VILLAGE OF NEW GLARUS PUBLIC WORKS / PUBLIC SAFETY COMMITTEE MEETING 6/12/24 7:00 P.M.

Village Hall Board Room 319 2nd Street, New Glarus, WI

REGULAR MEETING

- 1. Call to Order
- 2. Approval of Agenda
- 3. Public Comment Period
- 4. Approval of April 10, 2024 Minutes
- 5. Public Works
 - a. Consideration/Discussion: Electric Utility Rate Case Application
 - b. Consideration/Discussion: Water Utility Rate Case Application
 - c. Consideration/Discussion: 3rd Ave No Parking on North Side in front of New Glarus Bible Church
 - d. Monthly Public Works Department Report
- 6. Public Safety
 - a. Monthly Police Department Report
 - b. Consideration/Discussion: Operator License Denial, Amanda Parsons
 - c. Consideration/Discussion: Alcohol Beverage Licenses:

Class A Beer/Liquor: Blanchardville Co-op (Gery Steinmetz); Shobha Baani Inc (Sundeep Singh), Burresons/Roy's Market (Darin Burreson), Casey's (Melissa Frank)

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

Class B Beer/C Wine: Rusty Raven LLC (Kristiann Schultz), Dirty Dog Taphaus (Leah Hanson); Sugar River Pizza Co (Deb Dippen-Watterson)

Class A Liquor: Brenda's Blumenladen (Brenda Siegenthaler), The Bramble Patch (Sheri Weix), New Rose (Bryenna Reinicke), Chalet Cheese Haus LLC (Michael Hlubek), Sugar River Shoppe (Sarah Reed)

d. Consideration/Discussion: Misc. Licenses:

<u>Mobile Home Park/Firefly Estates</u>; <u>Pool Table</u> -Tofflers & Kleeman's; <u>Tobacco Retail Lic</u>.- Casey's, Rusty Raven, Ott Haus, Blanchardville Co-op, Shobha Baani Inc., Sportsman's

7. Adjournment

Peggy Kruse, Chair Public Works/ Public Safety Committee

AGENDA

POSTED: N.G. Village Hall 6/7/24

NG Post Office 6/7/24 Bank of New Glarus 6/7/24

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 April 10, 2024 7:00 pm

REGULAR MEETING

Present: Peggy Kruse, Gof Thomson, Michael Bell

Also Present: Director of Public Works Joe Cockroft; Police Chief Jeff Sturdevant; Village

Administrator Lauren Freeman, Bekah Stauffacher (Chamber)

- 1. Call to Order 7:00 p.m.
- 2. Approval of Agenda: Michael motions, Gof seconds. Motion passes 3-0.
- 3. Public Comment Period: No comments
- 4. Approval of 2.14.24 Minutes: Michael motions, Gof seconds. Motion passes 3-0.
- 5. Public Safety:
 - a. Monthly Police Department Report Chief Sturdevant shared the March monthly police report. There were 347 calls in March.
 - b. Consideration/Discussion: Special Event Polkafest/Beer, Bacon, and Cheese, June 7-8, 2024 application changes regarding Open Intox perimeter Michael made approve application, seconded by Gof. Motion passes 3-0.
 - c. Consideration/Discussion: Angle Parking Gof made a motion use permit process to allow special parking allowances for events, seconded by Michael. Motion passes 3-0.
 - d. Consideration/Discussion: Downtown Parking Times Peggy made a motion to table this item, seconded by Michael. Motion passed 3-0.
- 6. Public Works:
 - a. Monthly Public Works & Utilities Report Public Works Director Cockroft shared the monthly Public Works and Utilities report.
- 7. Adjournment: Meeting adjourned at 7:48 p.m.
- Lauren Freeman
 Village Administrator



New Glarus Water & Light

Proposed Rate Application June 12, 2024



Presented by: Adam Dikeman Rate Analyst

Steps in the Rate Application Process

- Develop rate application
- Submit to the Public Service Commission
- Notify customers of proposed increase in rates
- PSC review
- Public hearing
- Expected implementation date
- Implement new rates



Parts of an Electric Rate Application

- Revenue Requirement
 - ➤ How much revenue does the utility need
- Cost of Service Study (COSS)
 - ➤ Evaluate revenues by rate class
 - ➤ Cost to serve varies by customer type (usage patterns)
- Rate Design
 - > How to collect revenue from customers
 - > How to collect fixed and variable cost
 - ➤ Price signals



New Glarus Light and Water Works PROPOSED ELECTRIC RATE ADJUSTMENT

Line		Test Year 2024		Average
No.		Current Rates		2024
1	OPERATING REVENUES		NET INVESTMENT RATE BASE	
2	Revenue from Sales of Electricity	\$2,785,212	Utility Plant in Service	\$9,526,058
3	Sales for Resale	\$0	Materials and Supplies	\$293,185
4	Other Revenue	\$154,715	Accumulated Depreciation	\$3,637,224
5	Total Operating Revenues	\$2,939,927	Regulatory Liability	\$0
6			Net Investment Rate Base	\$6,182,019
7	OPERATING EXPENSES			
8	Purchased Power Expense	\$1,939,151		
9	Transmission Expenses	\$0		
10	Distribution Expenses	\$114,100	NET OPERATING INCOME	\$102,463
11	Customer Accounts Expenses	\$32,000	RATE OF RETURN	1.66%
12	Sales Expenses	\$0		
13	Administrative & General Exp.	\$270,702	RATE OF RETURN REQUESTED	7.00%
14	Depreciation Expense	\$334,594	REQUESTED RETURN ON RATE BASE	\$432,741
15	Taxes	\$146,916	Less: NET OPERATING INCOME	\$102,463
16	Total Operating Expenses	\$2,837,463		
17			INCREASE REQUIRED	\$330,278
18	NET OPERATING INCOME (LOSS)	\$102,463	PERCENT INCREASE	11.86%

Factors Considered in Rate Design

- Cost of service results
- Recover fixed costs through fixed charges
- Comparison with investor-owned utility rates
- Impact on customer bills
- Price incentives

Proposed Rate Design & Tariff Changes

- Increase customer charges
 - ➤ Residential Service and from \$11.00 to \$13.50
 - ➤ General Service from \$14.00 to \$16.50
 - >Cp-2 Service from \$100.00 to \$200.00
- Commitment to Community program rider (CTC) rate changes

Class Comparison of Present Revenue to Cost of Service Results

Rate Class	Present Revenue	COSS Revenue	% Difference	\$ Difference
Residential (Rg-1)	\$1,099,831	\$1,290,089	17.30%	\$190,258
General Service (Gs-1)	\$495,445	\$548,658	10.74%	\$53,213
Small Power (Cp-1)	\$663,385	\$704,347	6.17%	\$40,962
Large Power (Cp-2)	\$483,477	\$534,909	10.64%	\$51,432
Street & Area Lighting Service (Ms-1 & Ms-2)	\$43,073	\$37,486	-12.97%	\$(5,587)
	\$2,785,211	\$3,115,490	11.86%	\$330,279

Proposed Rate Design by Rate Class

Rate Class	Present Revenue	Proposed Revenue	% Difference	\$ Difference
Residential (Rg-1)	\$1,099,831	\$1,239,815	12.73%	\$139,984
General Service (Gs-1)	\$495,445	\$559,343	12.90%	\$63,897
Small Power (Cp-1)	\$663,385	\$741,865	11.83%	\$78,480
Large Power (Cp-2)	\$483,477	\$528,498	9.31%	\$45,021
Street & Area Lighting Service (Ms-1 & Ms-2)	\$43,073	\$45,967	6.72%	\$2,895
	\$2,785,211	\$3,115,488	11.86%	\$330,277

wppienergy.org

Monthly Bill Comparisons

 An average residential customer that uses 612 kWh's would see a \$10.70 increase in their monthly bill or 12.7%

 An average commercial customer that uses 1,602 kWh's would see a \$27.17 increase in their monthly bill or 13.0%

Class Comparison of Proposed Revenue to Alliant

Rate Class	Proposed Revenue	Alliant Revenue	% Difference	\$ Difference
Residential (Rg-1)	\$1,239,815	\$1,405,706	13.38%	\$165,890
General Service (Gs-1)	\$559,343	\$551,709	-1.36%	\$(7,633)
Small Power (Cp-1)	\$741,865	\$655,635	-11.62%	\$(86,230)
Large Power TOD (Cp-2)	\$528,498	\$461,697	-12.64%	\$(66,801)
	\$3,069,521	\$3,074,748	0.17%	\$5,227

RATE FILE

Sheet No. 1 of 1
Schedule No. PCAC

Public Service Commission of Wisconsin

Amendment No.

NEW GLARUS LIGHT AND WATER WORKS

Power Cost Adjustment Clause

All metered rates shall be subject to a positive or negative power cost adjustment charge equivalent to the amount by which the current cost of power (per kilowatt-hour of sales) is greater or lesser than the base cost of power purchased (per kilowatt-hour of sales).

The current cost per kilowatt-hour of energy billed is equal to the cost of power purchased for the most recent month, divided by the kilowatt-hours of energy sold. The monthly adjustment (rounded to the nearest one one-hundredth of a cent) is equal to the current cost less the base cost. The base cost of power (U) is \$0.07490.0843 per kilowatt-hour.

Periodic changes shall be made to maintain the proper relative structure of the rates and to insure that power costs are being equitably recovered from the various rate classes. If the monthly adjustment (A) exceeds \$0.0150 per kilowatt-hour, for more than three times in a 12-month period (current plus preceding 11-months), the company shall notify the Public Service Commission of Wisconsin separate from its monthly PCAC report of the need to evaluate a change in rates to incorporate a portion of the power cost adjustment into the base rates.

For purposes of calculating the power cost adjustment charge, the following formula shall be used:

$$A = \frac{C}{S} - U$$

- A is the power cost adjustment rate in dollars per kilowatt-hour rounded to four decimal places applied on a per kilowatt-hour basis to all metered sales of electricity.
- S is the total kilowatt-hours sold during the most recent month.
- U is the base cost of power, which equals the average cost of power purchased per kilowatt-hour of sales for the test year period. This figure remains constant in each subsequent monthly calculation at \$0.07490.0843 per kilowatt-hour until otherwise changed by the Public Service Commission of Wisconsin.
- C is the cost of power purchased in dollars in the most recent month. Cost of power purchased for calculation of C are the monthly amounts which would be recorded in the following account of the Uniform System of Accounts:

Class A & B utilities
Class C utilities

Account 555 Account 545

RATE FILE Sheet No. 1 of 1

Public Service Commission of Wisconsin

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Schedule No.	Rg-1
Amendment No.	

NEW GLARUS LIGHT AND WATER WORKS

Residential Service

Application: This rate will be applied to residential single-phase and three-phase customers for ordinary household purposes. Single-phase motors may not exceed 5 horsepower individual-rated capacity without utility permission.

Customers who do not meet these criteria will be served under the applicable rate.

Single phase: $$\frac{11.0013.50}{1}$ per month **Customer Charge**:

Three phase: \$15.0017.50 per month

Energy Charge: \$0.1100 <u>0.1328</u> per kilowatt-hour (kWh).

Power Cost Adjustment Clause: Charge per all kWh varies monthly. See schedule PCAC.

Minimum Monthly Bill: The minimum monthly bill shall be the customer charge.

Prompt Payment of Bills: A charge of 3 percent but not less than 50 cents will be added to bills not paid within 20 days from date of issuance. The late payment charge shall be applied only once to any given amount outstanding. This charge is applicable to all customers.

EFFECTIVE: PSCW AUTHORIZATION:

RATE FILE Sheet No. 1 of 1 Schedule No. Rg-2

Public Service Commission of Wisconsin

Amendment No.

NEW GLARUS LIGHT AND WATER WORKS

Residential Service - Optional Time-of-Day

<u>Application</u>: This rate schedule is optional to all Rg-1, Residential Service customers. Customers that wish to be served on this rate schedule must apply to the utility for service. Once an optional customer begins service on this rate schedule, the customer shall remain on the rate for a minimum of one year. Any customer choosing to be served on this rate schedule waives all rights to billing adjustments arising from a claim that the bill for service would be less on another rate schedule than under this rate schedule.

Once on this rate, the utility will review billing annually according to Wis. Admin. Code ch. PSC 113.

<u>Customer Charge</u>: Single-phase: \$11.0013.50 per month.

Three-phase: $$\frac{15.0017.50}{17.50}$ per month.

Energy Charge: \$0.15750.1803 per kilowatt-hour (kWh).

Power Cost Adjustment Clause: Charge per all kWh varies monthly. See schedule PCAC.

Pricing Period: On-peak: 8:00 a.m. to 8:00 p.m.

Monday through Friday, excluding holidays, specified below.

Off-peak: All times not specified as on-peak including all day Saturday and Sunday, and

the following holidays: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day, or the day designated to be

celebrated as such.

Prompt Payment of Bills: Same as Rg-1.

Minimum Monthly Bill: The minimum monthly bill shall be the customer charge.

<u>Moving Provisions</u>: If a customer moves within the utility's service territory, both the original and the new customer have the option to retain time-of-day billing or to transfer to the Residential Service rate, Rg-1, at no cost to the customer.

<u>Joint Residential/Commercial Customers</u>: A customer occupying a building or apartment for residential and commercial purposes jointly shall be billed on another rate which is determined based on the customer's load.

EFFECTIVE:

RATE FILE

Sheet No. 1 of 1 Gs-1 Schedule No.

Public Service Commission of Wisconsin

Amendment No.

NEW GLARUS LIGHT AND WATER WORKS

General Service

Application: This rate will be applied to single and three-phase customers. This includes commercial, institutional, government, farm, and other customers. The monthly Maximum Measured Demand of customers served on this rate shall not exceed 50 kilowatts for three or more months in a consecutive 12-month period.

The utility shall install demand energy meters for Gs-1 customers with energy usage in excess of 12,000 kWh per month for three or more months in a 12-month period. Gs-1 customers shall be transferred into the appropriate demand class as soon as the application conditions of that class have been met.

Customer Charge: Single-phase: \$14.0016.50 per month.

Three-phase: \$24.00-26.50 per month.

Energy Charge: \$0.11200.1368 per kilowatt-hour (kWh).

Power Cost Adjustment Clause: Charge per all kWh varies monthly. See schedule PCAC.

Minimum Monthly Bill: The minimum monthly bill shall be the customer charge.

Prompt Payment of Bills: Same as Rg-1.

<u>Farm Customer</u>: Defined as a person or organization using electric service for the operation of an individual farm, or for residential use in living quarters on the farm occupied by persons principally engaged in the operation of the farm and by their families. A farm is a tract of land used to raise or produce agricultural and dairy products, for raising livestock, poultry, game, fur-bearing animals, or for floriculture, or similar purposes, and embracing not less than 3 acres; or, if small, where the principal income of the operator is derived therefrom. (Otherwise, the service used for residential purposes is classed as residential, and that used for commercial is classed as general service.)

Determination of Maximum Measured Demand: The Maximum Measured Demand in any month shall be that demand in kilowatts necessary to supply the average kilowatt-hours in 15 consecutive minutes of greatest consumption of electricity during each month. Such Maximum Measured Demand shall be determined from readings of permanently installed meters or, at the option of the utility, by any standard methods or meters. Said demand meter shall be reset to zero when the meter is read each month.

EFFECTIVE: PSCW AUTHORIZATION:

RATE FILE

Sheet No. 1 of 2 Schedule No. Gs-2

Public Service Commission of Wisconsin

Amendment No.

NEW GLARUS LIGHT AND WATER WORKS

General Service – Optional Time-of-Day

<u>Application</u>: This rate schedule is optional to all Gs-1, General Service customers. Customers that wish to be served on this rate schedule must apply to the utility for service. Once an optional customer begins service on this rate schedule, the customer shall remain on the rate for a minimum of one year. Any customer choosing to be served on this rate schedule waives all rights to billing adjustments arising from a claim that the bill for service would be less on another rate schedule than under this rate schedule. Once on this rate, the utility will review billing annually according to Wis. Admin. Code ch. PSC 113.

