 23-78	Date license issued			lerk / Deputy Clerk Wa Y		
AT-115 (R.	5-19)		2 =		U		

Application For License

To the Clerk of the Village of New Glarus

County of Green, Wisconsin

The undersigned hereby applies for a license to engage in the business of:

*No. of Pool Tables

For the term beginning July 1, 2023 and ending June 30, 2024.

Name and Address of Establishment: HUNGO LCC DBA TOFFLERS
PUB AND GRELL 200-5th AVENUE, NEW GLARUS 53574

The applicant agrees to comply with and be bound by all the laws, ordinances, rules,

A receipt is submitted herewith, showing the payment of the sum of \$ _____ to the treasurer, in payment of this license.

Dated: 5/2/2023

Signed: _

Renewal Alcohol	Beverage Li	cense App	lication	Applicant's Wisconsin Seller's Perr		
(Submit to municipal clerk.	ead instructions	on nade 3)		456-000 2353298	- 07	
(Gubiint to maincipal cierk. N	cau mstructions (in page 3.)		FEIN Number		
For the license period beginni	ng: 7-1-23	ending:	6-32-24	76-0775726		
To tale heeries period beginn	(mm dd yyyy)	cliding.	6 - 35 - 24 (mm dd yyyy)	TYPE OF LICENSE REQUESTED	FEE	
To the Coverning Body of the	Town of	NEW GLAR		Class A beer	\$	
To the Governing Body of the:	Village of	TUEN OCH	v>	▶ Class B beer	\$ 100.	
Δ.	City of			Class C wine	\$	
County of GREEN		Aldermani	c Dist No	Class A liquor	\$	
Ol-Sold			by ordinance)	Class A liquor (cider only)	\$ N/A	
		(,	Class B liquor	\$ 250.	
Check one: Individual	X Limited Liability	Company		Reserve Class B liquor	\$	
Partnership	☐ Corporation/No	Class B (wine only) winery	\$			
				Publication fee	\$	
Complete A or B. All must of	omplete C.			TOTAL FEE	\$	
A. Individual or Partnership				3		
Full Name (Last)	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)		
KLEEMAN	10010	BRIAN		an the same statement of	20-21	
Full Name (Last)	(First)	(Middle Name)	Home Address (Street	City or Post Office, & Zip Code)	17	
1/	1.3		1 9		1	
Kittman	DENNIS	LYN	431 BELLE V	NEW AVE BELLEVILLE	E WI 53508	
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 / Nonp	rofit Organization / Limite	d Liability Company	Address of Corporation / L	imited Liability Company (if different fro	m licensed premises)	
KLEEMANS BAR + 6			,	, , , , , , , , , , , , , , , , , , , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
59/						
All corporations/organizations liquor must appoint an agent.	or limited liability co	mpanies applying	for a license to se	Il fermented malt beverages a	nd/or intoxicating	
Agent Last Name	(Circl)	(Middle Name)	Tilama Addasa (Chara)	Oits B -+ Off B 7' - C - L \		
- 1/	(First)	1' - '		City or Post Office, & Zip Code)	4-4 (
KLEEMAN	6RELGRY	BRIAN	312 DURST.	RO. NEW GLARYS, WI ?	53574	
All Officer(s) Director(s) of C	orporation and Mo	embers / Manage	ers of Limited Liab	ility Company:		
President / Member Last Name	(First)	(Middle Name)		City or Post Office, & Zip Code)		
Vec	6REGORY	BRIAN	212 1	P AL Care	625-1	
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street	Ro, New GZARVS, WI City or Post Office, & Zip Code)	777/4	
1/		1 4			I	
KIEEMAN	DENNIS	Lyn	431 BELLE VI	to AVE BELLEVILLE	1W1 53508	
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)		
Treasurer / Member Last Name	(First)	(BRiddle Nove)				
Treasurer / Welliber Last Name	(Filst)	(Middle Name)	nome Address (Street,	City or Post Office, & Zip Code)		
Disasters / 84 Lock Nove	(F:4)					
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)		
Disease (Manager Levi November 1	(E) - 1)					
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)		
C. Business Information						
1 Trade Name V	C P 1 a.		Duninga Dha	no Number 1.20 - 20-	1.100	
1. Trade Name KIEEMAN		٠	business Pho	ne Number <u>608 - 537 -</u>	5497	
2. Address of Premises 116	STA AVE.		Post Office &	Zip Code P.O. Box 742	53574	
3. Does the applicant unders	tand that they must	nurchase alcoho			woring	
and brewpubs?	condition they must	purchase alcono	. Develages only ito	Yes	Weries ☐ No	
					_	
4. Premises description: De	scribe building or t	ouildings where a	ilcohol beverages a	ire to be sold and stored. The	applicant must	
records (Alaphal bayaran	i iiving quaπers, if υ	sed, for the sale:	s, service, consump	otion, and/or storage of alcoho	i beverages and	
records. (Alcohol beverages may be sold and stored only on the premises described.)						
MAIN FLOOR AM	A RACTURE	-				
A CONTRACTOR AND A CONT	SASCINGA					

5.	Legal description (omit if street address	is given on previous pag	ge):				
6.	a. Since filing of the last application, he member, officer, director, manager organization licensee been convictor violation of any federal laws, and or municipality? If yes, complete process.	or agent for either a lim ted of any offenses (e: y Wisconsin laws, any la	ited liability company xcluding traffic offens aws of other states, o	licensee, or es not relate r ordinances	nonprofit d to alcohol) of any county	☐ Yes	Ď No
	b. Are charges for any offenses pres the named licensee or any other pe					☐ Yes	M No
7.	Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitte by you on your last application for this license? If yes, explain						X No
8.	Was the profit or loss from the sale of all or Franchise Tax return of the licensee?					¶ Yes	□ No
9.	Does the applicant understand they mu [phone (608) 266-2776]	ust hold a Wisconsin Sel	ller's Permit?	SANTANIA ETANA ES		∑ Yes	□ No
10.	Does the applicant understand that alcome the date of invoice and made available.					☆ Yes	□ No
11.	Is the applicant indebted to any wholes	aler beyond 15 days for	beer or 30 days for li	quor?	eses processors est	☐ Yes	X No
12.	Does the applicant owe municipal prop (Note: Renewal of licenses may be de assessments or other fees).					☐ Yes	No
app and void this	AD CAREFULLY BEFORE SIGNING: Un truthfully answered to the best of the kilication; that the applicant has read and correct. The undersigned further under I, and under penalty of state law, the apapplication. Any person who knowingly in \$1,000	knowledge of the signer. I made a complete answighters I rstands that any license I plicant may be prosecut	The signer agrees that er to each question, a issued contrary to Clied for submitting false.	at he/she is the and that the a napter 125 o e statements	ne person name inswers in each f the Wisconsin and affidavits in	d in the fo instance : Statutes : connect	regoing are true shall be ion with
Cor	tact Person's Name (Last, First, M.I.)		Title / Member		Date		
K	LEBURY B.		President Phone Number		4-32-3	3	
Signature		608-574-4562		greg Kleeman @gmail.em			
_	0				Y *)	
то	BE COMPLETED BY CLERK						
Dat	e received and filed with municipal clerk	PW VI2	VB 6/20	Date license g			
Lice	nse number issued 23-07	Date license issued			Ierk / Deputy Clerk		
AT-11	5 (R. 5-19)	-	2 -	1360	0		-

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:

	C	ONVICTIONS					
1.	NAME GREE LEERMAN	STATUTE NO./LOCAL ORDINANCE					
	CHARGE Owl	WHERE CONVICTED Non GENERAL					
	DATE 8-19 PENALTY FINE SUSPEN	MISDEMEANOR	FELONY				
2.	NAME GROW Kreeman	STATUTE NO./LOCAL ORDINANCE					
	CHARGE CLOSING HOUR VIOLATION	WHERE CONVICTED NEW GLARUS					
	DATEPENALTYFINE						
3.	NAME	STATUTE NO./LOCAL ORDINANCE					
	CHARGE	WHERE CONVICTED					
	DATE PENALTY	MISDEMEANOR	FELONY				
	PENDING CHARGE						
1.	NAME	STATUTE NO./LOCAL ORDINANCE					
	PENDING CHARGE	DATE					

\$ 50.00

Application For License

To the Clerk of the Village of New Glarus

County of Green, Wisconsin

The undersigned hereby applies for a license to engage in the business of:

Pool Table*

*No. of Pool Tables_____

For the term beginning July 1, 2023 and ending June 30, 2024.

The applicant agrees to comply with and be bound by all the laws, ordinances, rules, regulations, and penalties governing the business for which this license is applied for.

Name and Address	of Establishment: Kitteman's BAR + brill LLC	
116 STH AVE.	NEW GLARUS, MI 53574	_
A receipt is submitte payment of this licer	W /	

TAB through to navigate. Use mouse to check applicable boxes, press spacebar, or press Enter.

#23-18 Save







Renewal Alcohol	Beverage Lie	cense App	olication	Applicant's Wisconsin Seller's Per	
(Submit to municipal clerk.			80	456-10282541 FEIN Number	72.20
For the license period beginni	no: 7/1/2022	S onding L	120/2004	46-293910	17
To the license period beginn		ending:u	(mm dd yyyy)	TYPE OF LICENSE REQUESTED	FEE
To the Governing Body of the	Town of	101.16 has	<u>:</u>	Class A beer	\$
to the Governing Body of the	City of	eu Gern	<u> </u>	∑lass B beer	\$ 100
^				Class C wine	\$
County of Qreen		Alderman	ic Dist. No	Class A liquor	\$
•		(if require	d by ordinance)	Class A liquor (cider only)	\$ N/A
Check one: Individual	Limited Liability	Company		Class B liquor	\$ 250
Partnership	Corporation/No			Reserve Class B liquor	\$
Faithership	Corporation/No	nprofit Organiza	tion	Class B (wine only) winery	
Complete A or B. All must o	omplete C.			Publication fee	\$
	-			TOTAL FEE	\$
A. Individual or Partnership Full Name (Last)		Longitudi, Al	N		
ruii Name (Cast)	(First)	(Middle Name)	Home Address (Street, 6	City or Post Office, & Zip Code)	
Edl Name (2 and					
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, 0	City or Post Office, & Zip Code)	
B. LLC or Corporation (and	Agent):				
Full Legal Name of Corporation / None		Liability Company	Address of Corporation / Li	mitad Liability Company (if different for	
Khstis Lasfaur	ant UC		1195-16	AUC NEWGOOD	15,W1 53574
All corporations/organizations liquor must appoint an agent.	or limited liability con	mpanies applyin			_
Agent Last Name	(First)	(Middle Name)	Home Address (Street, C	City or Post Office, & Zip Code)	11/ 5
LEDEZ	Knstr	K.	119 5	h ALL FOBOX3	63 N9.5P5
All Officer(s) Director(s) of C	Corporation and Me	mbers / Manag			
President / Member Last Name	(First)	(Middle Name)		City or Post Office, & Zip Code)	
10007	Kristi	Vac 1		and the state of t	
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street (as above City or Post Office, & Zip Code)	
Lote 2 Torves	Survey Cordes	(windoic Name)		The second second second second	
Secretary / Member Last Name	(First)	(Middle Name)		as above	-
Coordary / Morrison East Harrie	(I list)	(Middle Name)	nome Address (Street, C	City or Post Office, & Zip Code)	1
Treasurer / Member 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 C	City or Post Office, & Zip Code)	
		,		· · · · · · · · · · · · · · · · · · ·	1
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, C	City or Post Office, & Zip Code)	-
C. Business Information ,		(
1. Trade Name	's Kestan	rant	Business Phor	ne Number 685527-	2012
1	Verth 100			- N	E = 21
Address of Premises	M 5 11 40C	<i></i>	Post Office & 2	Zip Code NEW CIA	rus 535/4
3. Does the applicant unders and brewpubs?			l beverages only from		weries 🔲 No
4. Premises description: De	scribe building or h	uildinas where a	alcohol beverages a	re to be sold and stored. The	e annlicant must
include all rooms including	ı living quarters, if u:	sed, for the sale	s, service, consumpt	tion, and/or storage of alcoho	beverages and
records. (Alcohol beverag	es may be sold and	stored only on t	he premises describ	ped.) The ontime	building
at 1195th	AT includ	ling offer	Frant Day	The and Diban	n (1) a
000	The Tree to) live	- more for	and tallo	MANU
_ lust side	of the	oulder			

5.	_egal description (omit if street address is given on previous page));			
6.	a. Since filing of the last application, has the named licensee, at member, officer, director, manager or agent for either a limite organization licensee been convicted of any offenses (exclor violation of any federal laws, any Wisconsin laws, any law or municipality? If yes, complete page 3	ed liability company licensee, of luding traffic offenses not rela are of other states, or ordinance	or nonprofit ted to alcohol) es of any county	☐ Yes	No
	 Are charges for any offenses presently pending (excluding the named licensee or any other persons affiliated with this licensee.) 	traffic offenses not related to a ense? If yes, explain fully o	lcohol) against n page 3	☐ Yes	No
7.	Except for questions 6a and 6b, have there been any changes in by you on your last application for this license? If yes, explain	in the answers to the question	s as submitted	☐ Yes	No
8.	Was the profit or loss from the sale of alcohol beverages for the profit or Franchise Tax return of the licensee? If not, explain	revious year reported on the W	isconsin Income	Yes	□No
9.	Does the applicant understand they must hold a Wisconsin Selle [phone (608) 266-2776]	er's Permit?	monetare monetarist f	Yes	□No
10.	Does the applicant understand that alcohol beverage invoices mu from the date of invoice and made available for inspection by law	ust be kept at the licensed prer enforcement?	nises for 2 years	Yes Yes	
11.	Is the applicant indebted to any wholesaler beyond 15 days for b	peer or 30 days for liquor? 👵		☐ Yes	No
12.	Does the applicant owe municipal property taxes, assessments, (Note : Renewal of licenses may be denied pursuant to a local of assessments or other fees).	or other fees?	municipal taxes,	☐ Yes	Mνο
app and voi this	AD CAREFULLY BEFORE SIGNING: Under penalty provided by in truthfully answered to the best of the knowledge of the signer. The lication; that the applicant has read and made a complete answer correct. The undersigned further understands that any license is and under penalty of state law, the applicant may be prosecute application. Any person who knowingly provides materially false in \$1,000.	he signer agrees that he/she is r to each question, and that the ssued contrary to Chapter 125 d for submitting false stateme	the person name answers in each of the Wisconsin ts and affidavits	ed in the fo n instance n Statutes in connect	regoing are true shall be tion with
Co	tact Person's Name (Last, First, M.I.)	itle / Member	Date 5-17-25	3	
Sig	Typol Sopes	COS 558-4799	Email Address	p800	gmal).
_					
_	BE COMPLETED BY CLERK e received and filed with municipal clerk Date reported to counsil / boa	ard Date licens	e granted		
	PW 6 12 Vb	,6/20	of Clerk / Deputy-Glerk	(
	#23-18	1	In I		

TAB through to navigate. Us applicable boxes, press space		J #2	3-20	Save	Clear	
Renewal Alcohol 8	Beverage Lie	cense Apr	lication	Applicant's Wisconsin Seller's Per	mit Number	
(Submit to municipal clerk. R	_			456 10285784920 FEIN Number_	2	
For the license period beginni	ng: 07/01/2023	ending O	130/2024	47-2250255		
Tor the hoories period beginning		Onding. OE	(mm dd yyyy)	TYPE OF LICENSE REQUESTED	FEE	
To the Governing Body of the:	Town of	lew Glan	'I C	☐ Class A beer	\$	
to the Governing Body of the:	Village of	ich eliai	<u>ر بر</u>	🔀 Class B beer	\$ 100	
	□ City of >			Class C wine	\$	
County of <u>Green</u>			ic Dist. No	Class A liquor	\$ \$1/4	
		(if required	d by ordinance)	☐ Class A liquor (cider only) ☐ Class B liquor	\$ N/A \$ 250:	
Check one: Individual	X Limited Liability	Company		Reserve Class B liquor	\$	
☐ Partnership		nprofit Organizat	tion	Class B (wine only) winery	\$	
				Publication fee	\$	
Complete A or B. All must c	omplete C.			TOTAL FEE	\$	
A. Individual or Partnership:						
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, C	City or Post Office, & Zip Code)		
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, C	City or Post Office, & Zip Code)		
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, C	city or Post Office, & Zip Code)		
B. LLC or Corporation (and A Full Legal Name of Corporation / Nonpostering Steinbock LLC All corporations/organizations liquor must appoint an agent.	rofit Organization / Limited		801 Highway	69		
Agent Last Name	(First)	(Middle Name)		ity or Post Office, & Zip Code)		
Nevil	Michael	A.	W6303 County	H New Glarus, WI.	53574	
All Officer(s) Director(s) of C	orporation and Me	embers / Manag	ers of Limited Liabi	lity Company:		
President / Member Last Name	(First)	(Middle Name)		ity or Post Office, & Zip Code)		
Nevil	Michael	A.	W/6303 Count	ty H New Glarus, W	1.53574	
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, C	Tity or Post Office, & Zip Code)	. 3007	
Nevil	Shawna	D.	W6303 Count	4 H New Glarus, W	1 53574	
Secretary / Member Last Name	(First)	(Middle Name)		lity 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	city or Post Office, & Zip Code)		
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, C	ity or Post Office, & Zip Code)		
C. Business Information		,1,				
1. Trade Name Landh	iaus Restau	crant	Business Phon	le Number <u>608-527-</u>	5234	
2. Address of Premises 80	Highway	69	Post Office & Z	cip Code New Glarus	, WI 53574	
3. Does the applicant unders and brewpubs?			ol beverages only from		eweries 🔲 No	
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.)						

5.	Legal description (omit if street address is given on previous page):		
6.	a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete page 3	☐ Yes	⋈ No
	b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on page 3	☐ Yes	∭No
7.	Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain	☐ Yes	⊠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	Yes	□No
9.	Does the applicant understand they must hold a Wisconsin Seller's Permit?	Yes	□No
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?	Yes	□No
11.	Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?	☐ Yes	No
12.	Does the applicant owe municipal property taxes, assessments, or other fees?	☐ Yes	⊠No
app and voice this tha	AD CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the about truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person name plication; that the applicant has read and made a complete answer to each question, and that the answers in each discorrect. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin distance and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in application. Any person who knowingly provides materially false information on this application may be required to \$1,000.	d in the fo instance a Statutes s n connect	regoing are true shall be on with
Cor	ntact Person's Name (Last, First, M.1.) Title / Member Date 05/23/3 Phone Number Email Address	29	
	Much Shamal	nevi) a	otds.net
— то	BE COMPLETED BY CLERK		
Dat	e received and filed with municipal clerk Date reported to council / board Date license granted		
Lice	onse number issued Date license issued Signature of Clerk / Deputy Clerk		

AT-115 (R. 5-19)

Chalet Landhaus Restaurant Premises Description:

Chalet Landhaus Restaurant located at 801 Highway 69, New Glarus WI 53574, including restaurant, bar, 3rd floor storage, conference room and outdoor dining terrace as per attached addenda.

Renewal Alcohol	Beverage Li	cense App	olication	Applicant's Wisconsin Seller's Per	mit Number
(Submit to municipal clerk. R			la law	FEIN Number	
For the license period beginn	na: 200 2007	3 ending: (<i>(</i>	130129		
To the Governing Body of the	(mm dd yyyy)	ondania.	(mm de yyyy)	TYPE OF LICENSE REQUESTED	FEE
	Town of			Class A beer	\$
To the Governing Body of the	Village of	Jew Glar	U S	Class B beer	S
	City of			Class C wine	S
Countries (= =	~ ~	A11.		Class A liquor	s 250.
County of Gre	201	Aldennani	ic Dist. No.		,
		(if require	d by ordinance)	The state of the s	\$ N/A
Check one: [] Individual	57 Limited Liebility	Commonu		Class B liquor	\$
32.1	Limited Liability			Reserve Class B liquor	\$
Partnership	Corporation/No	nprofit Organizat	tion	Class B (wine only) winery	\$
Complete A on D. All accept				Publication fee	\$
Complete A or B. All must o	complete C.			TOTAL FEE	S
A. Individual or Partnership	:				
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, C	City or Post Office, & Zip Code)	
Full Name (Last)	(First)	(Middle Name)	Home Address (Street C	City or Post Office, & Zip Code)	
Cast,	(i iist)	(widdle Name)	nome Address (Sileet, C	ally of Post Office, & Zip Code)	
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, C	city or Post Office, & Zip Code)	
B. LLC or Corporation (and	Agent):				
Full Legal Name of Corporation / Nonp		t Liability Company	Address of Corneration / Lin	nited Liability Company (if different from	m lineaged neamines)
Lollygag P	intiques	116	16 Lith	Ave New	Jars
All corporations/organizations liquor must appoint an agent.	or limited liability co	mpanies applying	g for a license to sell	fermented malt beverages a	nd/or intoxicating
Agen Last Name	(First) Karer	(Middle Name)	Home Address (Street, C	ity or Post Office, & Zip Code) Wurd Creek	New New
	<u> </u>	-			200.100
All Officer(s) Director(s) of C	corporation and Me	mbers / Manag	ers of Limited Liabil	lity Company:	
President / Member Last Name	(First)	(Middle Name)	Home Address (Street, C	ity or Post Office, & Zip Code)	
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, C	ity or 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, Ci	ity or Post Office, & Zlp Code)	
Directors / Managers Last Name	(Cina)	AND AND AND		440	
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, Ca	ity or Post Office, & Zip Code)	
C. Business Information					
1 2 1	1	7.50		1000	a 0112 0
1. Trade Name Lolly	gag Antic	UES	Business Phone	e Number <u>630 20</u>	90925
2. Address of Premises 1	3 8HN B	ive	Post Office & Z	ip Code 53 NYu	061arus 53574
Does the applicant understand brewpubs?		purchase alcoho		n Wisconsin wholesalers, bre Yes	weries
 Premises description: De include all rooms including records. (Alcohol beverage 	living quarters, if us	sed, for the sale:	s, service, consumpti	ion, and/or storage of alcoho	e applicant must I beverages and i 1\ B-e
DISPLAYEDNIN	Shop or	My. A	1 condinui	11 be Stored	m Storeroom
records will	be stored	b-ehir	ld Servic	e counter.	