The utility shall install demand meters for Gs-2 customers with energy usage in excess of 10,000 kWh per month for three or more months in a 12-month period. Gs-2 customers shall be transferred into the appropriate demand class as soon as the application conditions of that class have been met.

<u>Customer Charge</u>: Single-phase: \$14.0016.50 per month.

Three-phase: \$24.0026.50 per month

Energy Charge: On-peak: \$0.15750.1820 per kilowatt-hour (kWh).

Power Cost Adjustment Clause: Charge per all kWh varies monthly. See schedule PCAC.

Pricing Periods: On-peak 8:00 a.m. to 8:00 p.m.

Monday through Friday, excluding holidays, specified below.

Off-peak: All times not specified as on-peak including all day Saturday and Sunday, and

the following holidays: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day, or the day designated to be

celebrated as such.

Prompt Payment of Bills: Same as Rg-1.

Minimum Monthly Bill: The minimum monthly bill shall be the customer charge.

<u>Moving Provisions</u>: If a customer moves within the utility's service territory, both the original and the new customer have the option to retain time-of-day billing or to transfer to the General Service rate, Gs-1, at no cost to the customer.

Joint Residential/Commercial Customers: Same as Rg-2.

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EFFECTIVE:

PSCW AUTHORIZATION:

RATE FILE Sheet No. 2 of 2 Schedule No. Gs-2

Public Service Commission of Wisconsin

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NEW GLARUS LIGHT AND WATER WORKS

General Service – Optional Time-of-Day (continued)

<u>Determination of Maximum Measured Demand</u>: The Maximum Measured Demand in any month shall be that demand in kilowatts necessary to supply the average kilowatt-hours in 15 consecutive minutes of greatest consumption of electricity during each month. Such Maximum Measured Demand shall be determined from readings of permanently installed meters or, at the option of the utility, by any standard methods or meters. Said demand meter shall be reset to zero when the meter is read each month.

RATE FILE Sheet No. 1 of 2 Schedule No. Cp-1

Public Service Commission of Wisconsin

Amendment No.

NEW GLARUS LIGHT AND WATER WORKS

Small Power Time of Day Service

<u>Application</u>: This rate will be applied to customers for all types of service if their monthly Maximum Measured Demand is in excess of 50 kilowatts (kW) per month for three or more months in a consecutive 12-month period, unless the customer exceeds the application conditions of the large power time-of-day schedule.

Customers billed on this rate shall continue to be billed on this rate until their monthly Maximum Measured Demand is less than 50 kW per month for 12 consecutive months.

<u>Customer Charge</u>: \$50.00 per month.

<u>Distribution Demand Charge</u>: \$1.502.50 per kW of distribution demand.

<u>Demand Charge</u>: \$9.0013.00 per kW of on-peak billed demand.

Energy Charge: 0n-Peak: \$0.08250.0873 per kilowatt-hour (kWh)

Power Cost Adjustment Clause: Charge per all kWh varies monthly. See schedule PCAC.

Prompt Payment of Bills: Same as Rg-1.

Minimum Monthly Bill: The minimum monthly bill shall be equal to the customer charge, plus the distribution demand charge.

Pricing Periods:

On-peak: 8:00 a.m. to 8:00 p.m., Monday through Friday, excluding holidays, specified

below.

Off-peak: All times not specified as on-peak including all day Saturday and Sunday, and

the following holidays: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day, or the day designated to be

celebrated as such.

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EFFECTIVE:

RATE FILE Sheet No. 2 of 2 Schedule No. Cp-1

Public Service Commission of Wisconsin

Amendment No.

NEW GLARUS LIGHT AND WATER WORKS

Small Power Service (continued)

<u>Discounts:</u> The monthly bill for service will be subject to the following discounts applied in the sequence listed below.

<u>Primary Metering Discount:</u> Customers metered on the primary side of the transformer shall be given a <u>2.00</u> percent discount on the monthly energy charge, distribution demand charge, and demand charge. The PCAC and the monthly customer charge will not be eligible for the primary metering discount.

<u>Transformer Ownership Discount:</u> Customers who own and maintain their own transformers or substations shall be given a credit of \$0.20 per kW of distribution demand. Customer-owned substation equipment shall be operated and maintained by the customer. Support and substation equipment is subject to utility inspection and approval.

Determination of Maximum Measured and On-Peak Maximum Demand: The Maximum Measured Demand in any month shall be that demand in kilowatts necessary to supply the average kilowatthours in 15 consecutive minutes of greatest consumption of electricity during each month. Such Maximum Measured Demand shall be determined from readings of permanently installed meters or, at the option of the utility, by any standard methods or meters. Said demand meter shall be reset to zero when the meter is read each month. The Maximum Measured Demand that occurs during the On-peak period shall be the On-peak Maximum Demand.

<u>Determination of Distribution Demand</u>: The Distribution Demand shall be the highest monthly Maximum Measured Demand occurring in the current month or preceding 11-month period.

<u>Determination of On-Peak Billed Demand</u>: On-Peak Billed Demand shall be the On-Peak Maximum Measured Demand.

RATE FILE Sheet No. 1 of 2 Schedule No. Cp-2

Public Service Commission of Wisconsin

Schedule No. Cp-2

Amendment No.

NEW GLARUS LIGHT AND WATER WORKS

Large Power Time-Of-Day Service

<u>Application</u>: This rate will be applied to customers for all types of service, if their monthly Maximum Measured Demand is in excess of 200 kilowatts (kW) per month for three or more months in a consecutive 12-month period.

Customers billed on this rate shall continue to be billed on this rate until their monthly Maximum Measured Demand is less than 200 kW per month for 12 consecutive months.

<u>Customer Charge</u>: \$\frac{100.00}{200.00} \text{ per month.}

Distribution Demand Charge: \$1.75-2.75 per kW of distribution demand.

<u>Demand Charge</u>: \$\frac{10.75}{15.00} \text{ per kW of on-peak billed demand.}

Power Cost Adjustment Clause: Charge per all kWh varies monthly. See schedule PCAC.

<u>Minimum Monthly Bill</u>: The minimum monthly bill shall be equal to the customer charge, plus the distribution demand charge.

Prompt Payment of Bills: Same as Rg-1.

Pricing Periods:

On-peak: 8:00 a.m. to 8:00 p.m., Monday through Friday, excluding Holidays,

specified below.

Off-peak: All times not specified as on-peak including all day Saturday and Sunday, and

the following holidays: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day, or the day nationally

designated to be celebrated as such.

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EFFECTIVE:

RATE FILE Sheet No. 2 of 2 Schedule No. Cp-2 Public Service Commission of Wisconsin Amendment No.

NEW GLARUS LIGHT AND WATER WORKS

Large Power Service Time-Of-Day (continued)

<u>Discounts</u>: The monthly bill for service will be subject to the following discounts applied in the sequence listed below.

<u>Primary Metering Discount</u>: Customers metered on the primary side of the transformer shall be given a <u>2.00</u> percent discount on the monthly energy charge, distribution demand charge, and demand charge. The PCAC and the monthly customer charge will not be eligible for the primary metering discount.

<u>Transformer Ownership Discount</u>: Customers who own and maintain their own transformers or substations shall be given a credit of <u>\$0.20</u> per kW of distribution demand. Customer-owned substation equipment shall be operated and maintained by the customer. Support and substation equipment is subject to utility inspection and approval.

Determination of Maximum Measured Demand and On-peak Maximum Demand: The Maximum Measured Demand in any month shall be that demand in kilowatts necessary to supply the average kilowatt-hours in 15 consecutive minutes of greatest consumption of electricity during each month. Such Maximum Measured Demand shall be determined from readings of permanently installed meters or, at the option of the utility, by any standard methods or meters. Said demand meter shall be reset to zero when the meter is read each month. The Maximum Measured Demand that occurs during the On-peak period shall be the On-peak Maximum Demand.

<u>Determination of Distribution Demand</u>: The Distribution Demand shall be the highest monthly Maximum Measured Demand occurring in the current month or preceding 11-month period.

<u>Determination of On-Peak Billed Demand</u>: The On-Peak Billed Demand shall be the On-Peak Maximum Demand.

RATE FILE

Sheet No. 1 of 2
Schedule No. Ms-1

Public Service Commission of Wisconsin

Amendment No.

NEW GLARUS LIGHT AND WATER WORKS

Street Lighting Service

<u>Application</u>: This schedule will be applied to municipal street lighting. The utility will furnish, install, and maintain street lighting units.

This rate schedule is closed to new mercury vapor lights.

Investment charge:

Overhead:

month
month
month
month
month

Ornamental:

\$ 7.00 <u>7.75</u> per lamp per month
\$8.00 <u>8.75</u> per lamp per month
\$4.35 <u>5.10</u> per lamp per month
\$ 7.95 <u>9.20</u> per lamp per month
\$9.20 <u>10.20</u> per lamp per month
\$4.35 <u>5.10</u> per lamp per month
\$8.45 <u>8.70</u> per lamp per month
\$9.45 <u>9.95</u> per lamp per month

Pole charges:

•	
Wood – Distribution Pole	\$ 2.00 2.25 per lamp per month
Wood – Stand-Alone Pole	\$4.00 <u>4.50</u> per pole per month
Aluminum Pole*	\$1.75 <u>2.25</u> per lamp per month
Aluminum Pole	\$10.25 11.25 per pole per month
Concrete Pole*	\$4.25 <u>4.75</u> per pole per month
Concrete Pole	\$24.2525.00 per pole per month
Fiberglass Pole	\$4.50 <u>5.00</u> per pole per month
Steel Pole -	\$13.4014.50 per pole per month

^{*}Poles/Fixtures that were contributed (80-87%) by the State of Wisconsin.

Energy Charge: \$0.07650.0822 per kilowatt-hour (kWh).

Power Cost Adjustment Clause: Charge per all kWh varies monthly. See schedule PCAC.

EFFECTIVE:

PSCW AUTHORIZATION:

Sheet No.	2 of 2
Schedule No.	Ms-1
Amendment No.	

Public Service Commission of Wisconsin

NEW GLARUS LIGHT AND WATER WORKS

Street Lighting Service

Prompt Payment of Bills: Same as Rg-1.

Note:

MV = Mercury Vapor

MH = Metal Halide

RATE FILE

HPS = High Pressure Sodium

EFFECTIVE: PSCW AUTHORIZATION:

et No. 1 (of 1
	et No. 1

Schedule No.	Ms-2
Amendment No.	

Public Service Commission of Wisconsin

NEW GLARUS LIGHT AND WATER WORKS

Security Lighting Service

<u>Application</u>: This rate schedule will be available for security lighting. The utility will furnish, install, and maintain lighting units.

This rate schedule is closed to new mercury vapor lights:

<u>Investment charge</u>:

175 M MV	\$11.6012.50 per lamp per month
100 W HPS	\$11.6012.50 per lamp per month
250 W HPS	\$14.7015.70 per lamp per month
< 100 W LED	\$10.0011.00 per lamp per month

Prompt Payment of Bills: Same as Rg-1.

Note: MV = Mercury Vapor

HPS = High Pressure Sodium LED = Light Emitting Diode

RATE FILE

Sheet No.	1 of 1
Schedule No.	OC-1

Public Service Commission of Wisconsin

Amendment No.	

NEW GLARUS LIGHT AND WATER WORKS

Other Charges and Billing Provisions

<u>Budget Payment Plan</u>: A budget payment plan, which is in accordance with ch. PSC 113, Wis. Adm. Code is available from the utility. The utility does use a fixed budget year. The utility will calculate the monthly budgeted amount by spreading the estimated annual bill over eleven months, with the last month consisting of any end of year adjustments.

<u>Reconnection Billing</u>: All customers whose service is disconnected in accordance with the disconnection rules as outlined in Wis. Admin. Code ch. PSC 113, shall be required to pay a reconnection charge. The charge shall be \$40.00 during regular office hours. After regular office hours the minimum reconnection charge of \$40.00 applies plus any overtime labor costs, not to exceed a total maximum charge of \$80.00.

<u>Reconnection of a Seasonal Customer's Service</u>: Reconnection of a service for a seasonal customer who has been disconnected for less than one year shall be subject to the same reconnection charges outlined above. A seasonal customer shall also be charged for all minimum bills that would have been incurred had the customer not temporarily disconnected service.

Payment Not Honored by Financial Institution Charge: The utility shall assess a \$25.00 charge when a payment rendered for utility service is not honored by the customer's financial institution. This charge may not be in addition to, but may be inclusive of, the water utility's insufficient fund charge when the check was for payment of both electric and water service.

Average Depreciated Embedded Cost: The embedded cost of the distribution system (excluding the standard transformer and service facilities), for each customer classification, is determined based on methodology authorized by the Public Service Commission of Wisconsin, and described in the utility's Electric Rules. The average depreciated embedded cost by customer classification is as follows:

Residential Service: S	<u>.</u>	
Apartment and Rental	Units Separately Metered	: \$ per unit metered.
Subdividers and Resid	lential Developers: \$	per unit.
General Service: (Incl	uding Multi-Unit Dwelling	gs If Billed on One Meter): \$
Power Service: \$	per kW (Cp-1), \$	per kW (Cp-2), of average billed demand.
Street Lighting: \$	·	

EFFECTIVE: PSCW AUTHORIZATION:

RATE FILE

Sheet No. 1 of 1
Schedule No. CTC-1

Public Service Commission of Wisconsin

Amendment No.

NEW GLARUS LIGHT AND WATER WORKS

Community Program Rider

Under provisions of 1999 Wisconsin Act 9 and 2005 Wisconsin Act 141, a municipal electric utility shall charge each customer a low-income assistance and energy efficiency fee. Fifty percent of the fees charged by the municipal utility shall be used for low-income assistance programs and the remainder will be used for energy efficiency programs. Low-income programs may include assistance to low-income households for weatherization and other energy conservation services, payment of energy bills or early identification or prevention of energy crises. Energy efficiency programs may include those programs designed to reduce the demand for natural gas or electricity or improving the efficiency of its use during any period.

Pursuant to Wis. Stats. §§ 16.957(5) and 196.374(7), each municipal electric utility must collect an average of \$16 per meter per year. The actual amount of fees paid by a customer cannot exceed the lesser of 3 percent of all other billed electric charges or \$750 per month. These fees are not subject to Gross Receipts or Sales Taxes. A municipal utility may determine the amount that a particular class of customers is required to pay and may charge different fees to different classes of customers.

New Glarus Light & Water, in compliance with these laws and, as of the "Effective Date" established below, has set the fees for each retail electric customer rate classification as follows:

Rg-1 Residential Service

Rg-2 Residential Optional TOD Service

Gs-1 General Service

Gs-2 General Service Optional TOD

Cp-1 Small Power Service

Cp-2 Large Power Service

Ms-1 Street Lighting Service

Ms-2 Security Lighting Service

3.0% of the total electric bill not to exceed \$1.201.14

3.0% of the total electric bill not to exceed \$1.201.14

3.0% of the total electric bill not to exceed \$2.30

3.0% of the total electric bill not to exceed \$2.30

3.0% of the total electric bill not to exceed \$10.00

3.0% of the total electric bill not to exceed \$35.00

No Charge

No Charge

Questions regarding low-income assistance and energy efficiency fees or New Glarus Light & Water's Commitment to Community Programs should be directed to the utility at (608) 527-2913.



MEMORANDUM

TO: Lauren Freeman, Village Administrator

FROM: Jon Cameron & Peter Curtin, Ehlers

DATE: June 7, 2024

SUBJECT: **Conventional Water Rate Case Application Summary**

The Village's Conventional Water Rate Case Application is ready to be filed with the Wisconsin Public Service Commission (PSC). The computed rate increase in the application is 26.38%. This includes full recovery of the water utility's 2024 operating and maintenance expenses, annual depreciation expense on utility financed assets in service and a 6.20% rate of return (ROR) on all existing water utility financed assets.

The rate increase further recovers annual depreciation and ROR on approximately \$1.525 million of the upcoming water reservoir project. The remaining approximately \$1.775 million (total project cost estimate is approximately \$3.3 million) is to be funded by a grant from the US EPA and water impact fees. This portion of project cost will not be recovered through water rates over the useful life of the asset.

We will be on hand at the June 12th Public Works Committee meeting to help answer questions on the proposed rate increase and be able to discuss the next steps to get to utility rate implementation.





Village of New Glarus, WI Test Year 2024 Water Rate Study

Water Utility Capital Improvement Plan

Village of New Glarus, WI

Projects	Funding	2024	2025	2026	2027	2028	Totals
Water Reservoir 2	Revenue Debt	2,300,000					2,300,000
Water Reservoir 2	Grants/Aids	1,000,000					1,000,000
Water Utility Truck	Cash	70,000					70,000
Well House 2 Replacement	Revenue Debt	0				2,600,000	2,600,000
3rd Ave Phase III	Revenue Debt				\$ 180,000		180,000
HWY 69 Sanitary Replacement	Revenue Debt				\$ 140,000		140,000
11th Ave Reconstruction	Revenue Debt					\$ 520,000	520,000
Actual CIP Costs		3,370,000	0	0	320,000	3,120,000	6,810,000

Sources of Funding	2024	2025	2026	2027	2028	
G.O. Debt	0	0	0	0	0	0
Revenue Debt	2,300,000	0	0	320,000	3,120,000	5,740,000
Grants/Aids	1,000,000	0	0	0	0	1,000,000
Special Assessment	0	0	0	0	0	0
User Fees	0	0	0	0	0	0
Tax Levy	0	0	0	0	0	0
Equipment Replacement Fund	0	0	0	0	0	0
Cash	70,000	0	0	0	0	70,000
Total	3,370,000	0	0	320,000	3,120,000	6,810,000

Notes:



- 1. Part One calculates the Net Operating Income (loss) for the test year. All amounts are derived from other attachments except Amortization Expense, Account 404, which, if applicable, must be entered and the purpose specified.
- 2. Part Two is a calculation of Average Net Investment Rate Base for the test year. All amounts are derived from other attachments
- 3. Part Three calculates the estimated requested increase.
 - i. Enter a requested rate of return (ROR) in the highlighted box and the estimated increase is calculated.
- ii. Generally, the current benchmark rate is used for most situations. If the Utility requests a different ROR, please describe the reasons in the Notes. An example of supporting detail would be a Cash Flows statement.

Part One:	Total Operating Revenues	(per Attachment 7)	\$698,637
	Total Operation and Maintenance Expenses	(per Attachment 10)	\$318,031
	Depreciation Expense	(per Attachment 12)	154,707
	Amortization ExpenseAccount # 404 (specify):		0
	Taxes	(per Attachment 8)	108,000
	Total Operating Expenses		\$580,738
	Net Operating Income (Loss)-Test Year 2024	_	\$117,899
Part Two:	Utility Plant In ServiceFinanced by Utility or Municipality:		
	Test Year Average Balance	(per Attachment 11)	\$6,396,588
	Materials and Supplies:		
	Test Year Average Balance	(per Attachment 13)	25,051
	Less: Accumulated Depreciation:		
	Test Year Average Balance	(per Attachment 13)	1,640,383
	Regulatory Liability and Other:		
	Test Year Average Balance	(per Attachment 13)	0
	Average Net Investment Rate Base (NIRB)		\$4,781,256
art Three:	Average Net Investment Rate Base	(per Part Two above)	\$4,781,256
	TIMES Rate of Return Requested (Enter requested rate in this box.)	6.20%	6.20%
	Return on Average Net Investment Rate Base (NIRB)		\$296,438
	Total Operation and Maintenance Expenses	(per Part One above)	\$318,031
	TIMES allowance on O&M expenses	,	6.00%
	Operating Allowance	=	\$19,082
	Enter the larger of either:		
	The Return on NIRB (A) or the Operating Allowance (B)		\$296,438
	Less: Estimated Net Operating Income (Loss)	(per Part One above)	117,899
	Increase Requested-Test Year 2024		\$178,539
	Overall Percentage Increase in	<u> </u>	
	Total Sales of Water at Current Rates:	26.38%	

Water Utility Cash Flow Analysis - Projected 2024-2035

Village of New Glarus, WI

	Budget				Project	ed						
	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035
Revenues												
Total Revenues from User Rates ¹	\$682,637	\$862,695	\$862,695	\$862,695	\$979,606	\$979,606	\$979,606	\$979,606	\$979,606	\$979,606	\$979,606	\$979,606
Percent Increase to User Rates	0.00%	26.38%	0.00%	0.00%	13.55%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Cumulative Percent Rate Increase	0.00%	26.38%	26.38%	26.38%	43.50%	43.50%	43.50%	43.50%	43.50%	43.50%	43.50%	43.50%
Dollar Amount Increase to Revenues	\$76,537	\$180,059	\$0	\$0	\$116,911	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other Revenues												
Interest Income	\$3,999	\$8,571	\$8,823	\$10,014	\$11,423	\$13,437	\$13,488	\$27,293	\$28,153	\$28,870	\$29,492	\$29,97
Other Income	\$16,000	\$16,160	\$16,322	\$16,485	\$16,650	\$16,816	\$16,984	\$17,324	\$17,670	\$18,024	\$18,384	\$18,75
Total Other Revenues	\$19,999	\$24,731	\$25,144	\$26,499	\$28,073	\$30,254	\$30,472	\$44,617	\$45,824	\$46,894	\$47,877	\$48,72
Total Revenues	\$702,636	\$887,426	\$887,839	\$889,194	\$1,007,679	\$1,009,860	\$1,010,078	\$1,024,223	\$1,025,430	\$1,026,500	\$1,027,483	\$1,028,328
Less: Expenses												
Operating and Maintenance ²	\$326,031	\$335,732	\$345,722	\$356,011	\$366,606	\$377,518	\$388,755	\$400,328	\$412,245	\$424,519	\$437,159	\$450,17
PILOT Payment	\$98,000	\$98,980	\$99,970	\$100,970	\$101,979	\$102,999	\$104,029	\$105,069	\$106,120	\$107,181	\$108,253	\$109,33
Net Before Debt Service and Capital Expenditures	\$278,605	\$452,714	\$442,147	\$432,214	\$539,094	\$529,343	\$517,294	\$518,826	\$507,064	\$494,799	\$482,071	\$468,810
Debt Service												
Existing Debt P&I	\$116,022	\$98,356	\$95,731	\$82,275	\$80,025	\$82,700	\$50,750	\$0	\$0	\$0	\$0	\$
New (2023-2032) Debt Service P&I	\$0	\$2,604,049	\$108,108	\$108,107	\$436,246	\$436,549	\$434,800	\$432,836	\$435,417	\$432,544	\$434,315	\$435,49
Total Debt Service	\$116,022	\$2,702,405	\$203,839	\$190,382	\$516,271	\$519,249	\$485,550	\$432,836	\$435,417	\$432,544	\$434,315	\$435,49
Transfer In (Out)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Less: Capital Improvements	\$3,370,000	\$0	\$0	\$320,000	\$3,120,000	\$0	\$0	\$0	\$0	\$0	\$0	\$(
Debt/Grant Proceeds	\$3,321,900	\$2,300,000	\$0	\$360,000	\$3,500,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Net Annual Cash Flow	\$114,483	\$50,310	\$238,308	\$281,832	\$402,822	\$10,094	\$31,745	\$85,991	\$71,647	\$62,255	\$47,756	\$33,326
Restricted and Unrestricted Cash Balance:												
Balance at first of year	\$1,599,737	\$1,714,220	\$1,764,530	\$2,002,838	\$2,284,669	\$2,687,492	\$2,697,586	\$2,729,330	\$2,815,321	\$2,886,968	\$2,949,223	\$2,996,97
Net Annual Cash Flow Addition/(subtraction)	\$114,483	\$50,310	\$238,308	\$281,832	\$402,822	\$10,094	\$31,745	\$85,991	\$71,647	\$62,255	\$47,756	\$33,32
Balance at end of year	\$1,714,220	\$1,764,530	\$2,002,838	\$2,284,669	\$2,687,492	\$2,697,586	\$2,729,330	\$2,815,321	\$2,886,968	\$2,949,223	\$2,996,979	\$3,030,30
"All-in" Debt Coverage	2.40	0.17	2.17	2.27	1.04	1.02	1.07	1.20	1.16	1.14	1.11	1.08

Notes

1) Assumes no changes in customer count or usage beyond Test Year.

2) Assumes 3.00% annual inflation beyond budget year.

Legend:
Simplified Rate Case (if eligible)
Conventional (Full) Rate Case



Projected Impact of Water Rates on Typical Residential Utility Bill

Village of New Glarus, WI

			Wat <u>er</u>									
Year		Increase	Water Vol.	Water User	Utility Bill			ange Over				
			Charge ¹	Charge ²	(1	violitiliy)	гі	ioi reai				
			<u>Tiered</u>	Serv. + PFP								
2022		0.00%	4.17	26.03	\$	42.71						
2023		0.00%	4.17	26.03	\$	42.71	\$	-				
2024		0.00%	4.17	26.03	\$	42.71	\$	-				
2025		26.38%	5.27	32.90	\$	53.98	\$	11.27				
2026		0.00%	5.27	32.90	\$	53.98	\$	-				
2027		0.00%	5.27	32.90	\$	53.98	\$	-				
2028		13.55%	5.98	37.35	\$	61.29	\$	7.31				
2029		0.00%	5.98	37.35	\$	61.29	\$	-				
2030		0.00%	5.98	37.35	\$	61.29	\$	-				
2031		0.00%	5.98	37.35	\$	61.29	\$	-				
2032		0.00%	5.98	37.35	\$	61.29	\$	-				
Total Char	nge	over plann	ing period				\$	18.58				

Notes:

- 1. Current water volumetric rate is \$4.17 per 1,000 gallons for the first 10,000 metered gallons.
- 2. The water user charges include a monthly service charge of \$14.46 plus a public fire protection charge of \$11.57 for a 5/8 inch meter.
- 3. The usage is assumed to be 4,000 Gallons per month.



Village of New Glarus Water Rate Comparison Analysis

			Min Quart Bill						
Utility Name	County	Utility Class	(5/8 inch meter)	6000 GAL	12000 GAL	15000 GAL	18750 GAL	75000 GAL	Effective Date
Browntown Municipal Water Utility	Green	D	46.35	97.95	149.55	175.35	207.60	624.03	3/22/2024
Fulton Water Utility	Rock	D	38.88	89.64	140.40	165.78	197.51	673.38	4/1/2024
Albany Municipal Water And Sewer Utility	Green	D	42.12	85.68	129.24	146.40	167.85	489.60	1/1/2024
Footville Water Utility	Rock	D	37.55	83.39	129.23	152.15	180.80	582.20	9/26/2023
New Glarus Light And Water Works (26.38%)	Green	D	54.82	86.44	118.06	133.87	153.64	430.73	TBD
Belleville Municipal Water and Sewer Utility	Green	С	36.00	71.88	107.76	125.70	148.13	428.40	12/1/2020
City of Evansville Water and Light	Rock	С	36.00	67.92	99.84	115.80	135.75	392.91	10/28/2022
Village of Monticello Water Utility	Green	D	33.75	65.25	96.75	112.50	132.19	369.90	4/1/2016
New Glarus Light And Water Works (CURRENT)	Green	D	43.38	68.40	93.42	105.93	121.57	340.83	9/29/2023
Clinton Municipal Waterworks	Rock	D	29.07	60.75	92.43	108.27	128.07	425.07	2/28/2023
Orfordville Municipal Water Utility	Rock	D	33.05	58.61	84.17	96.95	112.93	314.05	9/1/2023
Edgerton Municipal Water Utility	Rock	С	27.16	51.40	75.64	87.76	102.91	315.66	12/1/2023
Brooklyn Water Utility	Green	D	28.59	50.51	72.43	83.39	97.09	291.79	8/1/2021
City of Milton Municipal Water Utility	Rock	С	30.00	45.84	61.68	69.60	79.50	226.32	6/30/2017
Monroe Municipal Water Utility	Green	AB	21.06	39.54	58.02	67.26	78.81	239.26	12/5/2023
Brodhead Water And Light Commission	Green	С	24.75	39.95	55.15	62.75	72.25	208.05	3/14/2023
Brodhead Water And Light Commission	Rock	С	24.75	39.95	55.15	62.75	72.25	208.05	3/14/2023
Janesville Water Utility	Rock	AB	15.70	33.22	51.42	62.90	77.25	342.30	11/1/2019
Beloit Water Utility	Rock	AB	21.00	33.16	45.32	51.40	59.00	173.00	5/1/2017

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 5, 2024

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

From: Chief Jeff Sturdevant

Reference: May Monthly Police Report

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

Types of calls	May 2024	Since Jan 1 st	May 2023	Total Last Year
Overall calls for service	428	1873	397	4519
Assist other agencies/departments	44	183	37	465
Incarcerated/Jailed	5	19	1	38
Traffic/Municipal Citations	70	273	61	708
Traffic Warnings	98	399	102	1041
Parking Citations	15	256	1	216
Traffic Accidents	2	16	0	25

Notable information or call(s) for service:

- On 05-04-24, the Police Department had an officer present the entire evening at the Prom Event to ensure the safety of all attending. Students and parents were very thankful for an officer being present at the event.
- The department has had an increase in domestic disturbance investigations for the month of May.
- May 18th was the annual New Glarus Police Department Bike Rodeo. There was a good turnout for the event.

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"America's Little Switzerland"

- On 05/12/24, officers were dispatched to a motor vehicle on fire on Kubly Road. The New Glarus Fire Department and EMS were also dispatched to the scene. The fire was contained to the engine compartment area.
- Donation On 05/20/24, Chief Sturdevant attended a Lion's Club dinner meeting at the Chalet Landhaus and was presented with a monetary donation from the Lions Club.
- Drug Drop Box On 05/28/24, the Drug Drop Box was emptied, and there was a total of 30 pounds raw prescription medication for destruction.
- The Police Department had two separate incidents during this month of May that involved Possession of Marijuana investigations/arrests.
- On 05/30/24, during a routine traffic stop, the operator of the vehicle was cited for OWI 9th Offense, Speeding, Operating while Revoked, and Failing to Install an Ignition Interlock Device. The defendant was also placed on a Probation Hold through the Department of Corrections.

Department Training:

- On May 1st, Officer Mullen attended a biannual Emergency Vehicle Operation Course (EVOC) at Blackhawk Technical College.
- On May 15th, Officer Krohn and Officer Mullen completed the online Hoax Bomb Threats and Swatting Calls Training that was hosted by the FBI.
- The entire department has completed the change over to the new duty firearm and have all qualified with their assigned firearm.