5. Legal description (omit if street addr	ess is given on previous p	age):			
 a. Since filing of the last application member, officer, director, managorganization licensee been confor violation of any federal laws, or municipality? If yes, complete 	per or agent for either a lin victed of any offenses (any Wisconsin laws, any	mited liability company excluding traffic offens laws of other states, o	y licensee, or nonprofit ses not related to alcohol) or ordinances of any county	☐ Yes	M, No
b. Are charges for any offenses p the named licensee or any other				☐ Yes	No
Except for questions 6a and 6b, ha by you on your last application for the	ve there been any chang this license? If yes, expl	es in the answers to t ain	he questions as submitted	☐ Yes	χNο
8. Was the profit or loss from the sale of	of alcohol beverages for the	e previous year reporte	ed on the Wisconsin Income		
or Franchise Tax return of the license	ee? If not, explain	s yet (Figt year) 2	□ Yes 0 <i>23</i>	X No
9. Does the applicant understand they [phone (608) 266-2776]10. Does the applicant understand that a	alcohol beverage invoices	must be kept at the lice	ensed premises for 2 years	XVes	□No
from the date of invoice and made a	vailable for inspection by I	aw enforcement?		Yes	☐ No
11. Is the applicant indebted to any who	lesaler beyond 15 days fo	or beer or 30 days for I	iquor?	Yes	No
 Does the applicant owe municipal properties of the pr				☐ Yes	`Д №
READ CAREFULLY BEFORE SIGNING been truthfully answered to the best of the application; that the applicant has read a and correct. The undersigned further un void, and under penalty of state law, the this application. Any person who knowing than \$1,000.	e knowledge of the signer and made a complete answ derstands that any license applicant may be prosect	 The signer agrees the wer to each question, a e issued contrary to Couted ated for submitting fals 	at he/she is the person named and that the answers in each hapter 125 of the Wisconsin e statements and affidavits in	d in the fo instance : Statutes : n connect	regoing are true shall be ion with
Contact Person's Name (Last, First, M.I.) Rodegwie - Karen	E	Title / Member	Date 3.28	5.2=	3
Significire Rodo	pi	Phone Number	OU23 Vodeshi	* 5 G	3) gmail.cox
TO BE COMPLETED BY CLERK					
Date received and filed with municipal clerk	PW 612 - V	B 6/20	Date license granted		
License number issued	Date license issued		Signature of Clerk / Deputy Clerk		
AT-115 (R. 5-19)	39	- 2 -	The same of the sa		

(Submit to municipal clerk. R	_		olication	Applicant's Wisconsin Seller's Perr 456-1029840460-02	mit Number
(Submit to municipal cierk.	เอสน เกอเเนตเเปโร	on page 3.)		FEIN Number 83-0577018	
For the license period beginni	ng: 07 01 202 (mm dd yyy)	ending: <u>06</u>	(mm dd yyyy)	TYPE OF LICENSE REQUESTED	FEE
	☐ Town of 🥤			Class A beer	\$
To the Governing Body of the	. 🛌	New Glarus		Class B beer	\$
	☐ City of			☐ Class C wine	\$
County of Green		Alderman	ic Dist. No	☑ Class A liquor	\$ 250
County or			d by ordinance)	Class A liquor (cider only)	\$ N/A
		(1	, - · · · · · · · · · · · · · · · · · ·	Class B liquor	\$
Check one: 🔲 Individual	Limited Liabil	lity Company		Reserve Class B liquor	\$
☐ Partnership	☐ Corporation/I	Nonprofit Organiza	tion	Class B (wine only) winery	\$
Complete A on D. All mont				Publication fee	\$
Complete A or B. All must of	complete C.			TOTAL FEE	\$
A. Individual or Partnership	:				
Full Name (Last)	(First)	(Middle Name)	Home Address (Street	t, City or Post Office, & Zip Code)	
Full Name (Last)	(First)	(Middle Name)	Home Address (Street	t, City or Post Office, & Zip Code)	
Full Name (Last)	(First)	(Middle Name)	Home Address (Street	r, City or Post Office, & Zip Code)	
B. LLC or Corporation (and	Agent):				
		ited Liability Company	Address of Corporation /	Limited Liability Company (if different from	m licensed premises)
New Rose LLC	J	, , ,			, promoso,
All corporations/organizations liquor must appoint an agent.	or limited liability	companies applyin	g for a license to se	ell fermented malt beverages a	nd/or intoxicating
Agent Last Name	(First)	(Middle Name)	Home Address (Street	, City or Post Office, & Zip Code)	
Reinicke	Bryenna	M		Center Rd Blanchardvil	lle. WI 5351
All Officer(s) Director(s) of C					
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)	
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)	
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street	, City or Post Office, & Zip Code)	
C. Business Information					
1. Trade Name New Rose			Business Pho	one Number 608-527-4004	
2. Address of Premises 523	1ST Street	New Glarus	Post Office &	Zip Code <u>53574</u>	
3. Does the applicant unders and brewpubs?				om Wisconsin wholesalers, bre	weries ☑ □ No
include all rooms including	living quarters, it	fused, for the sale	s service consum	are to be sold and stored. The ption, and/or storage of alcohoribed.) Second floor of	I heverages and
				tored in the cabinets	
					

5.	Legal description (omit if street address	s is given on previous page):		
6.	member, officer, director, manager organization licensee been convic for violation of any federal laws, any	nas the named licensee, any member of a partnership licensee, or any or agent for either a limited liability company licensee, or nonprofit ted of any offenses (excluding traffic offenses not related to alcohol) y Wisconsin laws, any laws of other states, or ordinances of any county page 3	☐ Yes	 No
	b. Are charges for any offenses presente the named licensee or any other per	ently pending (excluding traffic offenses not related to alcohol) against rsons affiliated with this license? If yes, explain fully on page 3	☐ Yes	∠ No
7.		there been any changes in the answers to the questions as submitted slicense? If yes, explain	☐ Yes	⊮ No
8.		Icohol beverages for the previous year reported on the Wisconsin Income	✓ Yes	□ No
9.	Does the applicant understand they mu [phone (608) 266-2776]	ust hold a Wisconsin Seller's Permit?	Yes Yes	□No
10.		phol beverage invoices must be kept at the licensed premises for 2 years lable for inspection by law enforcement?	☑ Yes	□ No
11.	ls the applicant indebted to any wholes	aler beyond 15 days for beer or 30 days for liquor?	☐ Yes	☑ No
12.	Does the applicant owe municipal proportion (Note: Renewal of licenses may be de assessments or other fees).	erty taxes, assessments, or other fees?	☐ Yes	☑ No
app and void this	n truthfully answered to the best of the k lication; that the applicant has read and correct. The undersigned further under l, and under penalty of state law, the ap	Inder penalty provided by law, the undersigned states that each of the about mowledge 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 restands 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	ed in the fo instance Statutes in connect	regoing are true shall be ion with
Con	tact Person's Name (Last, First, M.I.)	Title / Member Date		
Br	venna M Reinicke	Owner/ Agent 04/27/2023		
7	BAOMAN AND LONG	Phone Number Email Address	3 0	,
4	H ROMANTA CANANCES		тседшаз	1.Com
TO	BE COMPLETED BY CLERK			
	e received and filed with municipal clerk	Date reported to council board Date license granted		
	5-19-23	PW 6/12 / VB 6/20		
Lice	nse number issued #23 -110	Date license issued Signature of Clerk / Deputy Clerk		
AT-11	5 (R. 5-19)	-2-		

TAB through to navigate. Us applicable boxes, press space		#	23-21	Save	Print	Clear
Renewal Alcohol	Beverage Lic	ense App	lication		isconsin Seller's Pern	
(Submit to municipal clerk. R	•				2857849	202
· ·		. • .	12-12-24	FEIN Number	250255	
For the license period beginni	,,,,,,,		(TYPE	OF LICENSE QUESTED	FEE
To the Governing Body of the	☐ Town of ☑ Village of	lew Glan	us	☐ Class A b		s 100 –
	☐ City of 7			Class C		\$
County of Green		Aldermanic		Class A I	iquor iquor (cider only)	\$ \$ N/A
		(it required	by ordinance)	☑ Class A I		\$ 250-
Check one: Individual	∑ Limited Liability	Company		niversity	Class B liquor	\$
☐ Partnership	☐ Corporation/Nor	nprofit Organizati	ion	Class B (wine only) winery	\$
Complete A or B. All must o	omplete C				cation fee	\$
-	-			TOTAL F	EE	\$
A. Individual or Partnership		,				
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, C	ity or Post Office	e, & Zip Code)	
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, C	City or Post Office	e, & Zip Code)	
F. II Mana / 1 and	\(\(\(\) \)	(Adiddle Nesse)	Harry Address (Ptract C	14 D+ Offi	0.7% C-J-)	
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, C	aty of Post Office	e, & Zip Code)	
Full Legal Name of Corporation / None Stein bock LLC All corporations/organizations liquor must appoint an agent.	or limited liability cor	mpanies applying		fermented n	Glarus, WI nalt beverages a	53574
Agent Last Name Nev 1	(First) Michael	(Middle Name)	Home Address (Street, C		A STATE OF THE PROPERTY OF THE PARTY OF THE	NI 53574
All Officer(s) Director(s) of C	100-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			-3		
President / Member Last Name	(First)	(Middle Name)	Home Address (Street, C			
Nevil	Michael	A	W6303 County	70-	00.	11 53574
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, C			
Nevil	Shawna	D	W6303 County	Rd H NE	M Glarus.W	53574
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, C	ity or Post Office	e, & Zip Code)	
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, C	ity or Post Office	e, & Zip Code)	
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, C	ity or Post Office	e, & Zip Code)	
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, C	ity or Post Office	e, & Zip Code)	
C. Business Information			D			<u> </u>
1. Trade Name New Gl	arus Hotel Re	staurant	Business Phon	e Number (008-527-5	144
2. Address of Premises 100			1.763		w Glarus,	
3. Does the applicant unders and brewpubs?			l beverages only fror	n Wisconsin	wholesalers, bre	
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.)						
						4):
			-10-17			

5.	Legal description (omit if street address	is given on previous p	age):			
6.	a. Since filing of the last application, he member, officer, director, manager organization licensee been convictor violation of any federal laws, any or municipality? If yes, complete in the last application of the last application.	or agent for either a lii ted of any offenses (y Wisconsin laws, any	mited liability company excluding traffic offens laws of other states, or	licensee, or nonprofit es not related to alcohol) r ordinances of any county	☐ Yes	⊠ No
	b. Are charges for any offenses pres the named licensee or any other pe				☐ Yes	⊠ No
7.	Except for questions 6a and 6b, have by you on your last application for this				☐ Yes	⊠ No
8.	Was the profit or loss from the sale of a or Franchise Tax return of the licensee?				⊠ Yes	□ No
9.	Does the applicant understand they mu [phone (608) 266-2776]	ust hold a Wisconsin S	eller's Permit?		¥ Yes	□ No
10.	Does the applicant understand that alco from the date of invoice and made avai				⊠ Yes	□ No
11.	Is the applicant indebted to any wholes	aler beyond 15 days fo	or beer or 30 days for li	quor?	☐ Yes	X No
12.	Does the applicant owe municipal prop (Note: Renewal of licenses may be deassessments or other fees).				☐ Yes	⊠ No
app and void this	AD CAREFULLY BEFORE SIGNING: Un truthfully answered to the best of the kilication; that the applicant has read and correct. The undersigned further underly, and under penalty of state law, the apapplication. Any person who knowingly in \$1,000.	knowledge of the signed made a complete ansigned rstands that any licens plicant may be prosect	r. The signer agrees tha wer to each question, a e issued contrary to Ch uted for submitting false	t he/she is the person name nd that the answers in each apter 125 of the Wisconsin e statements and affidavits i	ed in the for instance Statutes n connect	regoing are true shall be ion with
Cor	tact Person's Name (Last, First, M.I.)	Α	Title / Member	Date (5/23/	23	
Sign	nature A		Phone Number 608 - 55 % - 6	Email Address SNaWNaN	PIND	tde no
		<i>A</i>	1000 000	A 11 [21] (A 1.10.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	~V V	1 44 1 14
то	BE COMPLETED BY CLERK					
Date	e received and filed with municipal clerk	Date reported to council /	VB 6/20	Date license granted		
Lice	nse number issued 23-2)	Date license issued	(Signature of Clerk / Deputy Clerk		
	5 (D. 5 40)	_1				

AT-115 (R. 5-19)

New Glarus Hotel Restaurant Premises Description:

New Glarus Hotel Restaurant located at 100 6th Avenue, New Glarus WI 53574, including two story building, (3) bars, restaurant, pizzeria, basement and designated outdoor dining terrace as per attached addenda.

Renewal Alcohol I	Beverage Li	icense App	lication	Applicant's Wisconsin Seller's Peri	nit Number
(Submit to municipal clerk. R	ead instructions	on page 3.)		456-1030794 FEINNumber	027-04
manda di	7/1/20	23 /-	122/2014	07-225983	8
For the license period beginning	ng: ///20 (mm dd yyyy)	23 ending: 10	(mm dd yyyy)	TYPE OF LICENSE REQUESTED	FEE
	Town of	Iew Blani	19	☐ Class A beer	\$
To the Governing Body of the:	Willage of \	jew our a	3	Class B beer	\$ 100.
0	City of			Class C wine	\$
County of Green		Δldermani	c Dist. No	☐ Class A liquor	\$
oddity of Or Car			by ordinance)	Class A liquor (cider only)	\$ N/A
	_	(,,	Class B liquor	\$ 250.
Check one: 🔲 Individual	Limited Liabilit	y Company		Reserve Class B liquor	\$
Partnership	☐ Corporation/N	onprofit Organizat	tion	Class B (wine only) winery	\$
				Publication fee	\$
Complete A or B. All must c	omplete C.			TOTAL FEE	\$
A. Individual or Partnership:	N .			V/1	
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, 0	City or Post Office, & Zip Code)	
					1
Full Name (Last)	(First)	(Middle Name)	Horne Address (Street, 0	City or Post Office, & Zip Code)	
			, ,	,	
	14\				
B. LLC or Corporation (and a					
Full Legal Name of Corporation / Nonp	rofit Organization / Limit	ed Liability Company	Address of Corporation / Li	mited Liability Company (if different fro	m licensed premises)
HBI Enterprise	SUC		N9694 State	ERA 69 NEW OU	unis wi 53\$
All corporations/organizations liquor must appoint an agent.	or limited liability c	ompanies applyin			
Agent Last Name	(Firet)	(Middle Name)	Hama Address (Street (City or Post Office, & Zip Code)	i
Tierman	Amhan	Lynne.	1 alau Sta	EROGG NEW Gla	015(11/535
	THILDET		HOTOLI Qu		45 47 207
All Officer(s) Director(s) of C					
President / Member Last Name	(First)	(Middle Name)	Home Address (Street, C	City or Post Office, & Zip Code)	A Lyman Tel
Herman	Amber	Lynne	N9694 State	e Rd 69 New Glan	15 W 55574
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, C	City or Post Office, & Zip Code)	
Tierman	Dana	James	N9694 SHILE	Rd 69 New Glans	W/53574
Secretary / Member Last Name	(First)	(Middle Name)		City or Post Office, & Zip Code)	
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, C	City or Post Office, & Zip Code)	
		1			
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, 0	City or Post Office, & Zip Code)	
					1
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street 0	City or Post Office, & Zip Code)	
· ·	()	,		, o o o	
C. Business Information					
1. Trade Name OH Hay	15 Puha A	1/1	Rusiness Pho	ne Number <u>608-527-</u>	7218
110	3 h () Cha	. /			. ~~~/
2. Address of Premises 400	o I'm STree	2 E	Post Office & 2	Zip Code <u>WW CANS</u>	55574
3. Does the applicant unders and brewpubs?			beverages only fro		eweries
 Premises description: De include all rooms including records. (Alcohol beverag) 	living quarters, if	used, for the sale	s, service, consump	tion, and/or storage of alcoho	e applicant must of beverages and
With bist C	bar agas)	hucomon	+ 11 Detains	Shelmes	
Multi River C	ou war,	Dustiller	the state		
- Cooler a	Ma Klery	Beer dan	don and don	an reducted	

5.	Legal description (omit if street address is giv	en on previous pa	age):				
6.	a. Since filing of the last application, has the member, officer, director, manager or age organization licensee been convicted of for violation of any federal laws, any Wisc or municipality? If yes, complete page 3	ent for either a lir f any offenses (e consin laws, any	nited liability compar excluding traffic offen laws of other states,	ny licensee, or ises not relate or ordinances	nonprofit d to alcohol) of any county	☐ Yes	⊠ 'no
	b. Are charges for any offenses presently the named licensee or any other persons					☐ Yes	X No
7.	Except for questions 6a and 6b, have there by you on your last application for this licens	been any change se? if yes, expl	es in the answers to	the questions	as submitted	☐ Yes	No
8.	Was the profit or loss from the sale of alcohol or Franchise Tax return of the licensee? If no	beverages for the ot, explain	previous year report	ed on the Wise	consin Income	Yes	□ No
9.	Does the applicant understand they must hol [phone (608) 266-2776]	ld a Wisconsin Se	eller's Permit?	nt total sales essents	nia sana sana sana sa	Yes	□ No
10.	Does the applicant understand that alcohol be from the date of invoice and made available for	everage involces for inspection by l	must be kept at the li aw enforcement?	censed premis	ses for 2 years	Yes	□ No
11.	Is the applicant indebted to any wholesaler b	eyond 15 days fo	r beer or 30 days for	liquor?	esacia esa esa e	☐ Yes	⊠ No
12.	Does the applicant owe municipal property ta (Note: Renewal of licenses may be denied passessments or other fees).	axes, assessment oursuant to a loca	s, or other fees? I ordinance, if the lice	ensee owes m	unicipal taxes,	☐ Yes	D No
app and voice this	AD CAREFULLY BEFORE SIGNING: Under pen truthfully answered to the best of the knowled lication; that the applicant has read and made a correct. The undersigned further understanded, and under penalty of state law, the applicant application. Any person who knowingly provides \$1,000.	edge of the signer. e a complete ansv ls that any license it may be prosecu	The signer agrees the ver to each question, as issued contrary to Cotted for submitting fal	nat he/she is the and that the a Chapter 125 of se statements	ne person named nswers in each the Wisconsin and affidavits ir	d in the fo instance a Statutes s i connecti	regoing are true shall be ion with
Con	ntact Person's Name (Last, First, M.I.)		Title / Member		5/2/2.3		
Sign	AMBEL TTEVMAN		Phone Number 608-214-15	18	Email Address AMTICKSC	gmuil	!con
— то	BE COMPLETED BY CLERK						
		reported to council / b	VB 6/20	Date license gi	ranted		
Lice	ense number issued # 23-14	license issued		Signature of C	erk / Deputy Clerk		
AT-11	5 (R. 5-19)	-	2-		0 0		

MUNICIPAL USE ONLY

License Number

Period Covered

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

					July 1,23 June 210
	Nisconsin 15-dig -/0307	it Sale	(1) /(1)	st be issued in the same ame of the licensee below.	Date of Issuance
Legal Name	(corneration limite	d liabilit	ty company, partnership or sole proprietorship)		Enderel Frankrich Identification No. (FFINI)
HBT	Enter	Dr	2SOS //C		Federal Employer Identification No. (FEIN) 87–2258838
Trade or But	HUUS	Pi	nt than Legal Name)		Telephone Number (409) 214-157.8
Business Ad 406	dress (License L	ocatio	m)	Business Located In City Village Town	Business Telephone (608) 527-2218
Municipality	Class.	~~	State Zip Code		County
New Mailing Addr	OLUVU.	S	W 53574 usiness Address)	of: New Glangs	GLERI
Ngo	94 Stat	ek	2d 69	New Clans	State Zip Code 53574
_	on <i>(check on</i> Proprietor	ie)	Wisconsin Corporation – Ento	er date incorporated: \$\frac{1}{20}	01
Partne	•			re you registered to do business in V	Visconsin? Yes No
	(describe)				, jee
Yes	☐ No	1.	Does the applicant understand t distributors, jobbers, or subjobbe	that they must purchase cigarette ers, who hold a permit with the Wi	s and tobacco products only from sconsin Department of Revenue?
Yes	□ No		untaxed tobacco products from	an out-of-state company? (Toba epartment of Revenue at 608-266	ucts Distributor permit if purchasing cco Products Distributor permit is i-6701. See application form CTP-
Yes	☐ No	3.	Does the applicant understand to from another retailer, including to	hat they cannot purchase/exchan ransferring existing stock to a new	ge cigarettes or tobacco products owner?
Yes	☐ No	4.	Does the applicant understand the by the Wisconsin Department of	at they must provide employees with Health Services? (https://witobac	th tobacco sales training approved cocheck.org)
Yes	☐ No	5.	Does the applicant understand to products and nicotine products to	hat they may not sell, give or oth o minors (including electronic ciga	erwise provide cigarettes/tobacco rettes containing nicotine)?
Yes	☐ No	6.	Does the applicant understand th	nat they may not sell single cigare	ttes?
Yes	□ No	1	licensed premises for two years	from the date of the invoice and ue/law enforcement and that failu	cts invoices must be kept on the be available for inspection by the re to comply can result in criminal
Yes	☐ No	1	the Wisconsin Department of Jus	at only cigarettes and roll-your-ow tice's website labeled "Directory o <u>us/dls/tobacco-directory</u> may be s	n (RYO) tobacco products listed on f Certified Tobacco Manufacturers sold in Wisconsin?
Cigarettes	/ Tobacco v	will b	e sold over counter	through vending machi	ne 🔲 both
been truthithat the rig por-tion of grounds fo	fully answere thts and resp a licensed p	d to to to onsi oremistoremistoremistoren	the best of the knowledge of the ap ibilities conferred by the license(s) ses during inspection will be deem his license. Any person who know	oplicant. Applicant agrees to operate i, if granted, cannot be assigned to ned a refusal to permit inspection. S ringly provides materially false info	at each of the above questions has a this business according to law and another. Any lack of access to any Such refusal is a misdemeanor and rmation on this application may be

Applicable Laws and Rules

This document provides statements or interpretations of the following laws and regulations in effect as of September 19, 2019: Sections 134.65, 134.66, 139.321, 139.79, 139.76, 995.10, and 995.12, Wis. Stats.

Renewal Alcohol I	Beverage Lic	Applicant's Wisconsin Seller's Permit Number				
(Submit to municipal clerk. R	ead instructions or	n page 3.)	7 22	456-1629042907-02 FEIN Number		
For the license period beginning	7/1/20	23ending: 6	130/2024	T ENVIRON		
	(mm da yyyy)	125	(mm dd yyyy)	TYPE OF LICENSE REQUESTED	FEE	
To the Governing Body of the:	Town of	00 x 6/01	\1r.S	Class A beer	\$	
to the Governing Body of the.	City of	ew Dia		Class B beer	\$ 100	
¥.	_ Oity of >			Class C wine	\$	
County of 68 Cen			c Dist. No	Class A liquor	\$	
		(if required	d by ordinance)	☐ Class A liquor (cider only) ☐ Class B liquor	\$ N/A \$ 250	
Check one: Individual	Limited Liability	Company		Reserve Class B liquor	\$ 230	
☐ Partnership	☐ Corporation/Non		ion	Class B (wine only) winery	\$	
				Publication fee	\$	
Complete A or B. All must c	omplete C			TOTAL FEE	\$	
A. Individual or Partnership:						
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, Ci	ity or Post Office, & Zip Code)		
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, Ci	ity or Post Office, & Zip Code)	1100 4000000000000000000000000000000000	
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, Ci	ity or Post Office, & Zip Code)		
B. LLC or Corporation (and	Agent):		1			
Full Legal Name of Corporation (Nonp		Liability Company A	Address of Corporation / Lim	nited Liability Company (if different fro	m licensed premises)	
0 1 1 1	relopmen			,, (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
All corporations/organizations liquor must appoint an agent.			g for a license to sell	fermented malt beverages a	nd/or intoxicating	
Agent Last Name	(Eirst)	(Middle Name)	Home Address (Street, C	ity or Post Office & Zip Code)		
Dreger	Randy	Scott	NO731 CTY	RDE Brooklyn	WI. 53521	
All Officer(s) Director(s) of C	orporation and Mei	mbers / Manage	ers of Limited Liabil	ity Company:		
President / Member Last Name	(First)	(Middle Name)	Home Address (Street, C	ity or Post Office, & Zip Code)	1	
Dieger	Kanda	Scott	11/973 (5)	YKD & Brook	191 WIS3521	
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, C	ity or Post Office, & Zip Code)	J	
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, Ci	ity or Post Office, & Zip Code)		
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, Ci	ity or Post Office, & Zip Code)		
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, Ci	ity or Post Office, & Zip Code)		
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, Cl	ity or Post Office, & Zip Code)		
C. Business Information	/*				*	
1. Trade Name MEFes	it Haus	· · · · · ·	Business Phon	e Number <u>608 - 52 -</u>	7-3378	
2. Address of Premises 106	3rd-AVE	?* *	Post Office & Z	ip Code New Glave	5 53574	
3. Does the applicant unders breweries and brewpurbs?					Yes □ No	
Premises description: De include all rooms including records. (Alcohol beverage)	living quarters, if us	sed, for the sale	s, service, consumpt	ion, and/or storage of alcoho		
+ buildings	two inc	luding in	the ally	between the	_ buildings	
		4				