24-22

FEE: \$50.00 (non-refundable)

APPLICATION FOR OPERATOR'S LICENSE

To Serve Fermented Malt Beverages and Intoxicating Liquors

I, the undersigned, do hereby respectfully make application to the local governing body of the Village of New Glarus, County of Green, Wisconsin for a license to serve, from date hereof to June 30, 2026, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all act amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me. I certify that I am 42 years of age. Answer the following questions fully and completely: Name of Applicant: Amanda Parsons Address of Applicant: WOZRS TUCKEN Rd montrealo, wi 53570 Is application new or renewal? _____ If renewal, was your last license issued in the Village of New Glarus? YES / NO If not, where? As required by WI Stats. Section 125.17(6), have you completed the alcohol awareness course? YES / NO. If so, where? 360 training learn 2 serve Place of Employment: Blanchardully Coop STATE OF WISCONSIN **GREEN COUNTY** (Print Name), being the undersigned states that (s)he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

Res. R23-34

APPLICATION FOR OPERATOR'S LICENSE BACKGROUND INFORMATION

NAME: Amanda lanse Parsons First Middle Last ADDRESS: WW995 TWEET Road	
CITY/STATE/ZIP: Montrello, Wi 53570	
PHONE NUMBER: 60 08 292 0178	
DATE OF BIRTH: 08 19 1981 DRIVER LICENSE #: P6250128179900	
Previous Address (less than 5 years): 113 10/4 st #2 Pardle ung	M' 53
Have you ever been convicted of any felony? YES NO Date of such conviction Name of Court	
Nature of offense	_
Have you been convicted of any Misdemeanor/Municipal Ordinance within the last 10 years? (vist convictions: Date of such conviction	ES / NO
Name of Court: Columbia	
Name of Court: Columbia Nature of offense: Ballery 83	3
Name of Court:	_
Name of Court:	
Name of Court:	ted malt
Name of Court:	
Name of Court:	or —
Name of Court:	or —

94

POLICE ADMINISTRATION'S REPORT TO Public Safety / Village Board
TRAFFIC NCIC CIB LOCAL CCAPNWCCA
CRIMINAL HISTORY NOT RUN OTHER:
POLICE ADMINISTRATION'S RECOMMENDATION: APPROVE / DENY If denied, reason:
Applicant has been convicted of a felony that substantially relates to the licensed activity (unless duly pardoned).
Applicant has habitually been a law offender (arrest or conviction of at least two offenses which are substantially related to the licensed activity within the five years immediately preceding the license application).
Applicant did not disclose complete information on application. X DOC - conditions + agent not Allowing. BACKGROUND INVESTIGATION COMPLETED BY: chief Sturderant DATE: 5-31-24 N34-0/849
PUBLIC SAFETY COMMITTEE DETERMINATION: APPROVE / DENY / NOT APPLICABLE*
DATE:
If denied, reason:
*Application does not require Committee review if Police Dept. recommends approval
VILLAGE BOARD DETERMINATION: APPROVE / DENY DATE: If denied, reason:
Denial notice sent by certified mail to applicant by Village Clerk:(date)
Renewal Applicant request for Reconsideration Hearing:
RECONSIDERATION HEARING (by closed session): [Must be at least 10 days after notice of denial.]
DETERMINATION: AFFIRM / REVERSE DATE:
Denial notice sent to applicant by Village Clerk:(date)
NOTE: A renewal applicant who is denied any license upon reconsideration of the matter may apply

NOTE: A renewal applicant who is denied any license upon reconsideration of the matter may apply to the Circuit Court pursuant to § 125.12(2)(d), Wis. Stats., for review.

Municipal Ordinance § 185-23 Rev. 7.18



LEARN 2 SERVE

CERTIFICATE OF COMPLETION

This certifies that

Amanda Parsons

is awarded this certificate for

Wisconsin Responsible Beverage Server Training

Completion Date 05/05/2024

Date 0000

Expiration Date 05/05/2026

Certificate #

Official Signature

Wisconsin Department of Revenue Responsible Beverage Server Course in compliance with secs. 125.04(5)(a)5., 125.17(6), and 134.66(2m), Wis. Stats. This certificate is non-transferable and represents the successful completion of an approved

6504 Bridge Point Parkway, Suite 100 | Austin, TX 78730 | www.360training.com

24-13

Form AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	
July 1,24, - June 3	0,25

AB 200		Application		July 1,24,	- June suras
_icense(s) Reques	ted: (up to two boxes may l	be checked)		Fees	
☑ Class "A" Beer .] Class "B" Beer \$	License	Fees	\$ 1100.00
	4] "Class B" Liquor \$	Backgro	und Check Fee	\$
		Reserve "Class B" Liquor \$			\$
	(3.5.5.5.7)				
_] "Class C" Liquor	(wine only) \$	cigarelle's #100). Total Fe	es	\$
	s/Business Information				
	ime (individual name if sole prop				
	ille Coop Oil Ass	ociation			
2. Business Trade Na	ame or DBA				
		4 Missonsin	Seller's Permit Numb	or	
3. FEIN					
39-0169230		456	00004748		
5. Entity Type (check		[] Limited Lightlity Company	Cooporation	□ Nonnr	ofit Organization
Sole Proprie		Limited Liability Company 7. Date of Organization		isin DFI Registrati	
6. State of Organizat	ion	06/01/1935	O. VVISCO	200434	5
WI O Promises Address		06/01/1935		500151	<u> </u>
9, Premises Address 1401 Highw					
10. City	ay 05		11. State	12. Zip Code	
New Glarus			WI	53574	
13. County		14 Governing Municipality: [] City			ic District
Green		of: New Glarus			
16. Premises Phone		17. Premises Email	18 V	Vebsite	
(608) 527-	2112	ngcs@blanchardville	www.	.blanchar	dvillecoop.
are kept. Describ	pe all rooms within the building, pises described in this application	buildings where alcohol beverages a including living quarters. Authorized n. Attach a map or diagram and addi	alcohol beverage activ	ities and storage	l, and related records of records may occur
20. Mailing Address ((if different from premises addre	ess)			
21. City			22. State	23. Zip Code	
Part B: Questio	ons				
violating federal	or state laws or local ordina	ership, limited liability company, ances? Exclude traffic offenses un ch additional sheets if necessary	nless related to alco		☐ Yes 🗸 No
Law/Ordinance Viola	led	Location		Trial Date	-12/
Penalty Imposed			Was sentence co	mpleted?	Yes No
Law/Ordinance Viola	ted	Location	IV.	Trial Date	
Penalty Imposed			Was sentence co	mpleted?	Yes No

Are charges for any offenses pending beverages.	against the busine	ess? Exclude traffi	c offenses ur	less related to a	alcohol []	Yes 🔽
If yes, describe the nature and status	of pending charge	s using the space	below. Attach	n additional shee	ets as needed	
Is the applicant business or any of its individuals or entities a restricted investigation of the restriction. If yes, provide the name of the restriction.	stor with any inte	rest in an alcohol	beverage pro	oducer or distrib	er related outor? []	Yes 🗸
Is the applicant business owned by an If yes, provide the name(s) and FEIN(s)	other business en s) of the business	entity owners belo	w. Attach add	ditional sheets a	s needed	Yes 🗸 I
4a. Name of Business Entity		4b. Busine	ess Entity FEIN			
5. Have the partners, agent, or sole prop this license period? Submit proof of co 6. Is the applicant business indebted to a 7. December applicant business.	mpletionny wholesaler bey	yond 15 days for b	eer or 30 day	s for liquor/wine	?	Yes 🔽 1
7. Does the applicant business owe past	due municipal pro	operty taxes, asses	ssments, or o	ther fees?	9 · · · 9 · 89 LJ	Yes 🚺 1
Part C: Individual Information						
List the name, title, and phone number for eac Question 4: sole proprietor, all officers, director managers, and agent of a limited liability compenctude Form AB-100 for each person listed be	s, and agent of a co any. Altach addition	orporation or nonprofi al sheets if necessar	it organization, y	all partners of a p	partnership, and	listed in Par all members
Last Name	First Name	and LLCs must appoi	Title	including Funti A	Phone	
Erickson	Dave		Preside	ent		206-187
Stangeland	Steve		Secreta	ry	(608)	214-044
Part D: Attestation						
READ CAREFULLY BEFORE SIGNING: Und I am acting solely on behalf of the applicant burights and responsibilities conferred by the lice according to the law, including but not limited to any portion of a licensed premises during in revocation of this license. I understand that a understand that I may be prosecuted for submingly provides materially false information on the same content of the same content o	Il partner of a part ler penalty of law, I l usiness and not on l ense(s), if granted, v to, purchasing alco isspection will be dee ny license issued co litting false statemen	nership • or have answered each behalf of any other in will not be assigned that hol beverages from emed a refusal to allo portrary to Wis. Stat.	ndividual or en lo another indi state authorize ow inspection. Chapter 125 s	questions completity seeking the lividual or entity. I ed wholesalers. I Such refusal is a shall be void under this application.	cense, Further, agree to opera understand that misdemeanor agreement that any poor to the control of statement that are the control of sta	Illy. I agree to a lagree that the this busined tack of accounts to law I furt
Last Name		First Name				M.I.
Steinemtz Title	Email	Gery			Tex	E
General Manager		ys@blanchar	dvilleco	on acm	(608) 5	23 4204
Signature		ysestanenar	Date		08/24	23-4294
Part E. For Clerk Use Only		111 11111111111111111111111111111111111				
Date Application Was Filed With Clerk Licens 5 - 16-24 Signature of Clerk/Deputy Clerk	e Number 24-1	3	Date Lie	cense Granted	Date Licens	
E-200 (N. 03-24)		- 2 -		Date Provisiona	License Issued	(if applicabl

AB-101 (N 03-24)

Alcohol Beverage Appointment of Agent

Date		
05	/08/	2024

Wisconsin Department of Revenue

Agent Type (check one)								
✓ Original (no fee) Successor (\$10 fee for	munic	cipal licens	ees onl	y)				
Part A: Business Information								
Legal Business Name (individual name if sole proprietor)								
Blanchardville Coop Oil Association	n							
2. Business Trade Name or DBA								
			600	>				
3. Entity Type (check one) Limited Liability Comp	any	a	Sorpor	ration	☐ Non	profit Orga	nization	
4. Alcohol Beverage Business Authorization (check one)	5.	If successo	agent, p	provide State	Permit or Mu	ınicipal Retai	I License N	lumber
 Municipal Retail License State Permit Describe the reason for appointing a successor agent, if successor 	oor lo	chacked ab	200					
Part B: Agent Information		1000						
1. Last Name		First Name					3. M.	E
Steinmetz	_L	Gery				5. Phone		
4. Email						(608)	523-4	294
gerys@blanchardvillecoop.com						(0007		
6. Home Address 4154 330th St.								
7. City		8. State	9. Zip C	Code		10. Age		
Boyd		WI	547			61		
11. Drivers License/State ID Number		1	12.	Drivers Licer	nse/Slate ID S	State of Issua	ance	
\$353-2856-3102-01				WI				
Part C: Agent Questions								
Have you satisfied the responsible beverage server tra- Submit proof of completion.	aining	requireme	ent?		930 WWWW.	DOCOCH HOUSE	✓ Yes	☐ No
Have you completed Form AB-100, Alcohol Beverage Submit a completed Form AB-100 with this form.	Indivi	dual Ques	tionnair	е?	n Ponta Naza	T. F. S. F. F. S.	✓ Yes	☐ No
Have you been a Wisconsin resident for at least 90 co See instructions for exceptions.	ntinuo	ous days?	226 V V V	KI KICIG DES	A CHIEF EMPR	4) * (4) * (4) * (1)	✓ Yes	∏ No
							Contii	nued —

-1-

Part D: Business Attestation READ CAREFULLY BEFORE SIGNING: I, the Undersigned, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted. M.I. First Name Last Name Ε Steinmetz Gery Title Phone (608) 523-4294 General Manager gerys@blanchardvillecoop.com Signature 05/08/24 Part E: Agent Attestation READ CAREFULLY BEFORE SIGNING: I, the Agent, herby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted. First Name M.I. Last Name Ε Steinmetz Gery Date Signature

05/08/24



Certificate

RESPONSIBLE BEVERAGE SERVER

awarded to

Gery Steinmetz

Revenue Responsible Beverage Server Course in compliance with secs. 125.04(5)(a)5., 125.17(6), This certificate represents the successful completion of an approved Wisconsin Department of and 134.66(2m), Wis. Stats.

www.Wisconsin-Bartending.com

Training Provider

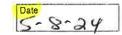
05/16/2024

Training Date

Form

AB-100

Alcohol Beverage Individual Questionnaire



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

· sole proprietor

- all officers, directors, and agent of a corporation or nonprofit organization
 members and agent of a limited liability company
- · all partners of a partnership

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information								
Legal Business Name (individual name if:	sole proprietor)							
Blanchardville Coop Oil		n						
2. Business Trade Name or DBA								
-								
3. Entity Type (check one)				Charle	`			
☐ Sole Proprietor ☐ Partners	hip Limited	Liabili	ty Compai	ny Corporation	on [Nonprofit C	Organization	
Cov. To the control of the control o				THE SECOND SECON				
Part B: Individual Information								
1, Last Name		2. F	irst Name				3. M.I.	
Steinmetz		G	ery				Ē	
4. Relationship to Business (Title)	5. Email			in state of the st		6. Phone	Ir and a second	
General Manager	gerys	@bla:	nchard	villecoop.com		(608)	523-4294	
7. Home Address								
4154 330th St.								
8. City			9. State	10. Zip Code		11. Date of E	Birth	
Boyd			WI	54726		03/22	:/63	
12. Drivers License/State ID Number				13. Drivers License/State ID State of Issuance				
S353-2856-3102-01				MI				
THE RESERVE TO SERVE THE RESERVE THE RESER	***************************************							
Part C: Address History								
Do you currently reside in Wisconsin	2				- V		Yes No	
The body out out only reside in wisconsin	1 (0)(0)(0)(0)(0)(1)(0)(0)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)					C+0+0+0+0+0+10+10+10+10+10+10+10+10+10+10		
If yes to 1 above, how long have you	continuously lived in	n Wisc	onsin prio	r to the date of applica	ation?	Years	Months	
						61	1	
2. List in chronological order all of your	addresses within the	e last 5	years. At	tach additional sheets	if necess	ary.		
Previous Address 1		City State Zip			Zip Code			
4154330th 5th Adore	•	B = 2			WI	54	124	
Previous Address 2					State	Zip Code		
Previous Address 3		City Sta			State	Zip Code		
Previous Address 4		City			State	Zip Code	9	
Previous Address 5		City State			Zip Code	Э		
3. List all states and counties you have	lived in as an adult.	Attach	additiona	I sheets if necessary.		rance Eliza et arrange		
State County State	County		State	County	State	County		
					2.3.0			
State County Reva	County		State	County	State	County	·	
	·							
<u>1</u> 1			1	L				

Continued -→

# Harrison and harmonic dated of a conflict			
 Have you ever been convicted of any offenses (for violation of any federal, Wisconsin, or another 			
If yes to question 1, please list details of each co	onviction below. Attach a	dditional sheets as needed.	
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed	enalty imposed		
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence complete	d? Yes No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence complete	ed? Yes No
sheets as needed.			
Part E: Attestation			
Part E: Attestation READ CAREFULLY BEFORE SIGNING: Under truthfully. I certify that I am not prohibited from problem of the control of the c	articipating in this busir erstand that any licenso at I may be prosecuted f	ess due to any involvement in s issued contrary to Wis. Stat or submitting false statements	n another tier of the alcohol . Chapter 125 shall be void and affidavits in connection

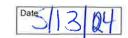
Alcohol Beverage License Application

For	Munici	pal Use Only		
Municipality	٧.	NG		
License Perio	1,2	4-June	30	,25

AD-200		Application	on ——————			July 1	24-June 3
License(s) Reques	ted: (up to two boxes ma	ay be checked)				Fees	
Class "A" Beer		Class "B" Beer	<u> </u>		License Fe	ees	\$ 500.00
✓ "Class A" Liquor	_{\$} 500.	☐ "Class B" Liquor .	ADD: NY \$_		Backgrour	nd Check Fee	
☐ "Class A" Liquor ((cider only) \$	Reserve "Class B'	Liquor \$_		Publication		\$
☐ "Class C" Liquor ((wine only) \$				Total Fees	<u> </u>	\$
Part A: Premises	s/Business Information	on					
1. Legal Business Nar	me (individual name if sole p	roprietorship)					
Brenda's B	lumenladen LLC						
2. Business Trade Na	me or DBA						
3. FEIN			4. Wisconsin	Seller's Pe	ermit Number		
46-4112140			456-10	0282662	294-02		
5. Entity Type (check of	one)						
Sole Proprie		✓ Limited Liability		Cd	orporation		fit Organization
6. State of Organization	on	7. Date of Organizati				DFI Registration	
WI		11-15-20	1/2		B	7644	7
9. Premises Address							
17 6th Ave						T	
10. City					11. State	12, Zip Code	
New Glarus 13. County		14 Coverning Municipal			WI	53574	o Diotriot
Green		14. Governing Municip		/ [] Iown	✓ Village	15. Aldermani	C DISTRICT
16. Premises Phone		17. Premises Email	Lub		18, Web	noite	
(608) 527-2) 2 3 N	brendasblume	nladone	ama i law			ladon dom
19. Premises Descript are kept. Describe	tion - Describe the building o all rooms within the building ses described in this applicati	r buildings where alcoho , including living quarters	I beverages a	re produced	d, sold, stored erage activitie	, or consumed, s and storage o	and related records
Ave, New Gla	umenladen/Railro Arus, WI 53574 i nd store room ab	ncluding both	buildin	ıqs, wa	lkway b	Ave/18 7t etween bo	ch oth
20. Mailing Address (if	different from premises addr	ress)					
PO Box 5							
21. City					22. State	23. Zip Code	
New Glarus					WI	53574	
Part B: Question	S						
1. Has the business violating federal of	(sole proprietorship, parti or state laws or local ordin	nership, limited liabilit ances? Exclude traffic	y company, o c offenses ur	or corpora iless relate	tion) been c ed to alcoho	onvicted of beverages.	☐ Yes 🗸 No
If yes, list the deta	ails of violation below. Atta	ach additional sheets i	f necessary.				
Law/Ordinance Violate	d	Location			Tri	al Date	
Penalty Imposed							
				Was sen	tence comp	leted?.	Yes No
Law/Ordinance Violate	d	Location			Tri	al Date	
					'''		
Penalty Imposed				Was sen	tence comp	leted?	Yes No