5.	. Legal description (omit if street address is given on	previous page):			
6.	member, officer, director, manager or agent for organization licensee been convicted of any of for violation of any federal laws, any Wisconsin	ed licensee, any member of a partnership licensee, or any either a limited liability company licensee, or nonprofit offenses (excluding traffic offenses not related to alcohol) laws, any laws of other states, or ordinances of any county	☐ Yes	No	
	 Are charges for any offenses presently pendir the named licensee or any other persons affiliat 	ng (excluding traffic offenses not related to alcohol) against ed with this license? If yes, explain fully on page 3	☐ Yes	ΜNο	
7.	Except for questions 6a and 6b, have there been by you on your last application for this license? If	any changes in the answers to the questions as submitted fyes, explain	☐ Yes	No	
8.	Was the profit or loss from the sale of alcohol bevera or Franchise Tax return of the licensee? If not, expl	ages for the previous year reported on the Wisconsin Income lain	Yes	□ No	
9.	Does the applicant understand they must hold a Wi [phone (608) 266-2776]	isconsin Seller's Permit?	Yes	□No	
10.	Does the applicant understand that alcohol beverage from the date of invoice and made available for insp	e invoices must be kept at the licensed premises for 2 years pection by law enforcement?	Yes	□No	
11.	Is the applicant indebted to any wholesaler beyond	15 days for beer or 30 days for liquor?	☐ Yes	No	
	Does the applicant owe municipal property taxes, a (Note: Renewal of licenses may be denied pursual assessments or other fees).	nssessments, or other fees?	☐ Yes .	No	
bee appl and void this	en truthfully answered to the best of the knowledge of olication; that the applicant has read and made a com d correct. The undersigned further understands that d, and under penalty of state law, the applicant may l	y provided by law, the undersigned states that each of the above of the signer. The signer agrees that he/she is the person named on plete answer to each question, and that the answers in each in any license issued contrary to Chapter 125 of the Wisconsin State of the State of the Wisconsin State of the State of the Wisconsin State of the Wis	in the for nstance a Statutes s connecti	regoing are true shall be on with	
Con	ntact Person's Name (Last, First, M.I.) -ENNEDY Dreger	Title / Member Date / Date	na	12	
Sign	nature Manager	Phone Number Email Address 608-527-3378 Durkside (lavalo		~\^\
	t of a	eg	Mai	1.Con	~''J
	BE COMPLETED BY CLERK				
	5 25 23 6/12	to council / board PW 6 20 VB Date license granted			
LICE	Date license i	Signature of Clerk / Deputy Clerk			
AT-115	15 (R. 5-19)	-2-			

Renewal Alcohol	_		lication	Applicant's Wisconsin Seller's Perr 456-0000034566-03	nit Number
(Submit to municipal clerk. F		on page 3.)		FEIN Number 39-1784775	
For the license period beginni	ng: 07/01/2023 (mm dd yyyy)	ending: 06	/30/2024 (mm dd yyyy)	TYPE OF LICENSE REQUESTED	FEE
	☐ Town of)	Clarus		☐ Class A beer	\$
To the Governing Body of the	· Village of	w Glarus		☑ Class B beer	\$ 100
	☐ City of			Class C wine	\$
County of Green		Aldermani	c Dist. No	Class A liquor	\$
			by ordinance)	Class A liquor (cider only)	\$ N/A
Check one: Individual	The section of the belief	Company		Class B liquor	\$ 250
	Limited Liability		:	Reserve Class B liquor	\$
☐ Partnership	✓ Corporation/No	npront Organizat	ion		\$
Complete A or B. All must o	complete C.			Publication fee TOTAL FEE	\$ \$
-	•			TOTAL PEL	\$
A. Individual or Partnership Full Name (Last)		(Atiddio Name)	Llama Addresa (Chash	City or Post Office, & Zip Code)	
run 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	Agent):	<u> </u>			
Full Legal Name of Corporation / Nonp		Liability Company	Address of Corporation / L	imited Liability Company (if different from	n licensed premises)
Puempels Olde Tavern				Glarus, WI 53574	, nounded promises,
All corporations/organizations liquor must appoint an agent.	or limited liability co	mpanies applying	g for a license to se	Il fermented malt beverages a	nd/or intoxicating
Agent Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
Bigler	Charles			ew Glarus WI 53574	
All Officer(s) Director(s) of C	Corporation and Me	mbers / Manage	ers of Limited Liab	ility Company:	
President / Member Last Name	(First)	(Middle Name)		City or Post Office, & Zip Code)	
Bigler	Charles		PO Box 508 N	ew Glarus, WI 53574	
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
Reynolds	MacAlister		517 Railroad	St New Glarus WI 535	74
Secretary / Member Last Name	(First)	(Middle Name)		City or Post Office, & Zip Code)	
Reynolds	MacAlister		517 Railroad	St New Glarus WI 535	74
Treasurer / Member Last Name	(First)	(Middle Name)		City or Post Office, & Zip Code)	
Bigler	Charles		PO Box 508 No	ew Glarus, WI 53574	
Directors / Managers Last Name	(First)	(Middle Name)		City or Post Office, & Zip Code)	
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
C. Business Information				5-15	
1. Trade Name Puempels	Olde Tavern		Business Pho	ne Number 608-527-2045	
•					
2. Address of Premises 18	5th Ave		Post Office &	Zip Code New Glarus WI	53574
Does the applicant unders and brewpubs?				om Wisconsin wholesalers, bre	weries \(\square \text{No} \)
include all rooms including	living quarters, if u	sed, for the sale:	s. service, consumo	are to be sold and stored. The otion, and/or storage of alcoho bed.) west 1/2 of build	beverages and
				side decks and restro	

5.	Legal description (omit if street address	s is given on previous p	page):			
6.	 Since filing of the last application, the member, officer, director, manager organization licensee been conviction of any federal laws, and 	or agent for either a li ted of any offenses (y Wisconsin laws, any	mited liability compan (excluding traffic offen: laws of other states, o	y licensee, or nonprofit ses not related to alcohol) or ordinances of any count	у	
	or municipality? If yes, complete	page 3			. 🔲 Yes	∠ Ne
	b. Are charges for any offenses pres the named licensee or any other pe	ently pending (exclud rsons affiliated with thi	ing traffic offenses not s license? If yes, exp	related to alcohol) against lain fully on page 3	. 🗌 Yes	☑ No
7.	Except for questions 6a and 6b, have by you on your last application for this	there been any chang license? If yes, exp	ges in the answers to t	he questions as submitted	l . □ Yes -	☑ No
8.	Was the profit or loss from the sale of a or Franchise Tax return of the licensee?	lcohol beverages for the lf not, explain	e previous year reporte	ed on the Wisconsin Income	e . ☑ Yes –	□No
					—} —: —:	
9.	Does the applicant understand they mu [phone (608) 266-2776]	ust hold a Wisconsin S	eller's Permit?		Yes	□No
	Does the applicant understand that alco from the date of invoice and made avail					□No
11.	Is the applicant indebted to any wholes	aler beyond 15 days fo	or beer or 30 days for l	liquor?	. 🗌 Yes	☑ No
	Does the applicant owe municipal prop (Note: Renewal of licenses may be de assessments or other fees).	erty taxes, assessmen nied pursuant to a loca	its, or other fees? al ordinance, if the lice	nsee owes municipal taxes	. 🗌 Yes	☑ No
app and void this	AD CAREFULLY BEFORE SIGNING: Un truthfully answered to the best of the klication; that the applicant has read and correct. The undersigned further under land under penalty of state law, the application. Any person who knowingly \$1,000.	mowledge of the signer made a complete ansistands that any licens plicant may be prosect	 The signer agrees the wer to each question, a e issued contrary to C uted for submitting fals 	at he/she is the person namend that the answers in each hapter 125 of the Wisconsi e statements and affidavits	ned in the fo th instance in Statutes in connect	regoing are true shall be ion with
1	tact Person's Name (Last, First, M.I.)		Title / Member	Date		
	arles Bigler		President	05/01/202	3	
Sign	I have Bigle		Phone Number 608-558-5984	Email Address bigler@pu	empels.c	om
	•					
то	BE COMPLETED BY CLERK					
Date	received and filed with municipal clerk	Date reported to council /	VB UZD	Date license granted		
Lice	nse number issued ++ 23-15	Date license issued		Signature of Clerk / Deputy Clerk	<u> </u>	
AT-11	5 (R. 5-19)		- 2 -			

Renewal Alcohol Beverage License Application				Applicant's Wisconsin Seller's Permit Number			
(Submit to municipal clerk. R	ead instructions or	page 3.)		456-1029354950-02 FEIN Number			
_		,		82-0930494			
For the license period beginning	ng: 07 01 2023 (mm dd yyyy)	ending: 06	30 2024 (mm dd yyyy)	TYPE OF LICENSE REQUESTED	FEE		
	☐ Town of →				•		
To the Governing Body of the:		V Glarus		Class A beer	\$		
	City of			Class B beer	\$ 100.00		
				Class C wine	\$		
County of Green		Aldermanic		Class A liquor	\$		
		(if required	by ordinance)	Class A liquor (cider only)	\$ N/A		
Check one: Individual	[7] Limited Liebilih.	Componi		Class B liquor	\$		
	Limited Liability			Reserve Class B liquor	\$		
☐ Partnership	☐ Corporation/Non	pront Organizati	ОП	Class B (wine only) winery	\$		
Complete A or B. All must c	omplete C.			Publication fee TOTAL FEE	\$		
A. Individual or Partnership:	-			TOTALTLE	a		
Full Name (Last)	(First)	(Middle Nome)	Home Address (Charl Ci	to an Doub Office 9 75 Code)			
T is Name (Last)	(Fust)	(Middle Name)	Home Address (Street, Cr	ty or Post Office, & Zip Code)			
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, Ch	ty or Post Office, & Zip Code)			
Full Name (Last)	(First)	(Middle Name)	Home Address (Chart C	hr an Boart Office & To Code			
Towns (Last)	(rust)	(widdle Name)	nome Address (Street, Cr	ty or Post Office, & Zip Code)			
B. LLC or Corporation (and /	Agent):						
Full Legal Name of Corporation / Nonpo	rofit Organization / Limited	Liability Company A	ddress of Corporation / Lim	ited Liability Company (if different from	m licensed premises)		
Rusty Raven LLC		N	N6693 West Poin	t Rd Monticello WI	53570		
All corporations/organizations of liquor must appoint an agent.	or limited liability con	npanies applying	for a license to sell	fermented malt beverages a	nd/or intoxicating		
Agent Last Name	(First)	(Middle Name)	Home Address (Street, Ci	ty or Post Office, & Zip Code)			
Schultz	Kristiann	Joy	11/00/11/00/11/00/11/00/11/00/11/00/11/00/11/00/11/00/11/00/11/00/11/00/11/00/11/00/11/00/11/00/11/00/11/00/11	onsa Rd Stoughton W	c 53589		
All Officer(s) Director(s) of C	ornoration and Mer	nhers / Manage	ers of Limited Liabili	ty Company:			
President / Member Last Name	(First)	(Middle Name)		ly or Post Office, & Zip Code)			
Hovland	Jonathan	Todd					
Vice President / Member Last Name	(First)	(Middle Name)		int Rd Monticello W	L 535/0		
The second secon	1	(3)		ty or Post Office, & Zip Code)			
Schultz		Joy		onsa Rd Stoughton Wi	53589		
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, Cit	ty or Post Office, & Zip Code)			
Van Hove	Tammy	72 - 273102		ve Elgin MN 55932			
Treasurer / Member Last Name	(First)	(Middle Name)	Horne Address (Street, Cit	ty or Post Office, & Zip Code)			
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, Cit	y or Post Office, & Zip Code)			
	,			,			
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, Cit	y or Post Office, & Zip Code)			
C. Business Information		<u> </u>	I.		2		
1. Trade Name Rusty Rav	en		Business Phone	Number 608-636-2023)'·		
2. Address of Premises 500	1st St New Gla	arus WI	Post Office & Zi	p Code 53574			
3. Does the applicant underst and brewpubs?	and that they must p	urchase alcohol	beverages only from	Wisconsin wholesalers, bre	weries		
4. Premises description: Des	scribe building or bu	ildings where a	Icohol beverages are	e to be sold and stored. The	applicant must		
records. (Alcohol beverage	iving quarters, if us es may be sold and :	ed, for the sales stored only on th	s, service, consumpti he premises describe	on, and/or storage of alcohord.) The premises for	the		
				the building located			
business address.							