2. Are charges for any offenses pending a beverages.	against the business	? Exclude traffic	offenses unl	ess related to alco	ohol 🛪 . 🔲	Yes ✓ I	No
If yes, describe the nature and status o	f pending charges u	ising the space be	elow. Attach	additional sheets	as needed.		
Is the applicant business or any of its individuals or entities a restricted investigation of the restrict that it is a second of the restrict that it is a second of the restrict that it is a second of the restrict that is a s	stor with any interes	st in an alcohol be	everage pro	ducer or distribute		Yes ✓ I	No
4, Is the applicant business owned by and	other business entity	/?	dividual subst	e dialesta da de la secola	F 2155207	Yes 🗸 ſ	No
If yes, provide the name(s) and FEIN(s) of the business en			itional sheets as n	ieeded.		
4a. Name of Business Entity		4b. Busines	s Entity FEIN				
5. Have the partners, agent, or sole propr	ietor satisfied the re	sponsible bevera	ne server tra	ainina requirement	for		
this license period? Submit proof of co						Yes 🗌 1	No
6. Is the applicant business indebted to a	ny wholesaler beyor	nd 15 days for bee	er or 30 days	s for liquor/wine?,	9 6 9 (6)	Yes ✓ 1	No
7. Does the applicant business owe past	due municipal prope	erty taxes, assess	ments, or ot	her fees?		Yes ✓ I	No
Part C: Individual Information							
List the name, title, and phone number for each Question 4: sole proprietor, all officers, director							
managers, and agent of a limited liability comp				all pattiers of a part	ncisnip, and	all illettibers	5,
Include Form AB-100 for each person listed be	low. Corporations and	LLCs must appoin	t an agent by i	including Form AB-1	01.		
Last Name	First Name		Title		Phone		
Siegenthaler	Brenda		Owner/M	ember	(608)	524-223	30
Part D: Attestation					I .	40	-
One of the following must sign and attest	to this application:						
• sole proprietor • one genera		ership • one	e corporate o	officer • one	member of	an LLC	
READ CAREFULLY BEFORE SIGNING: Und							
I am acting solely on behalf of the applicant be rights and responsibilities conferred by the lice							
according to the law, including but not limited	to, purchasing alcoho	I beverages from s	tate authorize	d wholesalers. I un	derstand tha	t lack of acc	ess
to any portion of a licensed premises during in revocation of this license. I understand that a							
understand that I may be prosecuted for submingly provides materially false information on t	•					rson who kn	ow-
Last Name	ins application may be	First Name	TION THOSE THAI	T \$ 1,000 II CONVICTOR	u.	M.I.	
Siegenthaler		Brenda					
Title	Email				Phone		
Owner/Member	bren	dasblumenla	aden@gma	il.com	(608) 5	27-223	0
Brenda Siegenthale	n		Date	04/1	1/24		
Part F: For Clerk Use Only				0 - 7 - 1	,		
Date Application Was Filed With Clerk Licens	se Number # 24.	10	Date Lie	cense Granted	Date Licens	se Issued	
	# 24	-ld					
Signature of Clerk/Deputy Clerk				Date Provisional L	icense Issue	d (if applicat	ole)
AB-200 (N. 03-24)							
NU-200 (14, 00-24)		-2-					

Alcohol Beverage Appointment of Agent



Agent Type (check one)				
✓ Original (no fee) Successor (\$10 fee for mu	ınicipal licen	sees only)		
Part A: Business Information				
Legal Business Name (individual name if sole proprietor)				
Brenda's Blumenladen LLC				
2. Business Trade Name or DBA				
3. Entity Type (check one) ✓ Limited Liability Company		Corporation	☐ Nonprofit Organ	nization
4. Alcohol Beverage Business Authorization (check one) ☐ Municipal Retail License ✓ State Permit	5, If successo	agent, provide Stat	e Permit or Municipal Retail	License Numbe
Describe the reason for appointing a successor agent, if successor is	is checked ab	N/A		
Part B: Agent Information	2. First Name			3. M.I.
Siegenthaler	Brenda			3. IVI.1.
4. Email	brenda		5. Phone	
brendasblumenladen@gmail.com			(608)	527-2230
6. Home Address				
7965 Ritschard Rd				
7. City	8, State	9. Zìp Code	10. Age	
New Glarus	WI	53574	64	
11. Drivers License/State ID Number		12. Drivers Licer	nse/State ID State of Issuan	ce
S253-0725-9763-02		WI		
Part C: Agent Questions				
 Have you satisfied the responsible beverage server training Submit proof of completion. 	g requireme	nt?	auser kanna er en er er er er	Yes N
2. Have you completed Form AB-100, <i>Alcohol Beverage Indiv</i> Submit a completed Form AB-100 with this form.	ridual Questi	onnaire?	**************************************	Yes N
Have you been a Wisconsin resident for at least 90 continu See instructions for exceptions.	ous days?.	esa nasa noot oos.		Yes N

 $\textit{Continued} \rightarrow$

Part D: Business Attestation								
READ CAREFULLY BEFORE SIGNING: I, the Undersigned , authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.								
Last Name		First Name			M.I.			
Siegenthaler		Brenda						
Title	Email			Phone				
Owner/member	brendas	blumenladen@gmail.co	m	(608) 52	7-2230			
Signature Blenda Stepichale	6		Date 5/1	3/24				
Part E: Agent Attestation								
READ CAREFULLY BEFORE SIGNING: I, the Agent , herby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.								
Last Name		First Name			M.I.			
Siegenthaler Brenda								
Signature Date 5/13/24								

ERIcense.com

This certificate is awarded to

Brenda Siegenthler

on 10/01/2018

for successful completion of the

Wisconsin Responsible Beverage Server Training Program

ServerLicense.com is approved by the Wisconsin Department of Revenue and fully complies with statutes 125.04 and 125.17.

Present this certificate to your local Municipal Clerk's office to receive your Operator's or Retail Server license.

Certificate Number:

SI 94503

Alcohol Beverage Individual Questionnaire



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

- all officers, directors, and agent of a corporation or nonprofit organization
 members and agent of a limited liability company
- · all partners of a partnership

Part A: Business Information

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

4. Lengt Dissipar	- Nieman Gradinial	1	.1	1 A							
	ss Name (individua 3 Blumenla			tor)							
2. Business Trac		<u> </u>									
	o ramo or BB,										
3. Entity Type (c.	heck one)										
☐ Sole Pro	prietor 🗌	Partnersh	ip 🛭	Limited L	_iabili	ty Compa	any	☐ Corporation	n 🗆] Nonprofit (Organization
Part B: Indiv	idual Informa	ation			-						
1. Last Name					2. F	irst Name					3. M.I.
Siegenth	naler				В	renda					
4. Relationship to	Business (Title)	=	5	. Email						6. Phone	
Owner				brendas	sblı	umenla	den@g	mail.com		(608)	527-2230
7. Home Address	5									1	
7965 Rit	schard Rd										
8. City						9. State	10. Zi	ip Code		11. Date of I	Birth
New Glar						WI	5	3574		07/23	3/59
	se/State ID Numb	er					13. D	rivers License/St	ate ID Sta	te of Issuance	е
S253-072	25-9763-02						M	I			
Part C: Addr	ess History										
	ently reside in W	/isconsin?									Yes No
Do you ound	sindy rooted in TV	10001101111							9535053		163110
If yes to 1 at	oove, how long h	nave you o	continuou	sly lived in	Wisc	onsin prid	or to the	date of applicat	tion?	Years	Months
										48	
	ological order al	l of your a	ddresses	within the	last 5	years. A	ttach add	ditional sheets	if necess	ary.	
Previous Address					City				State	Zip Code	•
	-Saml	4									
Previous Address	s 2				City State			Zip Code)		
Previous Address	s 3				City State			Zip Code)		
Previous Address	s 4				City State Z			Zip Cod	e		
Previous Address	5 5				City				State	Zip Cod	e
3. List all states	s and counties y	ou have li	ved in as	an adult. A	ttach	additiona	al sheets	if necessary.			
State Count		State	County			State	County		State	County	
MA	noon					3.0.0	County		Oldic	County	
State County	1	State	County			State	County		State	County	
	•									Sounty	
			1			1	1				

Part D: Criminal History	Part D: Criminal History						
Have you ever been convicted of any offenses (exclud for violation of any federal, Wisconsin, or another state							
If yes to question 1, please list details of each conviction	on below. Attach addition	onal sheets as needed.					
Law/Ordinance Violated	Location		Conviction Date				
Penalty Imposed	17	Was sentence completed?	. Yes No				
Law/Ordinance Violated	Location		Conviction Date				
Penalty Imposed		Was sentence completed?	. Yes No				
Law/Ordinance Violated	Location		Conviction Date				
Penalty Imposed		Was sentence completed?	. Yes No				
If yes to question 2, describe nature and status of per sheets as needed.	nding charges using th	e space below. Attach additional					
Part E: Attestation							
READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.							
Signature Suinchalur		Date 05/1	6/2024				
0							

#248

Form

Alcohol Beverage License

For Municipal Use Only							
Municipality	V	NG					
License Perio	24-	June 3	50,25				

AB-200	7.10011	Application		Missess Daving	June 30,25
License(s) Reques	ted: (up to two boxes may b	pe checked)		Fees	
Class "A" Beer .	s <u>500.</u> 🗆	Class "B" Beer \$ _	Licens	se Fees	\ \$
"Class A" Liquor	<u>\$ 500.</u> 🗆	"Class B" Liquor \$ _	-	round Check Fee	
Class A" Liquor	(cider only) \$	Reserve "Class B" Liquor \$_	<u> </u>	ation Fee	\$
Class C" Liquor	(wine only) \$		Total		\$
	s/Business Information				
2 2 2	me (individual name if sole propr	ACT-1755A77			
2. Business Trade Na	Roys War	(F			
3. FEIN	57.5	4. Wisconsin	Seller's Permit Nun	nber	
8(− 278 5. Entity Type (check)		456.	1029314	112.02	
Sole Proprie	•	Limited Liability Company	☐ Corporation	on Nonpro	ofit Organization
6. State of Organization	'n	7. Date of Organization 8-2016		onsin DFI Registrati	
9. Premises Address	19 PO		Ida C		
TU. City		Box 424, WW	11. Stat		
13. County	6-larus	4.0	_ W		
bree		4. Governing Municipality: City of: Vew blace		age 15. Aldermani	c District
16. Premises Phone	7-2914	7. Premises Email	16 1 18.	Website	1
	tion - Describe the building or bu	deuvreson & to	1).ncT		
are kept. Describe only on the premis 12,000 5 Displayed y located Nu	e all rooms within the building, increase described in this application.	cluding living quarters. Authorized a Attach a map or diagram and addit lucated At 600 ast Corner of additional or the corner of	alcohol beverage actional sheets if neces	ivities and storage of ssary. 19 - Alculor (19 - Alculor)	thu (15
20. Mailing Address (ii	merent from premises address				
21. City			22. Stat	e 23. Zip Code	
Part B: Question	s				
1. Has the business	(sole proprietorship, partners	ship, limited liability company, opes? Exclude traffic offenses un	or corporation) be	en convicted of	☐ Yes ፟ No
		additional sheets if necessary.		oner bararagoo.	_ 100 A 110
Law/Ordinance Violate	d	Location		Trial Date	
Penalty Imposed			Was sentence co	ompleted?	Yes No
Law/Ordinance Violate	d	Location		Trial Date	
Penalty Imposed					
,,		2	Was sentence co	ompleted?	Yes No

Are charges for any offenses pending beverages.	against the busines	ss? Exclude traffic	offenses unless related t	o alcohol Yes Vo			
If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.							
Is the applicant business or any of its individuals or entities a restricted inveit fyes, provide the name of the restrict.	stor with any interes	est in an alcohol be	everage producer or dist	other related tributor? Yes Vo			
Is the applicant business owned by and If yes, provide the name(s) and FEIN(s).	other business enti	ty?ntity owners below.	. Attach additional sheets	Yes No s as needed.			
4a. Name of Business Entity Burreson's Market I		4b. Business					
5. Have the partners, agent, or sole proprethis license period? Submit proof of core.6. Is the applicant business indebted to a property.7. Does the applicant business owe past	mpletion ny wholesaler beyo	esponsible beveragenond 15 days for bee	ge server training require	ement for Yes No ine? Yes No			
Part C: Individual Information							
List the name, title, and phone number for each Question 4: sole proprietor, all officers, director managers, and agent of a limited liability comparticulated form AB-100 for each person listed bel	s, and agent of a corp any, Attach additional	ooration or nonprofit of sheets if necessary.	organization, all partners of	a partnership, and all members,			
Last Name	First Name		Title	Phone			
	_						
Burreson	Darin		Owner	608 558-1462			
Part D: Attestation							
One of the following must sign and attest t • sole proprietor • one general	o this application: partner of a partne	ership • one	corporate officer	one member of an LLC			
READ CAREFULLY BEFORE SIGNING: Undo I am acting solely on behalf of the applicant but rights and responsibilities conferred by the lice according to the law, including but not limited to to any portion of a licensed premises during in- revocation of this license. I understand that an understand that I may be prosecuted for submi- ingly provides materially false information on the	er penalty of law, I ha siness and not on be nse(s), if granted, wi to, purchasing alcoho spection will be deen by license issued con ting false statements	ave answered each of ehalf of any other ind ill not be assigned to be beverages from standard a refusal to allow trary to Wis. Stat. Class and affidavits in cone required to forfeit results.	f the above questions com ividual or entity seeking the another individual or entity atte authorized wholesalers rinspection. Such refusal is napter 125 shall be void unaction with this application	pletely and truthfully. I agree that a license. Further, I agree that the I agree to operate this business. I understand that lack of access a misdemeanor and grounds for der penalty of state law. I further n, and that any person who knowwicted.			
Last Name Burres		First Name		M.I.			
Title	Email			Phone			
Owner	dbu	urreson@	tds.net	608 558-1462			
Signature			Date 4-24-2				
Part E: For Clerk Use Only			1010				
	e Number 24-0	58	Date License Granted	Date License Issued			
Signature of Clark/Deputy Clerk Date Provisional License Issued (if applicable)							
Dearing I burg			Date Provisio	nal License Issued (if applicable)			

Form		
Α	B-1	01

Alcohol Beverage Appointment of Agent

Date			

Submit proof of completion. 2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire? Yes Note that a completed Form AB-100 with this form. 3. Have you been a Wisconsin resident for at least 90 continuous days? Yes Note that the submit a complete that the submit a comp	Agent Type (check one)			4		
1. Legal Business Name (individual name if sole proprietor) DUTCESON'S MARKET 2. Business Trade Name or DBA 3. Entity Type (check one) Limited Liability Company Corporation Nonprofit Organization 4. Alcohol Beverage Business Authorization (check one) Municipal Retail License State Permit 6. Describe the reason for appointing a successor agent, if successor is checked above. Part B: Agent Information 1. Last Name Burreson 2. First Name Darin 3. M.I. L 4. Email dburreson & ds. nef 6. Home Address 2. LL S. Rucking St. 7. City Madison 12. Drivers License/State ID Number 13. M.I. L 14. Email 5. Phone 6. Home Address 2. LL S. Rucking St. 12. Drivers License/State ID State of Issuance Wisconsin 12. Pirst Name 13. M.I. L 14. Email 5. Phone 6. Home Address 2. LL S. Rucking St. 10. Age 5. Phone 12. Drivers License/State ID State of Issuance Wisconsin 14. Everyou satisfied the responsible beverage server training requirement? 15. Have you satisfied the responsible beverage server training requirement? 16. Have you satisfied the responsible beverage server training requirement? 17. Livers License State ID Alcohol Beverage Individual Questionnaire? 18. State State ID State of Issuance Submit a completed Form AB-100, Alcohol Beverage Individual Questionnaire? 19. Have you been a Wisconsin resident for at least 90 continuous days? 19. Have you been a Wisconsin resident for at least 90 continuous days? 10. Alcohol Beverage Individual Questionnaire? 10. Alcohol Beverage Individual Questionnaire? 10. Alcohol Beverage Individual Questionnaire? 11. Aleve you been a Wisconsin resident for at least 90 continuous days?	Original (no fee)	\$10 fee for munic	pal licensees only)			
1. Legal Business Name (individual name if sole proprietor) DUTCESON'S MARKET 2. Business Trade Name or DBA 3. Entity Type (check one) Limited Liability Company Corporation Nonprofit Organization 4. Alcohol Beverage Business Authorization (check one) Municipal Retail License State Permit 6. Describe the reason for appointing a successor agent, if successor is checked above. Part B: Agent Information 1. Last Name Burreson 2. First Name Darin 3. M.I. L 4. Email dburreson & ds. nef 6. Home Address 2. LL S. Rucking St. 7. City Madison 12. Drivers License/State ID Number 13. M.I. L 14. Email 5. Phone 6. Home Address 2. LL S. Rucking St. 12. Drivers License/State ID State of Issuance Wisconsin 12. Pirst Name 13. M.I. L 14. Email 5. Phone 6. Home Address 2. LL S. Rucking St. 10. Age 5. Phone 12. Drivers License/State ID State of Issuance Wisconsin 14. Everyou satisfied the responsible beverage server training requirement? 15. Have you satisfied the responsible beverage server training requirement? 16. Have you satisfied the responsible beverage server training requirement? 17. Livers License State ID Alcohol Beverage Individual Questionnaire? 18. State State ID State of Issuance Submit a completed Form AB-100, Alcohol Beverage Individual Questionnaire? 19. Have you been a Wisconsin resident for at least 90 continuous days? 19. Have you been a Wisconsin resident for at least 90 continuous days? 10. Alcohol Beverage Individual Questionnaire? 10. Alcohol Beverage Individual Questionnaire? 10. Alcohol Beverage Individual Questionnaire? 11. Aleve you been a Wisconsin resident for at least 90 continuous days?						
Burreson's Market Inc. 2. Business Trade Name or DBA						
Roy's Market 3. Entity Type (check one) Climited Liability Company Corporation Nonprofit Organization	Burreson's Market:					
Limited Liability Company Corporation Nonprofit Organization	ROY'S MARKET					
Part B: Agent Information 1. Last Name Burneson 2. First Name Darin 5. Phone 6. Home Address 2145. Pincking 7. City Madison 11. Drivers License/State ID Number Part C: Agent Questions 1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion. 2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire? Submit a completed Form AB-100 with this form. 3. M.I. L 5. Phone 6. State 9. Zip Code Code Code Code Code Code Code Code	3. Entity Type (check one) Limited Liab	ility Company	☐ Corporation	☐ No	nprofit Organiz	ation
Part B: Agent Information 1. Last Name Burneson 4. Email 4. Email 4. Email 5. Phone 6. Home Address 214 7. City Madison 10. Age 5. Tincknig St 11. Drivers License/State ID Number 12. First Name Construction 13. M.J. 14. Email 5. Phone 6. 8. State 7. City Madison 12. Drivers License/State ID State of Issuance Wis Sconsin 14. Have you satisfied the responsible beverage server training requirement? 15. Phone 16. State ID. Age 17. City 18. State ID. Age 19. Zip Code 10. Age 10. Age 11. Drivers License/State ID State of Issuance Wis Sconsin 12. Drivers License/State ID State of Issuance Wis Sconsin 13. M.J. 14. Email 5. Phone 6. Ves IN 15. Phone 6. Ves IN 16. Agent Questions 17. Agent Questions 18. State ID. Alcohol Beverage Individual Questionnaire? 18. State ID. Agent Questions 19. Agent Questions 10. Age 10. Ag			successor agent, provide S	State Permit or M	unicipal Retail L	icense Number
1. Last Name Burreson 4. Email dburreson 1 ds , net 6. Home Address 21 L S. Pinckny St 7. City Madison 11. Drivers License/State ID Number Part C: Agent Questions 1. Have you satisfied the responsible beverage server training requirement? 2. First Name Darin 5. Phone 608-558-166 a 8. State 9. Zip Code Wis 53 703 12. Drivers License/State ID State of Issuance Wis Sconsin Part C: Agent Questions 1. Have you satisfied the responsible beverage server training requirement? 2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire? 3. M.I. 5. Phone 608-558-166 a 10. Age 57 12. Drivers License/State ID State of Issuance Wis Sconsin Yes N Submit a completed Form AB-100, with this form. 3. Have you been a Wisconsin resident for at least 90 continuous days? X Yes N	6. Describe the reason for appointing a successor age	nt, if successor is ch	ecked above.			
2. First Name Darin 2. First Name Darin 4. Email 4. Email 4. Email 5. Phone 6. Home Address 2145. Pincknig St 7. City Madison 11. Drivers License/State ID Number Part C: Agent Questions 1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion. 2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire? 3. M.I. 5. Phone 6.08-558-1662 10. Age 57 12. Drivers License/State ID State of Issuance Wit Sconsin Yes N Submit a completed Form AB-100, Alcohol Beverage Individual Questionnaire? 3. M.I. 4. Email 5. Phone 6.08-558-1662 10. Age 57 12. Drivers License/State ID State of Issuance Wit Sconsin Yes N Submit a completed Form AB-100, Alcohol Beverage Individual Questionnaire? Yes N Submit a completed Form AB-100 with this form.						
2. First Name Darin 2. First Name Darin 4. Email 4. Email 4. Email 5. Phone 6. Home Address 2145. Pincknig St 7. City Madison 11. Drivers License/State ID Number Part C: Agent Questions 1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion. 2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire? 3. M.I. 5. Phone 6.08-558-1662 10. Age 57 12. Drivers License/State ID State of Issuance Wit Sconsin Yes N Submit a completed Form AB-100, Alcohol Beverage Individual Questionnaire? 3. M.I. 4. Email 5. Phone 6.08-558-1662 10. Age 57 12. Drivers License/State ID State of Issuance Wit Sconsin Yes N Submit a completed Form AB-100, Alcohol Beverage Individual Questionnaire? Yes N Submit a completed Form AB-100 with this form.						
1. Last Name Burreson 4. Email dburreson						
1. Last Name Burreson 4. Email dburreson						
1. Last Name Burreson 4. Email dburreson						
1. Last Name Burreson 4. Email						
Burreson 4. Email 4. Email 4. Email 5. Phone 608-558-1662 6. Home Address 216 5. Puncking St 7. City Madison 11. Drivers License/State ID Number 12. Drivers License/State ID State of Issuance Wisconsin Part C: Agent Questions 1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion. 2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire? Submit a completed Form AB-100 with this form.	Part B: Agent Information					
4. Email dburresonetds.net 6. Home Address 2145. Puncking st 7. City Madison 11. Drivers License/State ID Number 12. Drivers License/State ID State of Issuance Wisconsin Part C: Agent Questions 1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion. 2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire? Submit a completed Form AB-100 with this form.	6.7	2. F <u>j</u>				3. M.I.
dburresonetds.net 6. Home Address 214 5. Punckning St 7. City Madison 11. Drivers License/State ID Number 12. Drivers License/State ID State of Issuance Wisconsin Part C: Agent Questions 1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion. 2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire? Submit a completed Form AB-100 with this form.			Darin		E Dhone	
7. City Madi Son 11. Drivers License/State ID Number Part C: Agent Questions 1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion. 2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire? Submit a completed Form AB-100 with this form.	dburresona tds. not				1	- 1662
Madison 11. Drivers License/State ID Number 12. Drivers License/State ID State of Issuance Wisconsin Part C: Agent Questions 1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion. 2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire? Submit a completed Form AB-100 with this form. 3. Have you been a Wisconsin resident for at least 90 continuous days? Yes N Yes N		st			000 338	75 50
Part C: Agent Questions 1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion. 2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire? Submit a completed Form AB-100 with this form.	7. City Madison	L.S.	· I ' -	3	10. Age	7
Part C: Agent Questions 1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion. 2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire? Submit a completed Form AB-100 with this form. 3. Have you been a Wisconsin resident for at least 90 continuous days? Yes N	11. Drivers License/State ID Number					е
1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion. 2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire? Submit a completed Form AB-100 with this form. 3. Have you been a Wisconsin resident for at least 90 continuous days? Yes N Yes N						
Submit proof of completion. 2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire?	Part C: Agent Questions					
Submit a completed Form AB-100 with this form. 3. Have you been a Wisconsin resident for at least 90 continuous days?		server training re	quirement?			Yes No
3. Have you been a Wisconsin resident for at least 90 continuous days?			al Questionnaire?			Yes No
	Have you been a Wisconsin resident for at le See instructions for exceptions.	ast 90 continuous	days?		X	Yes No

Part D: Business Attestation								
READ CAREFULLY BEFORE SIGNING: I, the Undersigned , authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.								
Last Name Burrison	First Name		M.I.					
	urreson (tds.	net 608 É	558-166					
Signature	٩	5-8-24						
Part E: Agent Attestation								
READ CAREFULLY BEFORE SIGNING: I, the Agent , herby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.								
Last Name	First Name		M.I.					
Signature		Date						

Alcohol Beverage Individual Questionnaire

Date	5	-&-	フ	رو
		O	_	

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

- all officers, directors, and agent of a corporation or nonprofit organization
 members and agent of a limited liability company
- sole proprietorall partners of a partnership

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

	Part A: Business Information									
	1. Legal Business Name (individual name if sole proprietor) Lourn Son's Warl of Inc.									
2. Busine	2. Business Trade Name or DBA Koy S Wlav K t									
3. Entity	3. Entity Type (check one)									
☐ So	☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization									
Part B	: Individual Inform	ation								
1. Last Name 2. First Name 3. M.I.									3. M.I.	
	Durr	<50~			Dav	Ó				_
4. Relation	onship to Business (Title	-	5. Email	1		0.	1- 1		6. Phone	
	Sole Mem	100	<u> </u>	ماعا	rrclo	104	ds.net		608 55	8-1662
7. Home 210	Address Pinc	Kny	st.	#	1301					
8. City	Madison				9. State	10. Zip C			11. Date of Bi	rth /
					Wi		3703		8-18	-66
12. Drive	12. Drivers License/State ID Number 13. Drivers License/State ID State of Issuance									
Part C: Address History										
	1. Do you currently reside in Wisconsin?									
If yes	to 1 above, how long	have you co	ontinuously lived in	Wisc	onsin prio	r to the dat	e of application	n?	Years 7	Months
2. List ir	n chronological order a	all of your ac	Idresses within the	last 5	years. At	tach addition	onal sheets if r	necessa	ry.	
	Address 1	1		City		,		State	Zip Code	
2165	. Kindling 5	<i>t</i> -			Wlac	Wor		We	537	703
Dravious	Addroso 2		^	City	1	1 5		State	Zip Code	
5200	Laile Mer	rdota	pr.		Mad	Sun		WI	637	05
Previous	Address 3			City				State	Zip Code	
Previous Address 4				City			State	Zip Code		
Previous Address 5 City State Zip Cod					Zip Code					
3. List a	List all states and counties you have lived in as an adult. Attach additional sheets if necessary.									
State	County		County	auii			ile cessaiy.	Ctete	Country	
State	County	State	County		State	County		State	County	
State	County	State	County		State	County		State	County	
						L		1		

Part D: Criminal History			
Have you ever been convicted of any offenses (exclude for violation of any federal, Wisconsin, or another state)	ing traffic offenses unl	ess related to alcohol beveraç ty or municipal ordinances?	ges)
If yes to question 1, please list details of each conviction	on below. Attach additi	onal sheets as needed.	
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?.	Yes No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed	J.º	Was sentence completed?.	Yes No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed	•	Was sentence completed?.	Yes No
beverages) for violation of any federal, Wisconsin, or a ordinances? If yes to question 2, describe nature and status of pen sheets as needed.			onal Yes No
David C. Adv. at al.			
Part E: Attestation			
READ CAREFULLY BEFORE SIGNING: Under penalt truthfully. I certify that I am not prohibited from participa beverage industry as a restricted investor. I understand under penalty of state law. I further understand that I may with this application, and that any person who knowingly to forfeit not more than \$1,000 if convicted.	ting in this business of that any license issu be prosecuted for sub	lue to any involvement in and ed contrary to Wis. Stat. Cha omitting false statements and	other tier of the alcohol apter 125 shall be void affidavits in connection
Signature		Date 5-8-	24

Alcohol Beverage License Application

For Municipal Use Only						
Municipality						
License Period						

License(s) Requested: (up to two boxes may be checked)					Fees			
☐ Class "A" Beer \$ _		Class "B" Beer	\$		License Fe	License Fees \$		
☐ "Class A" Liquor \$ _		"Class B" Liquor .	\$		Backgroun	d Check Fee	\$	
Class A" Liquor (cider only) \$ _		Reserve "Class B"	Liquor \$		Publication	Fee	\$	
Class C" Liquor (wine only) \$					Total Fees		\$	
Part A: Premises/Business In								
Legal Business Name (individual nar		rietorship)						
CASEY'S MARKETING CO	MPANY							
2. Business Trade Name or DBA	D #2572							
CASEY'S GENERAL STORE #3572 3. FEIN 4. Wisconsin Seller's Permit Number								
42-1435913			456-00					
5. Entity Type (check one)								
	tnership	Limited Liability	/ Company	✓ Co	rporation	Nonpro	fit Organiz	zation
6. State of Organization		7. Date of Organization				DFI Registration		
-		-				-		
9. Premises Address				l				
1019 STATE ROAD 69								
10. City					11. State	12. Zip Code		
NEW GLARUS					WI 53574			
13. County	1	14. Governing Municip		Town	✓ Village	✓ Village 15. Aldermanic District		
Green		of: <u>NEW GLAI</u>	RUS					
16. Premises Phone		17. Premises Email			18. Website			
(608) 453-4529		LICENSINGTEA						
 Premises Description - Describe th are kept. Describe all rooms within only on the premises described in t 	the building, in	ncluding living quarters	s. Authorized a	lcohol beve	erage activitie	s and storage o		
ONE STORY PRESTRUC	TED STE	EL BUILDING	į					
20. Mailing Address (if different from pro		,						
ATTN LICENSING, ONE	SE CONV	ENIENCE BLVI)			1		
21. City					22. State	23. Zip Code		
ANKENY					IA	50021		
Part B: Questions								
Has the business (sole proprieto violating federal or state laws or							Yes	✓ No
If yes, list the details of violation	below. Attach	h additional sheets	if necessary.					
Law/Ordinance Violated		Location			Tr	ial Date		
Penalty Imposed				Was sen	tence comp	leted?	Yes	☐ No
Law/Ordinance Violated		Location		<u> </u>	Tr	ial Date		
Penalty Imposed				Was sen	tence comp	leted?	Yes	☐ No