5.	Legal description (omit if street address is give	en on previous page):		
6.	member, officer, director, manager or ager organization licensee been convicted of for violation of any federal laws, any Wisco	named licensee, any member of a partnership licensee, or any nt for either a limited liability company licensee, or nonprofit any offenses (excluding traffic offenses not related to alcohol) onsin laws, any laws of other states, or ordinances of any county	□ Yes	☑ N
	b. Are charges for any offenses presently p ethe named licensee or any other persons a	ending (excluding traffic offenses not related to alcohol) against affiliated with this license? If yes, explain fully on page 3	☐ Yes	☑ N
7.	Except for questions 6a and 6b, have there be by you on your last application for this license	peen any changes in the answers to the questions as submitted ee? If yes, explain	Yes	☑ N
8.	or Franchise Tax return of the licensee? If not,	peverages for the previous year reported on the Wisconsin Income [[]	☑ Yes	□ Ne
9.	Does the applicant understand they must hold [phone (608) 266-2776]	l a Wisconsin Seller's Permit?	Ž) Yes	□ Ne
10.	Does the applicant understand that alcohol beverom the date of invoice and made available for	verage invoices must be kept at the licensed premises for 2 years r inspection by law enforcement?	∕] Yes	□ No
11.	Is the applicant indebted to any wholesaler be-	yond 15 days for beer or 30 days for liquor? [] Yes	⊘ No
12.	Does the applicant owe municipal property tax (Note : Renewal of licenses may be denied pu assessments or other fees).	res, assessments, or other fees?] Yes	Ø No
app and voic this thar	on truthfully answered to the best of the knowled plication; that the applicant has read and made a correct. The undersigned further understands if, and under penalty of state law, the applicant if application. Any person who knowingly provide in \$1,000.	enalty provided by law, the undersigned states that each of the above lige of the signer. The signer agrees that he/she is the person named in a complete answer to each question, and that the answers in each inserthat any license issued contrary to Chapter 125 of the Wisconsin Stateman that any license issued contrary to Chapter 125 of the Wisconsin Stateman than the prosecuted for submitting false statements and affidavits in cases materially false information on this application may be required to false.	the for tance a atutes s	regoing are true shall be on with
Con	fact Person's Name (Last, First, M.I.) Schult 2 KNSKann J	Title / Member Data Data	72	
Sign	Schultz Kristiann J	Phone Number ON Nor - Finance of Face Phone Number Email Address Kyschutzgg	2.3	
	The sung	608-501-7998 Kyschultz99	Cfm	4/100
TO	BE COMPLETED BY CLERK			
Date	a received and filed with municipal clerk 5.9.23 Date re	ported to council / board Date license granted		
Lice	nse number issued Date lic	Signature of Clerk / Deputy Clerk Signature of Clerk / Deputy Clerk		
AT-115	5 (R. 5-19)	-2-		

MUNICIPAL USE ONLY

23-02

License Number

Application for Cigarette and Tobacco Products Retail License

Submit to n	nunicipal (derk.				Penod	Covered Am 0	+0.100
Applicant's Wisconsin 15-dig	it Colon Toy Anno	unt Num				<u>Ju</u>	WL 30, 2023-	July 1 24
456-10293549		unt Num	E		st be issued in the same	Date of	Issuance	
130-1023334	750-02		\	.egal Na	me of the licensee below.	<u> </u>		
Legal Name (corporation, limite	d liability company, p	partnershi	p or sole proprieto	rship)		Federal	Employer Identification	n No. (FEIN)
RUSTY RAVEN	LLC					82-	0930494	
Trade or Business Name (if o	lifferent than Leg	al Name,)			Telepho	ne Number	
						(608	1 636-2023)
Business Address (License L	ocation)				Business Located In	Busines	s Telephone	
500 1ST ST					City 🕢 Village 📘 T	OWN ()	
Municipality State Zip Code					of: NEW GLARUS	County		
NEW GLARUS WI 53574						GRE	EN	
Aailing Address (if different than Business Address)					Municipality	State	Zip Code	
PO BOX 1018					NEW GLARUS	WI	53574	
Organization (check on								
Sole Proprietor	∐ Wi	sconsi	n Corporatio	on – Ente	er date incorporated:			
✓ Partnership	□ O₁	rt-of-St	ate Corpora	tion - A	re you registered to do busines	ss in Wiscons	in? Yes	□ No
Other (describe)								
✓ Yes	Does the distribut	e app	licant under	rstand t	hat they must purchase cigars, who hold a permit with the	arettes and t	obacco product	s only from
✓ Yes No							-	
✓ Yes	Z. DOES IN	e appıı Ltobar	cant unders	tand tha	at they must obtain a Tobacco	Products Di	stributor permit if	purchasing
	availabl	e from	the Wisco	nsin De	an out-of-state company? (epartment of Revenue at 60	(100acco Pr 9-266-6704	Soc application	or permit is
3	129, rev	enue.	wi_gov/dorfo	orms/ctr	o-129.ndf.)	0-200-0707.	See application	1301111 617-
✓ Yes	3. Does the	e appl other i	licant under retailer, inch	rstand to	hat they cannot purchase/exansferring existing stock to	change ciga a new owner	arettes or tobaco	o products
Yes No	4. Does the	e appli	cant unders	stand th	at they must provide employe Health Services? (https://wi	ees with toba	cco sales trainin	g approved
✓ Yes	5. Does the	e appl	licant under	rstand t	hat they may not sell, give on minors (including electronic	or otherwise	provide cigaret	es/tobacco
✓ Yes					nat they may not sell single o	_		,
☑ Yes 🗌 No	licensed Wiscons	l prem sin De _l	ises for two partment of	years Reven	that cigarette and tobacco promethe date of the invoice the uniforcement and that ettes/tobacco products?	and be ava	ilable for inspec	tion by the
Yes No	the Wisc	consin	Departmen	t of Jus	at only cigarettes and roll-you tice's website labeled "Direc us/dls/tobacco-directory ma	tory of Certif	ied Tobacco Mai	cts listed on nufacturers
Cigarettes / Tobacco v	vill be sold		ver co	unter	through vending r	nachine	☐ both	
been trumfully answere hat the rights and resp por-tion of a licensed p	d to the best consibilities c remises durir of this licens	of the l onferre ng insp e. Any	knowledge o ed by the lic ection will b	of the ap ense(s) be deem	ided by law, the applicant state of plicant. Applicant agrees to one of the plicant agree	perate this buted to another tion. Such real information.	isiness according er.Any lack of act fusal is a misder	to law and cess to any neanor and ion may be

Applicable Laws and Rules

This document provides statements or interpretations of the following laws and regulations in effect as of September 19, 2019: Sections 134.65, 134.66, 139.321, 139.79, 139.76, 995.10, and 995.12, Wis. Stats.

Renewal Alcohol I	_		olication	Applicant's Wisconsin Seller's Peri	mit N	lumber
(Submit to municipal clerk, R			(-70-2021)	FEIN Number 87-3625260		
For the license period beginning			(mm dd yyyy)	TYPE OF LICENSE REQUESTED		FEE
To the Governing Body of the:	Town of No.	v Clarus		Class A beer	\$	500.
To the Governing Body of the:	Village of	w Glalus		Class B beer	\$	
	_] City of J			☐ Class C wine	\$	
County of Green		Aldermani	ic Dist. No	Class A liquor	\$	250.
			d by ordinance)	Class A liquor (cider only)	\$	N/A
			,	Class B liquor	\$	
Check one: 📋 Individual	Limited Liability	Company		Reserve Class B liquor	\$	
Partnership	Corporation/Nor	nprofit Organiza	tion	Class B (wine only) winery	\$	
				Publication fee	\$	
Complete A or B. All must c	omplete C.			TOTAL FEE	\$	
A. Individual or Partnership:						
Full Name (Last)	(First)	(Middle Name)	Home Address (Street C	tity or Post Office, & Zip Code)		1
(Laute)	("01)	(Wildele Hame)	Home Address (offeet, o	nty of 1 ost office, a zip code)		
Full Mama (Last)	(First)	(8.87.11181				
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, C	ity or Post Office, & Zip Code)		
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, C	ity or Post Office, & Zip Code)		
2 110 2 4: (1						
B. LLC or Corporation (and A						
Full Legal Name of Corporation / Nonp Shubh Self Service I			Address of Corporation / Lin 619 State Hwy 6	nited Liability Company (if different fro 5 9	m lic	ensed premises)
All corporations/organizations (iquor must appoint an agent.	or limited liability cor	npanies applyin	g for a license to sell	fermented malt beverages a	and/	or intoxicating
Agent Last Name	(First)	(Middle Name)	Home Address (Street, C	ity or Post Office, & Zip Code)		
SINGH	SIJCHINDE		1509 RED TA	HILDR VERINH	U	11 53574
All Officer(s) Director(s) of C						
President / Member Last Name	(First)	(Middle Name)		ity or Post Office, & Zip Code)		
SINGH	SIJCHINDE	R	1509 KED	THE DIR VERUN	A	W15359
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, C	ity or Post Office, & Zip Code)	0	100
SINGH	SUNDEEP		749HARVE	STLN VERON	H	CUI 5357
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, C	ity or Post Office, & Zip Code)		
	0.					
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)		
SINGH	SUCHINDER			,		
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, C	ity or Post Office, & Zip Code) ST LN VERON	4 /	11/52572
~114511	>11 NOCE		19/1/11/1000	31 FIO ACICOLOR	10	الرادي ال
C. Business Information						
1. Trade Name Shubh Sel	f Service Inc		Business Phon	e Number (608)527-226	6	
2. Address of Premises 619	State Hwy 69		Post Office & Z	ip Code <u>53574</u>		
3. Does the applicant understand brewpubs?					ewe	
Premises description: De include all rooms including	scribe building or b	uildings where a	alcohol beverages ar		e a _l	pplicant must
store	2					
6FIHWY	69 Ne	O GLAR	us wis	53574		