Are charges for any offenses pending beverages.	Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol Yes No beverages.									
If yes, describe the nature and status	of pending c	harges usir	ng the space be	elow. Attach	additional sheets	as needed				
individuals or entities a restricted inv	3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? Yes No If yes, provide the name of the restricted investor and describe the nature of the interest.									
4. Is the applicant business owned by another business entity?										
4a. Name of Business Entity			4b. Busines	s Entity FEIN						
5. Have the partners, agent, or sole prothis license period? Submit proof of	prietor satisficompletion	ed the resp	onsible bevera	ge server tra	aining requiremen	t for ✓	Yes	☐ No		
6. Is the applicant business indebted to	any wholesal	er beyond	15 days for bee	er or 30 day	s for liquor/wine?.		Yes	✓ No		
7. Does the applicant business owe pas	st due municip	al property	taxes, assess	ments, or ot	ther fees?		Yes	✓ No		
Part C: Individual Information										
	och nerson or e	ntity holding	the following pos	sitions in the	annlicant husiness o	r husinesses	listed	in Part R		
List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.										
Include Form AB-100 for each person listed	pelow. Corpora	itions and LL	.Cs must appoin	t an agent by	including Form AB-	101.				
Last Name	First Name			Title		Phone				
FRANK	MELISS	A		AGENT		(515) 422		-7797		
Part D: Attestation										
One of the following must sign and atte	et to this annli	cation:								
	ral partner of		nip • one	e corporate o	officer • one	member o	fanll	С		
READ CAREFULLY BEFORE SIGNING: U	•	•	•	-						
I am acting solely on behalf of the applicant	business and r	not on behal	f of any other inc	dividual or en	tity seeking the lice	nse. Further	, I agre	e that the		
rights and responsibilities conferred by the laccording to the law, including but not limite										
to any portion of a licensed premises during										
revocation of this license. I understand that understand that I may be prosecuted for sub-										
ingly provides materially false information o							;15011 W	TIO KITOW-		
Last Name		Fir	rst Name				M.I.			
BEECH		D	OUGLAS					M		
Title		Email				Phone				
ASSISTANT SEC. FOR CASEY	''S	LICENS	INGTEAM@C	CASEYS.C	COM	(515) 3	881-5	5109		
Signature M. Beech				Date						
() cougher with					03/0	8/24				
Part E: For Clerk Use Only						I =				
Date Application Was Filed With Clerk Lice	ense Number			Date Li	cense Granted	Date Licer	ise Issu	ied		
Signature of Clerk/Deputy Clerk					Date Provisional L	icense Issue	d (if ap	plicable)		

AB-200 (N. 03-24) - 2 -

Alcohol Beverage Individual Questionnaire

Date		

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

sole proprietor

- all officers, directors, and agent of a corporation or nonprofit organization
- all partners of a partnership
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A:	: Business Info	ormation	1									
1. Legal	Legal Business Name (individual name if sole proprietor)											
CASI	EY'S MARKET	TING CC	MPAN	Y								
2. Busine	ess Trade Name or	DBA										
CASI	EY'S GENER <i>A</i>	AL STOR	RE #35	572								
-	Type (check one)											
☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☑ Corporation ☐ Nonprofit Organization								Organization				
	: Individual Inf	ormatio	n									
1. Last N	lame					2. Fii	rst Name					3. M.I.
FRAI	NK					M	ELISSA	1				ANN
4. Relation	onship to Business	(Title)		5. E	mail						6. Phone	
AGEI	NT			I	JICENSI	NGT	TEAM@C	ASEYS	S.COM		(515)	422-7797
7. Home	Address											
539	YOSEMITE A	AVENUE										
8. City							9. State	10. 2	Zip Code		11. Date of E	
HAR	TFORD						WI		53027		07/20	
12. Drivers License/State ID Number						13. Drivers License/State ID State of Issuance					Э	
F652	2-5417-2760	0 - 0 0 0						1	7I			
Part C	: Address Hist	ory										
1. Do yo	ou currently resid	e in Wisco	nsin? .								····· 🗸	Yes No
16						A /·				0	Years	Months
if yes	to 1 above, how	long nave	you co	ntinuousi	y iivea in \	/VISC	onsın prio	r to tne	date of applica	ation?	. 4	Wiemane
2 Liet in	n chronological o	rder all of y	vour ado	draceae w	vithin the l	act 5	vears At	tach ac	Iditional sheets	if necess	arv	
	Address 1	idei ali oi j	your auc	1103303 V	vidilii die i	City	ycars. At	iaon ac		State	Zip Code	<u> </u>
	SAINT MARY	. СШ								WI		
_	Address 2	51				MILTON S				State	Zip Code	
Frevious	Address 2					City				State	Zip Code	•
Previous	Address 3					City				State	Zip Code	<u> </u>
Trevious	714410000					Oity				Otato	Zip oode	•
Provious	Address 4					City				State	Zip Code	
Fievious	Address 4					City				State	Zip Cou	5
Previous Address 5 City State Zip Code						<u> </u>						
1 TEVIOUS AUGIESS J				City				State	Zip Cou	5		
3. List a	all states and cou	nties you h	nave live	ed in as a	n adult. At	tach	additiona	l sheet	s if necessary.			
State	County	S	state	County			State	Count	у	State	County	
WI	WASHINGTO:	N	WI	ROCK								
State	County	S	state	County			State	Count	у	State	County	

 $Continued \rightarrow$

Part D: Criminal History				
Have you ever been convicted of any offenses (excludition for violation of any federal, Wisconsin, or another state)				No
If yes to question 1, please list details of each convictio	n below. Attach additio	onal sheets as needed.		
Law/Ordinance Violated	Location		Conviction Date	
Penalty Imposed		Was sentence completed?	Yes	No
Law/Ordinance Violated	Location		Conviction Date	
Penalty Imposed		Was sentence completed?	Yes	No
Law/Ordinance Violated	Location		Conviction Date	
Penalty Imposed		Was sentence completed?	Yes	No
Are charges for any offenses currently pending against beverages) for violation of any federal, Wisconsin, or a ordinances? If yes to question 2, describe nature and status of pen sheets as needed.	nother state's laws or	any county or municipal	☐ Yes ✓	No
Part E: Attestation				
READ CAREFULLY BEFORE SIGNING: Under penal truthfully. I certify that I am not prohibited from participal beverage industry as a restricted investor. I understand under penalty of state law. I further understand that I may with this application, and that any person who knowingly to forfeit not more than \$1,000 if convicted.	ting in this business of that any license issumed be prosecuted for sul	due to any involvement in anoth led contrary to Wis. Stat. Chapt bmitting false statements and aff	er tier of the alco er 125 shall be v davits in connect	hol oid tion
Signature C10FFEF1C9FB4A4		Date 4/5/2024		
0 1011 E1 1001 D474				

AB-100 (N. 03-24) - 2 -

Alcohol Beverage Appointment of Agent

Date	
------	--

Agent Type (check one)								
✓ Original (no fee) Successor (\$10 fee for municipal licensees only)								
Part A: Business Information								
Legal Business Name (individual name if sole proprietor)								
CASEY'S MARKETING COMPANY								
2. Business Trade Name or DBA								
CASEY'S GENERAL STORE #3572								
3. Entity Type (check one) Limited Liability Company	✓	Corporation No	nprofit Organiz	ation				
4. Alcohol Beverage Business Authorization (check one) ✓ Municipal Retail License ☐ State Permit	i. If successo	r agent, provide State Permit or M	unicipal Retail Li	cense Number				
Part B: Agent Information 1. Last Name 2	. First Name			3. M.I.				
FRANK	MELISS.	Α		J. IVI.I.				
4. Email		•	5. Phone					
LICENSINGTEAM@CASEYS.COM			(515) 4	22-7797				
6. Home Address			•					
539 YOSEMITE AVE								
7. City	8. State	9. Zip Code	10. Age					
HARTFORD 11. Drivers License/State ID Number	WI	53027	51 State of Issuance	<u> </u>				
F652-5417-2760-000		WI	State of issuance	,				
1032 311, 2,00 000		W.T.						
Part C: Agent Questions								
Have you satisfied the responsible beverage server training Submit proof of completion.	j requireme	nt?		Yes No				
Have you completed Form AB-100, Alcohol Beverage Indiv Submit a completed Form AB-100 with this form.	idual Quesi	tionnaire?		Yes No				
3. Have you been a Wisconsin resident for at least 90 continuous days?								

 $\textit{Continued} \rightarrow$

Part	D:	Business	Attestation
------	----	-----------------	-------------

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name		First Name			M.I.
BEECH		DOUGLAS			
Title	Email			Phone	
ASSISTANT SECRETARY	LICENSINGTEAM@CASEYS.COM			(515) 38	31-5109
Signature			Date		
Signature m. Beech				04/05/24	:

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, herby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

application may be required to forfeit not more than \$1,000) if convicted.		
Last Name	First Name		M.I.
FRANK DocuSigned by:	MELISSA		A
Signature Conference C		Date 4/5/2024	

AB-101 (N. 03-24) - 2 -

24.14

Form AB-200

Alcohol Beverage License Application

For Municipal Use Only				
Municipality	٧	NG	1	
July 1 2	4-1	Ture	30,	25

					10mm 1 04-	ame sias
License(s) Requested: (up to two boxes may be checked)				Fees		
☐ Class "A" Beer \$ [Class "B" Beer \$			License		\$ 500.
Class A" Liquor \$ 500 . [☐ "Class B" Liquor .	\$_		<u> </u>	und Check Fee	
Class A" Liquor (cider only) \$ [Reserve "Class B'	Liquor \$		Publication		
Class C" Liquor (wine only) \$						\$
. (()				Total Fe	es	\$
Part A: Premises/Business Information	n					
1. Legal Business Name (individual name if sole pro	prietorship)					
2. Business Trade Name or DBA						
3. FEIN		4. Wisconsin	Seller's Pe	rmit Numbe	ır.	
88-2699618		456-				
5. Entity Type (check one)						
Sole Proprietor Partnership	Limited Liability		☐ Co	rporation		fit Organization
6. State of Organization	7. Date of Organization 5/27/2022	on			sin DFI Registratio	n Number
9. Premises Address	5/21/2022			C11 8	0802	
554 157 57						
10. City NEW GLARUS				11. State	12. Zip Code	
NEW GLARUS	44.0			MI	5357	
GREEN	14. Governing Municip		∐ Town	X Village	15. Aldermanio	District
16. Premises Phone	17. Premises Email			18. W	- ebsite	
608-636-2130	infoe chalete	cheese ha	us: cor	n ch	letcheescho	us. com
19. Premises Description - Describe the building or are kept. Describe all rooms within the building, only on the premises described in this application. The premises is located at 554 area, office area, back storage room Alcohol, would be located in the Records would be stored in the 20. Mailing Address (if different from premises address)	including living quarters n. Attach a map or diag 1 ⁵¹ 5+. New Gla m, and walk-in elail aleo, back s office alea.	s. Authorized a	Icohol beve	erage activit	ies and storage of	records may occur
PO BOX 219						
21. City NEW GLARUS				22. State	23. Zip Code 5357	4
Part B: Questions						
Has the business (sole proprietorship, partner violating federal or state laws or local ordinal.)	ership, limited liabilit nces? Exclude traffic	y company, o c offenses un	or corpora less relate	tion) been ed to alcoh	convicted of ol beverages.	Yes 💢 No
If yes, list the details of violation below. Attac	ch additional sheets i	if necessary.				
Law/Ordinance Violated	Location				Frial Date	
Penalty Imposed Was sentence completed? Yes No					Yes No	
Law/Ordinance Violated	Location				Frial Date	
Penalty Imposed			Was sen	tence com	pleted?	Yes No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol						
If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.						
Is the applicant business or any of its individuals or entities a restricted investigation.	officers, directors, members, agen	it, employees, owners, or I beverage producer or di	other related			
If yes, provide the name of the restrict	ed investor and describe the natu	re of the Interest.	- 100 JA 110			
 Is the applicant business owned by and If yes, provide the name(s) and FEIN(s 	other business entity?	ow Attach additional shoo	Yes No			
4a. Name of Business Entity		ess Entity FEIN	as needed,			
CHALET CHEESE COOPERAT		-				
Have the partners, agent, or sole proprethis license period? Submit proof of columns of the solution of t	ietor satisfied the responsible beve		rement for			
6. Is the applicant business indebted to a7. Does the applicant business owe past						
Part C: Individual Information	——————————————————————————————————————	ssments, or other lees? .	Tes No			
List the name, title, and phone number for each	norson as optity holding the following	positions in the spelingst have	inner ashusinasan listed in Dest D			
Question 4: sole proprietor, all officers, director managers, and agent of a limited liability comp.	s, and agent of a corporation or nonpro any. Attach additional sheets if necessa	ofit organization, all partners o ary.	of a partnership, and all members,			
Include Form AB-100 for each person listed be						
Last Name	First Name	Title	Phone			
HLUGEK	MICHAEL	AGENT	608-325-4343			
Part D: Attestation						
One of the following must sign and attest	to this application:					
		one corporate officer	• one member of an LLC			
READ CAREFULLY BEFORE SIGNING: Und	er penalty of law, I have answered eac	ch of the above questions co	mpletely and truthfully. I agree that			
I am acting solely on behalf of the applicant burights and responsibilities conferred by the lice	ense(s), if granted, will not be assigned	l to another individual or enti	ty. I agree to operate this business			
according to the law, including but not limited to any portion of a licensed premises during in						
revocation of this license. I understand that an understand that I may be prosecuted for submit	ny license issued contrary to Wis. Stat	t. Chapter 125 shall be void	under penalty of state law. I further			
ingly provides materially false information on t						
Last Name	First Name		M.I.			
HLUBEK	MICHAEL		G			
AGENT/GENERAL MANAG	ER Mike-hlubek a	Chaletcheeschaus.	com 608			
Muhael 11 habeh		5/17/202	4			
Part E: For Clerk Use Only Date Application Was Filed With Clerk Licens	se Number	Date License Grante	d Date License Issued			
5-(7-JH	# 04-14	Date License Grante	Date License issued			
Signature of Clerk/Deputy Clerk	J	Date Provis	sional License Issued (if applicable)			
1 Dearna yourg						
AB-200 (N. 03-24)	- 2 -					