5.	Legal description (omit if street address	s is given on previous p	age):			
6.	a. Since filing of the last application, hember, officer, director, manager organization licensee been conviction for violation of any federal laws, an or municipality? If was complete the conviction of the c	or agent for either a line ted of any offenses (y Wisconsin laws, any	mited liability company excluding traffic offens laws of other states, o	r licensee, or nonpro ses not related to alc or ordinances of any	ofit ohol) county	
	or municipality? If yes, complete	page 3			· · · · Yes	i ✓ No
	b. Are charges for any offenses pres the named licensee or any other pe	ently pending (excluding sently pending (excluding sent) affiliated with this	ing traffic offenses not s license? If yes, expl	related to alcohol) aç ain fully on page 3.	gainst ⋯ ☐ Yes	s 🕢 No
7.	Except for questions 6a and 6b, have by you on your last application for this	s license? If yes, expl	ain		Tes	i ☑ No
8.	Was the profit or loss from the sale of a or Franchise Tax return of the licensee?	lcohol beverages for the	e previous year reporte	d on the Wisconsin Ir	ncome	. □ No
			11-13-	F		
9.	Does the applicant understand they mu [phone (608) 266-2776]		eller's Permit?		www. ₩₩. ₩Yes	∏ No
10.	Does the applicant understand that alcording the date of invoice and made available.	ohol beverage invoices lable for inspection by I	must be kept at the lice aw enforcement?	ensed premises for 2	years Ves	□ No
11.	Is the applicant indebted to any wholes	saler beyond 15 days fo	or beer or 30 days for li	quor?	Yes	₽ No
12.	Does the applicant owe municipal prop (Note : Renewal of licenses may be de assessments or other fees).	erty taxes, assessmen nied pursuant to a loca	ts, or other fees? al ordinance, if the licer	nsee owes municipal	Yes taxes,	₽ No
bee app and voic this	AD CAREFULLY BEFORE SIGNING: Len truthfully answered to the best of the kalication; that the applicant has read and correct. The undersigned further under the did and under penalty of state law, the application. Any person who knowingly 1 \$1,000.	cnowledge of the signer made a complete answ rstands that any license plicant may be prosect	The signer agrees that wer to each question, a sissued contrary to Ch ated for submitting false	at he/she is the perso and that the answers napter 125 of the Wis e statements and affi	n named in the form in each instance sconsin Statutes davits in connect	oregoing are true shall be stion with
Cor	tact Person's Name (Last, First, M.L.)		Title / Member	Date		
	ngh, Suchinder, P		President	05/19	/2023	
Sigi	Scaliendo Pa	Sect.	Phone Number (608)513-7084	Email Add	lress ingh2794@gm	ail.co
			THE WARMS OF			
	BE COMPLETED BY CLERK					
Date	e received and filed with municipal clerk	Date reported to council / b	Jb/20	Date license granted		
Lice	nse number issued	Date license issued		Signature of Clerk / Depu	uty Clerk	-

AT-115 (R. 5-19)

Application for Cigarette and MUNICIPAL USE ONLY License Number Tobacco Products Retail License Period Covered Submit to municipal clerk. Applicant's Wisconsin 15-digit Sales Tax Account Number Date of Issuance ← This must be issued in the same 456-1030844531-04 Legal Name of the licensee below. Legal Name (corporation, limited liability company, partnership or sole proprietorship) Federal Employer Identification No. (FEIN) Shubh Self Service Inc 87-3625260 Trade or Business Name (if different than Legal Name) Telephone Number (608) 513 - 7084Business Address (License Location) Business Telephone Business Located In ✓ Village City (608) 527-2266 619 State Hwv 69 Town Municipality State Zip Code County of New Glarus Green WI 53574 Mailing Address (if different than Business Address) Municipality State Zip Code WI 53574 Organization (check one) Sole Proprietor Wisconsin Corporation – Enter date incorporated: 06-01-2022 Out-of-State Corporation - Are you registered to do business in Wisconsin? Partnership Yes No Other (describe) No 1. Does the applicant understand that they must purchase cigarettes and tobacco products only from distributors, jobbers, or subjobbers, who hold a permit with the Wisconsin Department of Revenue? ✓ Yes No 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-266-6701. See application form CTP-129, revenue wi.gov/dorforms/ctp-129.pdf.) ✓ Yes No 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner? ✓ Yes No 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (https://witobaccocheck.org) ✓ Yes No 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)? ✓ Yes No 6. Does the applicant understand that they may not sell single cigarettes?

8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco-directory may be sold in Wisconsin? Cigarettes / Tobacco will be sold ver counter through vending machine

penalties, including loss of cigarettes/tobacco products?

7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal

Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another. Any lack of access to any por-tion 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Applicable Laws and Rules

This document provides statements or interpretations of the following laws and regulations in effect as of September 19, 2019: Sections 134.65, 134.66, 139.321, 139.79, 139.76, 995.10, and 995.12, Wis. Stats.

✓ Yes

✓ Yes

No

No

Renewal Alcohol I	Beverage Lie	cense App	lication	Applicant's Wisconsin Seller's Permi	t Number 03840 - 0
(Submit to municipal clerk. R	ead instructions o	n page 3.)		FEIN Number	US CU
For the license period beginning	no. 7-1-2129	anding: (20-20-24	92-196	4954
For the license period beginning	(mm dd yyyy)	endingv	(mm dd yyyy)	TYPE OF LICENSE REQUESTED	FEE
To the Governing Body of the:	Town of	JOHN MON	MI A	☐ Class A beer	3
To the Governing Body of the:	Village of		V 1003	Class B beer	
14	☐ City of			☐ Class C wine	
County of Mreen		Aldermani	c Dist. No	☐ Class A liquor	
		(if required	d by ordinance)	Class A liquor (cider only)	
Check one: Individual	Limited Liability	Company		Class B liquor Reserve Class B liquor	71
	☐ Corporation/No		tion	Reserve Class B liquor Class B (wine only) winery	
☐ Partnership		ripront Organiza	lion	Publication fee \$	
Complete A or B. All must o	omplete C.			TOTAL FEE	
A. Individual or Partnership:	:			:	
Full Name (Last)	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
Hook	Scott	D.	9002 county	road G Mt Horeb WI 53	572
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 / Nonp	rofit Organization / Limited			imited Liability Company (if different from	licensed premises)
Hooked On Tap LLC			506 first st 1	New Glarus WI 53574	
All corporations/organizations liquor must appoint an agent.	or limited liability co	mpanies applyin	g for a license to se	ell fermented malt beverages an	d/or intoxicating
Agent Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
Hook	Scott	D			
All Officer(s) Director(s) of C	Corporation and Me	embers / Manag	ers of Limited Liab	oility Company:	
President / Member Last Name	(First)	(Middle Name)		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)	
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)	
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
O Business Informati					
C. Business Information1. Trade Name Sportsman	e Peloaded		Rusiness Phr	one Number 6084384665	
-					
2. Address of Premises 506	first st New	Glarus WI	Post Office &	Zip Code 53574	
and brewpubs?					✓ □ No
 Premises description: De include all rooms including records. (Alcohol beverage) 	g living quarters, if ເ	ised, for the sale	es, service, consum	are to be sold and stored. The ption, and/or storage of alcohol ibed.)	applicant must beverages and
All rooms of 2 sto	ory building i	ncluding 2	Bars, basemen	t storage and patios	
///	· · · · · · · · · · · · · · · · · · ·				

5.	Legal description (omit if street address	is given on previous page):		
6.	member, officer, director, manager of organization licensee been convict for violation of any federal laws, any	as the named licensee, any member of a partnership licensee, or any or agent for either a limited liability company licensee, or nonprofit ed of any offenses (excluding traffic offenses not related to alcohol) Wisconsin laws, any laws of other states, or ordinances of any county page 3	□ Yes	☑ No
		ently pending (excluding traffic offenses not related to alcohol) against sons affiliated with this license? If yes, explain fully on page 3	☐ Yes	№ No
7.		there been any changes in the answers to the questions as submitted license? If yes, explain	∐ Yes	⊮ No
8.		cohol beverages for the previous year reported on the Wisconsin Income If not, explain	☐ Yes	✓ No
	unknown, new ownership		_	
				
				
9.	Does the applicant understand they mu [phone (608) 266-2776]	st hold a Wisconsin Seller's Permit?	Yes Yes	□No
10	Does the applicant understand that also	hol beverage invoices must be kept at the licensed premises for 2 years		
10.	from the date of invoice and made available		✓ Yes	☐ No
11.	Is the applicant indebted to any wholes	aler beyond 15 days for beer or 30 days for liquor?	☐ Yes	✓ No
			□ v	EZI NIA
12.		erty taxes, assessments, or other fees?	☐ Yes	☑ No
app and void this	n truthfully answered to the best of the k lication; that the applicant has read and correct. The undersigned further under l, and under penalty of state law, the ap	nder penalty provided by law, the undersigned states that each of the above nowledge of the signer. The signer agrees that he/she is the person named is made a complete answer to each question, and that the answers in each in stands that any license issued contrary to Chapter 125 of the Wisconsin Solicant may be prosecuted for submitting false statements and affidavits in opposite materially false information on this application may be required to	in the for stance a tatutes s connecti	regoing are true shall be ion with
Cor	tact Person's Name (Last, First, M.I.)	Title / Member Date		
	ok, Scott D	Owner 05/08/2023		
Signature		Phone Number Email Address		
1 NO 0		6084384665 secrets5@liv	re.com	ı
	70	<u> </u>		
то	BE COMPLETED BY CLERK			
Dat	received and filed with municipal clerk	Date reported to council / board Date license granted		
	510.23	PW 412 /VB 4130		
Lice	nse number issued # 23-11	Date license issued Signature of Clerk / Deputy Clerk		
AT-11	5 (R. 5-19)	-2-		

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

			July 123 June 3124			
Applicant's Wisconsin 15-digit Sales Tax Account Number This must be issued in the same						
456-10312038		ame of the licensee below.				
Legal Name (corporation, limited liability company,	, partnership or sole proprietorship)		Federal Employer Identification No. (FEIN)			
Hooked On Tap LLC						
Trade or Business Name (if different than Leg	gal Name)		Telephone Number			
Sportsmans Reloaded	(608) 527-3733					
Business Address (License Location)		Business Located In	Business Telephone			
506 first st		City Village V Town	()			
Municipality	State Zip Code	of:New Glarus	County			
New Glarus	WI 53574	New Glatus	Green			
Mailing Address (if different than Business Ad	ddress)	Municipality	State Zip Code			
p.o.box #357						
Organization (check one)						
Sole Proprietor	Visconsin Corporation – Ent	ter date incorporated:				
Partnership O	Out-of-State Corporation - A	are you registered to do business in \	Wisconsin? Yes No			
Other (describe)		, 3				
Other (describe) 1 (1)						
			es and tobacco products only from isconsin Department of Revenue?			
			ducts Distributor permit if purchasing acco Products Distributor permit is			
availab	ole from the Wisconsin D	epartment of Revenue at 608-260	6-6701. See application form CTP			
129, 🔞	evenne wi gov/dorforms/c	ip-129 pdf.)				
		that they cannot purchase/exchar ransferring existing stock to a nev	nge cigarettes or tobacco products v owner?			
	Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (https://witobaccocheck.org)					
	Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?					
✓ Yes ☐ No 6. Does to	he applicant understand t	hat they may not sell single cigare	ettes?			
✓ Yes No 7. Does t	the applicant understand	that cigarette and tobacco produ	ucts invoices must be kept on the			
license Wiscor	ed premises for two years	s from the date of the invoice and nue/law enforcement and that failu	be available for inspection by the ure to comply can result in crimina			
the Wis	sconsin Department of Ju	nat only cigarettes and roll-your-ow stice's website labeled "Directory of Lus/dls/tobacco-directory may be	n (RYO) tobacco products listed or of Certified Tobacco Manufacturers sold in Wisconsin?			
Cigarettes / Tobacco will be sold		through vending mach	ine both			
been truthfully answered to the bes that the rights and responsibilities por-tion of a licensed premises dur	st of the knowledge of the a conferred by the license(s ring inspection will be deel nse. Any person who know 1,000.	applicant. Applicant agrees to operate of the company of the compa	nat each of the above questions has te this business according to law and o another. Any lack of access to any Such refusal is a misdemeanor and ormation on this application may be Limited Liability Company / Partner / Individual			
	Applicable	le Laws and Rules				

This document provides statements or interpretations of the following laws and regulations in effect as of September 19, 2019: Sections 134.65, 134.66, 139.321, 139.79, 139.76, 995.10, and 995.12, Wis. Stats.

MUNICIPAL USE ONLY

Renewal Alcohol Beverage License Application					Applicant's Wisconsin Seller's Permit Number			
(Submit to municipal	clerk. R	ead instruction	456-1026878316-03 FEIN Number					
			26-4304507					
For the license period beginning: 07 01 2023 ending: 06 30 2024 (mm dd yyyy) (mm dd yyyy)					TYPE OF LICENSE REQUESTED	FEE		
		☐ Town of `\			Class A beer	\$		
To the Governing Bo	dy of the:	✓ Village of	New Glarus		✓ Class B beer	\$ 100.		
•	-	City of			✓ Class C wine			
					Class A liquor	\$ 100-		
County of Green				c Dist. No	Class A liquor (cider only)	\$ N/A		
			(it required	d by ordinance)	Class B liquor	\$		
Check one: ☐ Indiv	ridual	✓ Limited Liat	nility Company		Reserve Class B liquor	\$		
	nership		/Nonprofit Organizat	tion	Class B (wine only) winery	\$		
	Югоппр		ATTOMPTONE Organizar	lion	Publication fee	\$		
Complete A or B. A	II must c	omplete C.			TOTAL FEE	\$		
		•			TOTALTEL	Ψ		
A. Individual or Par Full Name (Last)	tnersnip:	(First)	I/Middle Neme)	Hama Addraga (Ctrack	t, City or Post Office, & Zip Code)			
T dii Name (Last)		(Filst)	(Middle Name)	Home Address (Street	t, City of Post Office, a Zip Code)			
Full Name (Last)		(First)	(Middle Name)	Home Address (Street	t, City or Post Office, & Zip Code)			
Full Name (Last)		(First)	(Middle Name)	Home Address (Street	et, City or Post Office, & Zip Code)			
B. LLC or Corporat								
Full Legal Name of Corpor	ation / Nonp	rofit Organization / L	imited Liability Company	Address of Corporation /	Limited Liability Company (if different fro	m licensed premises)		
Sugar River Pi	zza Co	mpany, LLC						
All corporations/organiquor must appoint a		or limited liability	y companies applyin	g for a license to s	ell fermented malt beverages a	nd/or intoxicating		
Agent Last Name		(First)	(Middle Name)	Home Address (Street	t, City or Post Office, & Zip Code)			
Dippen-Watters	son	Debra	Rose			53574		
			1 Managara / Managara					
All Officer(s) Direct President / Member Last N		(First)	(Middle Name)		t, City or Post Office, & Zip Code)			
- 09		' '	,					
Dippen-Watter		Debra	Rose			53574		
Vice President / Member Last Name		(First)	(Middle Name)		t, City or Post Office, & Zip Code)			
Watterson		Daryl	Lynn			53574		
Secretary / Member Last Name		(First)	(Middle Name)	Home Address (Street	t, City or Post Office, & Zip Code)			
Treasurer / Member Last N	Name	(First)	(Middle Name)	Home Address (Street	t, City or Post Office, & Zip Code)			
Directors / Managers Last	Name	(First)	(Middle Name)	Home Address (Street	t, City or Post Office, & Zip Code)			
Directors / Managers Last	Name	(First)	(Middle Name)	Home Address (Street	t, City or Post Office, & Zip Code)			
C. Business Inform								
1. Trade Name Sug	gar Riv	er Pizza		Business Ph	one Number 608-527-5000			
2. Address of Premi	ses <u>700</u>	Railroad S	t	Post Office 8	Zip Code New Glarus, W	I 53574		
3. Does the applica and brewpubs? .			nust purchase alcoho		rom Wisconsin wholesalers, bre	eweries		
4. Premises descrip	4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must							
records. (Alcoho	including I beverag	living quarters es may be sold	, it used, for the sale and stored only on	es, service, consum the premises desc	nption, and/or storage of alcohor ribed.)	orbeverages and arant and		
					tio area adjacent to t			
of the restaurant building.								

5. Legal description (omit i	if street address is given on previous page):		
member, officer, dire organization license for violation of any fe	ist application, has the named licensee, any member of a partnership licensee ector, manager or agent for either a limited liability company licensee, or non see been convicted of any offenses (excluding traffic offenses not related to federal laws, any Wisconsin laws, any laws of other states, or ordinances of any es, complete page 3	nprofit o alcohol) any county	√ No
b. Are charges for any	y offenses presently pending (excluding traffic offenses not related to alcohol) or any other persons affiliated with this license? If yes, explain fully on page	I) against	_
the named licensee t	or any other persons anniated with this license? If yes, explain fully on page	ye 3 ∐ Yes	∡ N
7. Except for questions 6a by you on your last app	a and 6b, have there been any changes in the answers to the questions as s plication for this license? If yes, explain	submitted Yes	✓N
or Franchise Tax return o	om the sale of alcohol beverages for the previous year reported on the Wisconsi of the licensee? If not, explain	in Income ✓ Yes	□N
9. Does the applicant unde [phone (608) 266-2776]	erstand they must hold a Wisconsin Seller's Permit?	[v Yes	□ N
0. Does the applicant unde	erstand that alcohol beverage invoices must be kept at the licensed premises for	for 2 years	
rrom the date of invoice	and made available for inspection by law enforcement?	✓ Yes	∐ N
	ed to any wholesaler beyond 15 days for beer or 30 days for liquor?	_	□N
Is the applicant indebted Does the applicant owe	ed to any wholesaler beyond 15 days for beer or 30 days for liquor? e municipal property taxes, assessments, or other fees? enses may be denied pursuant to a local ordinance, if the licensee owes municipal		✓ ١
1. Is the applicant indebted 2. Does the applicant owe (Note: Renewal of licer assessments or other fe READ CAREFULLY BEFOR een truthfully answered to to pplication; that the applicar nd correct. The undersigned oid, and under penalty of so his application. Any person han \$1,000. Contact Person's Name (Last, First	emunicipal property taxes, assessments, or other fees?	Yes Yes The of the above questivers on named in the fowers in each instance with Wisconsin Statutes affidavits in connective required to forfeit named in the fowers.	ons hare goir are trushall to willow
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1. Is the applicant indebted 2. Does the applicant owe (Note: Renewal of licer assessments or other fe READ CAREFULLY BEFORE DEPOSITE OF THE ARCHART OF TH	emunicipal property taxes, assessments, or other fees? Inses may be denied pursuant to a local ordinance, if the licensee owes municipal property taxes, assessments, or other fees? Inses may be denied pursuant to a local ordinance, if the licensee owes municipal property taxes, assessments, or other fees? Inses may be denied pursuant to a local ordinance, if the licensee owes municipal property to a local ordinance, if the licensee owes municipal property to a local ordinance, if the licensee owes municipal property to a local ordinance, if the licensee owes municipal property to a local ordinance, if the licensee owes municipal property to a local ordinance, if the licensee owes municipally the license owes municipal property to a local ordinance, if the licensee owes municipal property to the licensee owes municipal property to a local ordinance, if t	Yes Yes Yes The of the above questivers on named in the fowers in each instance with Wisconsin Statutes and affidavits in connective required to forfeit not one requir	ons haregoir are trushall bion wii
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Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Inc	dividual's Full Name (please print) (last name)		(first name)		(middle name)			
D	DIPPEN-WATTERSON DEBRA ROSE							
Ho	me Address (street/route)	Post Office		City		State	Zip Code	
N	8146 MARTY RD	NEW GLARUS	3	NEW GLARU	S	WI	53574	
Н	me Phone Number		Age	Date of Birth		Place of B	irth	
6	08-669-0357		63	03/05/1958	В	MAUS'	MAUSTON, WI	
Th	e above named individual provides the	following information:	as a ners	on who is (check o	nne).			
	Applying for an alcohol beverage lice	•	4 por 0		.,,,,			
	A member of a partnership which is		an alcoh	nol beverage licen:	se.			
√				VER PIZZA		LLC		
	(Officer / Director / Member / Manager / A			me of Corporation, Limite			Organization)	
	which is making application for an alc	ohol beverage license).					
Th	e above named individual provides the	following information t	to the lice	ensing authority:				
	How long have you continuously reside	-			S			
	Have you ever been convicted of any of	•						
	violation of any federal laws, any Wisc	,			0 ,	county		
	or municipality?						Yes	√ No
	If yes, give law or ordinance violated, t	rial court, trial date an	d penalty	/ imposed, and/or	date, descript	ion and		
	status of charges pending. (If more root	m is needed, continue or	n reverse :	side of this form.)				
ā	Are charges for any offenses presently	nending against you	(other th	an traffic unrelator	t to alcohol be	worance)		
٥.	for violation of any federal laws, any W							
	municipality?						Yes	√ No
	If yes, describe status of charges pend							
4.	Do you hold, are you making application							
	organization or member/manager/ager							
	beverage license or permit?							☐ No
	If yes, identify. SUGAR RIVER			RIE LLC, S and Type of License/Pern		RIE WI	, CLASS	В
5.	Do you hold and/or are you an officer,					ration or		
٠.	member/manager/agent of a limited lia							
	brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin?							
	If yes, identify.							
	(Name of Wholesale Licensee or Permittee) (Address By City and County)							
	Named individual must list in chronolog	gical order last two em	ployers.					
1	Employer's Name	Employer's Address			Employed From		То	
		019 RIVER ST	BEL1	LEVILLE	05/01/2	009	05/23/2	013
		Employer's Address			Employed From		То	
	BRENDAS BLUMENLADEN 1	17 6TH AVE NI	EW GL	ARUS WI	06/01/2	800	05/01/2	009

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 conflection with this application. Any person who knowingly provides materially false information on this application may be required to forfelt not more than \$1,000.

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)	(first name)		(middle name)				
WATTERSON		ARYL	ARYL		LYNN		
Home Address (street/route)	Post Office		City		State	Zip Code	
N8146 MARTY RD	NEW GLARU	S	NEW GLARU	IS	WI	53574	
Home Phone Number	TIEN CERTO	Age	Date of Birth	35	Place of E		
608-669-0357		60	10/18/196	0		AS CITY	MO
The above named individual provides the fo	ollowing information	as a per	son who is (check	one):			
Applying for an alcohol beverage licens	se as an i ndividual						
A member of a partnership which is m	aking application fo	r an alco	hol beverage licer	nse.			
✓ MEMBER			VER PIZZA		LILC		
(Officer / Director / Member / Manager / Age			ame of Corporation, Limit		_	t Organization)	
which is making application for an alco	hol beverage licens	е.					
The above named individual provides the fo	ollowing information	to the lic	ensing authority				
1. How long have you continuously resided	_			RS			
2. Have you ever been convicted of any of	•						
violation of any federal laws, any Wisco					county		
or municipality?						√ Yes	☐ No
If yes, give law or ordinance violated, tri						Andrew -	
status of charges pending. (If more room	is needed, continue o	n reverse	side of this form.)				
OWI - 1993 (MT HOREB);	1996 (NEW	GLAR	US)			<u> </u>	
3. Are charges for any offenses presently p)	
for violation of any federal laws, any Wis						_	
municipality?						Yes	√ No
If yes, describe status of charges pendir	-						
4. Do you hold, are you making application							
	organization or member/manager/agent of a limited liability company holding or applying for any other alcohol						
beverage license or permit?							No
If yes, identify. SUGAR RIVER P	IZZA - SUN	PRAIR	RIE LLC, SU	JN PRAIRI	E WI	, CLASS	В
E. Do you hold and/or one you or officer di			and Type of License/Per				
	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 Permittee) (Address By City and County)						
	Named individual must list in chronological order last two employers. Employer's Name						
	•		T D	Employed From	0.1.1	To	015
)19 RIVER S'	r BEL	TEATTE	10/01/2	011	05/23/2	013
	ployer's Address			Employed From	0.0.6	To	
FDIC 1	600 ASPEN M	IDDLE	TON WI	06/01/1	988	10/01/2	011

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.

My voter (Signature of Named Individual)