Alcohol Beverage Appointment of Agent

Date 5/17/2024

35			
Original (no fee)	☐ Successor (\$10 fee for m	nunicipal licensees only)	
Part A: Business Inform			
Legal Business Name (individu			
CHALET CHEESE	HAUS, LLC.		
2. Business Trade Name or DBA			
3. Entity Type (check one)	TV I invite d I in bility On any or	По "	
	Limited Liability Company		Nonprofit Organization
I. Alcohol Beverage Business Au Municipal Retail Lice		5. If successor agent, provide State	Permit or Municipal Retail License Numbe
	ting a successor agent, if successor	is checked above.	
n and the medital control (Allahan)	• , , , , , , , , , , , , , , , , , , ,		
Part R. Agent Information	n		
Part B: Agent Information . Last Name		2. First Name	13 MI
. Last Name		2. First Name	3. M.I.
. Last Name -/LUBEK		MICHAEL	G
Last Name -/LUBEK		MICHAEL	5. Phone
. Last Name I-ILUBEK . Email Mike. hlubek @ C	haletcheese haus, con	MICHAEL	G
. Last Name I-ILUBEK . Email Mike. hlubek @ C	haletcheese haus, con	MICHAEL	5. Phone
. Last Name HLUBEK . Email Mike. hlubuk @ C Home Address 2023 20 TH	haletcheese haus, con	MICHAEL	5. Phone
Last Name HLUBEK Email Mike. hlubek @ C. Home Address 2023 20 TERM MUNROE	hulet cheese huus. con	MICHAEL 8. State 9. Zip Code WI 53506	5. Phone 608-325-4343 10. Age 61
Last Name HLUBEK Email Mike. hlubek @ C. Home Address 2023 20 TERM MUNROE	hulet cheese huus. con	MICHAEL 8. State 9. Zip Code WI 53506	5. Phone 608-325-4343
Last Name I LUBEK Email Mike. hlubek & C. Home Address 2023 20 TERM MINROE	halet cheese haus. con RACE	MICHAEL 8. State 9. Zip Code WI 53506	5. Phone (008 - 325 - 4343) 10. Age (01) se/State ID State of Issuance
. Last Name I-LUBEK . Email Mike. hlubek & C Home Address 2023 20 TERM . City MUNROE 1. Drivers License/State ID Numl	halet cheese haus. con RACE	8. State 9. Zip Code WI 53506 12. Drivers Licen	5. Phone (008 - 325 - 4343) 10. Age (01) se/State ID State of Issuance
Last Name LILUBEK Email Mike. hlubek & C. Home Address 2023 20 TERM City MINROE 1. Drivers License/State ID Numl H442-5476-306	halet cheese haus. con RACE	8. State 9. Zip Code WI 53506 12. Drivers Licen	5. Phone (008 - 325 - 4343) 10. Age (01) se/State ID State of Issuance
. Last Name HLUBEK . Email Mike. hlubek & C. . Home Address 2023 20 TERM . City MUNROE 1. Drivers License/State ID Numl	halet cheese haus. con RACE	8. State 9. Zip Code WI 53506 12. Drivers Licen	5. Phone (008 - 325 - 4343) 10. Age (01) se/State ID State of Issuance
Last Name I-LUBEK Email Mike. hlubek e. C. Home Address 2023 20 TERM City MINROE 1. Drivers License/State ID Numl H42-5476-306	halet cheese haus. con RACE ber 6-04 consible beverage server training	8. State 9. Zip Code W1 53506 12. Drivers Licen W13CoNS	5. Phone (008 - 325 - 4343) 10. Age (01) se/State ID State of Issuance
Last Name I-LUGEK Email Mike. hlubuk e C Home Address 2023 20 TERM City MINROE Drivers License/State ID Num H442 - 5476 - 306 Part C: Agent Questions Have you satisfied the resp Submit proof of completion	hulit cheese huus. con RACE ber 6-04 consible beverage server training. AB-100, Alcohol Beverage Indi	8. State 9. Zip Code W1 53506 12. Drivers Licen W15CoNs	5. Phone 008-325-4343 10. Age 0/ se/State ID State of Issuance
Last Name HLUBEK Email Mike. hlubek e C. Home Address 2023 20 TERM City MINROE Drivers License/State ID Num H42-5476-306 art C: Agent Questions Have you satisfied the responding proof of completion Have you completed Form Submit a completed Form	ber Consible beverage server training. AB-100, Alcohol Beverage India AB-100 with this form.	8. State 9. Zip Code WI 53506 12. Drivers Licen WISCONS ag requirement? 2022 attacked	5. Phone (008 - 325 - 4343 10. Age (0) se/State ID State of Issuance

Continued \rightarrow

Part D: Business Attestation					
READ CAREFULLY BEFORE SIGNING: I, the Undersign corporation, nonprofit organization, or limited liability con beverage activities on such premises. I certify that I am a on behalf of the entity. If I am appointing a successor age I understand that I may be prosecuted for submitting false any person who knowingly provides materially false inform if convicted.	npany with full authority and co authorized by the above-named nt, I rescind all previous agent a e statements and affidavits in co	entrol of the premises entity to authorize this appointments for this ponnection with this ap-	and of all alcohol is individual to act premises. Further, plication, and that		
Last Name	First Name		I M.I.		
RIEDER	DANIEL		R		
PRESIDENT Email	ere tds.net	Phone			
Signature Br. Riedy		Date 5/17/2	2024		
Part E: Agent Attestation					
READ CAREFULLY BEFORE SIGNING: I, the Agent , herby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.					
Last Name	First Name		M.I.		
HLUBEK	MICHAEL		G		
Muhael Ulubeh		Date 5/17/202	4		



Certificate

RESPONSIBLE BEVERAGE SERVER

awarded to

Michael Hlubek

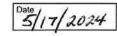
Revenue Responsible Beverage Server Course in compliance with secs. 125.04(5)(a)5., 125.17(6), This certificate represents the successful completion of an approved Wisconsin Department of and 134.66(2m), Wis. Stats.

05/25/2022

www.Wisconsin-Bartending.com Training Provider

Training Date

Alcohol Beverage Individual Questionnaire



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

· sole proprietor

- all officers, directors, and agent of a corporation or nonprofit organization
- · all partners of a partnership

· members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A:	Business Info	ormatio	on .							
Legal Business Name (individual name if sole proprietor)										
CHALET CHEESE HAUS										
2. Busine	ss Trade Name or	DBA								
3. Entity	Type (check one)									
☐ So	le Proprietor	☐ Pa	artnership	Limited L	_iability	y Compan	y		Nonprofit Or	ganization
				<i>7</i> *-						
Part B:	Individual Inf	ormati	on							
1. Last Na	ame				2. Fir	st Name				3. M.I.
HLU	BEK				1	LICHAE	4			G
4. Relatio	nship to Business	(Title)		5. Email					6. Phone	
	ENT			mike	.hlu	beke cl	haletcheeschau	s, Lom	608-3	25-4343
7. Home										
20.	23 20 TH T	ER								
8. City	,					9. State	10. Zip Code		11. Date of Bir	1
N.	ONROE					WI	53566		2/26/0	03
	rs License/State ID						13. Drivers License/Sta		e of Issuance	
H.	412-5476-	3066	-04				WISCONSIN	/		
Part C:	Address Hist	ory								
1. Do yo	u currently resid	e in Wis	consin? .						💢 Y	es No
	•								1	
If yes	to 1 above, how	long ha	ve you co	ntinuously lived in	Wisco	onsin prior	to the date of applicat	ion?	Years	Months 9
										J
		rder all c	of your ad	dresses within the		years. Att	ach additional sheets i		Zip Code	
Previous	Address 1				City			State	Zip Code	
					0.4			CASAS	7in Codo	
Previous	Address 2				City			State	Zip Code	
Bendana	Address 3				104			State	Zip Code	
Previous	Address 3				City			State	Zip Code	
					0:5			04-4-	Zin Code	
Previous	Address 4				City			State	Zip Code	
D	A 44 5				0.11			State	Zip Code	
Previous	Address 5				City			State	Zip Code	
								1		
3. List a	Il states and cou	nties you	u have liv	ed in as an adult. A	Attach	additional	sheets if necessary.			
State	County		State	County		State	County	State	County	
WI	GREEN									
State	County		State	County		State	County	State	County	

Continued →

Part D: Criminal History					
Have you ever been convicted of any offenses (excluding for violation of any federal, Wisconsin, or another state)	ing traffic offenses unle	ess related to by or municipa	alcohol beverages)	. 🗌 Yes	⊠ No
If yes to question 1, please list details of each conviction	on below. Attach additio	onal sheets as	s needed.		,
Law/Ordinance Violated	Location			Conviction (Date
Penalty Imposed		Was senten	ce completed?	. Yes	☐ No
Law/Ordinance Violated	Location			Conviction [Date
Penalty Imposed		Was senten	ce completed?	. Yes	☐ No
Law/Ordinance Violated	Location			Conviction [Date
Penalty Imposed		Was senten	ce completed?	. Yes	□ No
beverages) for violation of any federal, Wisconsin, or a ordinances?. If yes to question 2, describe nature and status of pen sheets as needed.				. Yes	No
Part E: Attestation READ CAREFULLY BEFORE SIGNING: Under penaltruthfully. I certify that I am not prohibited from participal beverage industry as a restricted investor. I understand under penalty of state law. I further understand that I may with this application, and that any person who knowingly to forfeit not more than \$1,000 if convicted. Signature Michael Melabek	ting in this business d I that any license issu v be prosecuted for sub	lue to any inv ed contrary to omitting false	olvement in anothe o Wis. Stat. Chapte statements and affic	r tier of the r 125 shall lavits in con on may be re	alcohol be void nection
y remuce of survey			JIII NOO		

Alcohol Beverage License Application

For Municipal Use Only								
Municipality	V.	NG						
License Perio	4-J	me 30,25						

License(s) Requested: (up to two boxes may be	· ·			Fees	
☐ Class "A" Beer	Class "B" Beer \$. 00	License Fe	es	\$
☐ "Class A" Liquor	"Class B" Liquor \$ <u> </u>	500.	Background	d Check Fee	\$
"Class A" Liquor (cider only) \$	Reserve "Class B" Liquor \$		Publication	Fee	\$
Class C" Liquor (wine only) \$			Total Fees		\$
Part A: Premises/Business Information					
1. Legal Business Name (individual name if sole propi	rietorship)				
2. Business Trade Name or DBA Chalet Landhaus	Restaurant				
3. FEIN 47 - 2250255	4. Wisconsin 9 456 10			202	
5. Entity Type <i>(check one)</i> Sole Proprietor Partnership	Limited Liability Company	☐ Co	rporation	☐ Nonprof	fit Organization
6. State of Organization WISCONSIN	7. Date of Organization 10127 / 2014			DFI Registration	
9. Premises Address	10/2/1/2017		0	103673	<u>'</u>
801 Highway 69			44 Ctata	12 Zin Codo	
New Glarus			11. State	12. Zip Code 5357	4
13. County 1	4. Governing Municipality: City of: New Glarus	☐ Town	₹ Village	15. Aldermanio	District
	7. Premises Email		18. Web	site	
	stein bock ng@gmo	ail.com			restaurant.com
19. Premises Description - Describe the building or buare kept. Describe all rooms within the building, in only on the premises described in this application. Chalet Landhaus Restaura WI 53574, including restroom and out door dining	uildings where alcohol beverages are cluding living quarters. Authorized al Atlach a map or diagram and addition ant located at 8 taurant, bar, 3rd	e produced cohol beve onal sheets	, sold, stored, rage activities if necessary.	or consumed, and storage of	and related records f records may occur
20. Mailing Address (if different from premises address					-
21. City			22. State	23. Zip Code	
Part B: Questions		1			
Has the business (sole proprietorship, partner violating federal or state laws or local ordinance)	rship, limited liability company, o ces? Exclude traffic offenses unl	r corporat ess relate	ion) been co	nvicted of beverages.	☐ Yes ☑ No
If yes, list the details of violation below. Attach	additional sheets if necessary.				
Law/Ordinance Violated	Location		Tria	al Date	
Penalty Imposed		Was sent	ence comple	eted?	☐ Yes ☐ No
Law/Ordinance Violated	Location		Tria	al Date	
Penalty Imposed		Was sent	ence comple	eted?	☐ Yes ☐ No

Are charges for any offenses pending beverages.						es 🔽 No
If yes, describe the nature and status	of pending charges	using the space be	low. Attach add	ditional sheets	as needed.	
Is the applicant business or any of its individuals or entities a restricted investigation of the restrict of the restric	estor with any intere	est in an alcohol be	verage produc	ners, or other er or distribute	related or?	es No
4. Is the applicant business owned by an If yes, provide the name(s) and FEIN(s) 4a. Name of Business Entity	nother business enti s) of the business e	ty?	Attach additior	nal sheets as r	···· Ye	es No
Ta. Name of Business Entity		4b. Business	Chuty FEIN			
5. Have the partners, agent, or sole prop this license period? Submit proof of co. 6. Is the applicant business indebted to a	empletion	and 15 days for beer	or 30 days for	liquor/wine?.	Ye	es No
7. Does the applicant business owe past	due municipal prop	erty taxes, assessm	nents, or other	fees?	Y€	es No
Part C: Individual Information	h	dia a dia a fallacción a consta				
List the name, title, and phone number for eac Question 4: sole proprietor, all officers, directo managers, and agent of a limited liability comp Include Form AB-100 for each person listed be	rs, and agent of a corp pany. Attach additional	poration or nonprofit or sheets if necessary.	ganization, all p	artners of a part	nership, and al	ited in Part B, I members,
Last Name	First Name		itle	iding Form Ab-1	Phone	
Nevil	Michael			٧-	608-55	8-0611
Nevil	Shawna		Membe Membe	r	608-20	
	Or tocoorer					
Part D: Attestation	1					
One of the following must sign and attest						
• sole proprietor • one general READ CAREFULLY BEFORE SIGNING: Und I am acting solely on behalf of the applicant be rights and responsibilities conferred by the lice according to the law, including but not limited to any portion of a licensed premises during in revocation of this license. I understand that a understand that I may be prosecuted for submitingly provides materially false information on the	usiness and not on be ense(s), if granted, wi to, purchasing alcoho aspection will be deen ny license issued con iitting false statements	ave answered each of chalf of any other indivall Il not be assigned to a ol beverages from state and a refusal to allow trary to Wis. Stat. Ch. s and affidavits in conr	vidual or entity sanother individuate authorized whinspection. Such apter 125 shall rection with this	tions completely eeking the licental or entity. I agnolesalers. I und h refusal is a milbe void under papplication, and	se. Further, I a ree to operate derstand that la sdemeanor and enalty of state I that any perso	. I agree that agree that the this business ack of access d grounds for law. I further
Last Name Nev'i		First Name Michae	}		N	1.I.
Title Member	Email	einbockng		1	Phone	
Signature	STE	einbockrig	Date 5/20		608-559	("001)
Part E: For Clerk Use Only			0100	10.		
	se Number # 24	-18	Date License	e Granted	Date License	Issued
Signature of Clerk/Deputy Clerk			Dat	te Provisional Li	cense Issued (i	f applicable)
AB-200 (N. 03-24)		- 2 -				

Alcohol Beverage Appointment of Agent

5/20/24

Agent Type (check one)	
☐ Successor (\$10 fee for municipal licen	sees only)
Dout A. Duningan Information	
Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor) Stein bock LLC	
2. Business Trade Name or DBA Chalet Landhaus Restauran	†
3. Entity Type (check one)	Corporation
Alcohol Beverage Business Authorization (check one) 5. If successo	ragent, provide State Permit or Municipal Retail License Number
ဩ Municipal Retail License ☐ State Permit	
6. Describe the reason for appointing a successor agent, if successor is checked ab	ove.
Part B: Agent Information	
1. Last Name 2. First Name	3. M.I.
Nevil Mic	nael A
4. Email	5. Phone
6 Home Address	608558061)
Steinbockng@gmail.com 6. Home Address W6303 County H	
7. City New Glarus 8. State	9. Zip Code 10. Age 62
11. Drivers License/State ID Number	12. Drivers License/State ID State of Issuance
	Wisconsin
Part C: Agent Questions	
Have you satisfied the responsible beverage server training requirement Submit proof of completion.	t- Continually
Have you completed Form AB-100, Alcohol Beverage Individual Questi Submit a completed Form AB-100 with this form.	
3. Have you been a Wisconsin resident for at least 90 continuous days?.	✓ Yes □ No

Part D: Business Attestation					
READ CAREFULLY BEFORE SIGNING: I, the corporation, nonprofit organization, or limited beverage activities on such premises. I certified on behalf of the entity. If I am appointing a sure I understand that I may be prosecuted for sure any person who knowingly provides materially if convicted.	d liability com fy that I am a accessor ager bmitting false	npany with full authority and con uthorized by the above-named ont, I rescind all previous agent a e statements and affidavits in co	ntrol of the prentity to author pointments to the properties the prop	emises and o orize this indi for this premis this applicati	of all alcohol vidual to act ses. Further, on, and that
Last Name		First Name			M.I.
Title	Email			Phone	
Signature			Date		
			Date		
					9
Part E: Agent Attestation					
READ CAREFULLY BEFORE SIGNING: I, the nonprofit organization, or limited liability compon the premises for the above-named busine and affidavits in connection with this application application may be required to forfeit not more	oany and ass ess. I further on, and that a	ume full responsibility for the co understand that I may be prose any person who knowingly provice	nduct of all a ecuted for su	lcohol bevera bmitting false	ge activities statements
Last Name		First Name			M.I.
Nevil		Michael			A
Signature CA			5/20	124	

Alcohol Beverage Individual Questionnaire

1	Date
	5/20/24

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

· sole proprietor

- all officers, directors, and agent of a corporation or nonprofit organization
 members and agent of a limited liability company
- · all partners of a partnership

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A:	Business Info	rmation							
	Business Name (ind teinbock		e proprietor)						
	ess Trade Name or D nalet La		Restau	ra	nt				
	Type <i>(check one)</i> ble Proprietor	☐ Partnership	D	iahilit	v Compar	ıy 🗌 Corporatio	on 🗆	Nonprofit Or	ganization
	no i ropilotoi	r aranoromp	Z Elitillog E	.iabiiii	y Compan	J Corporation	5/1	rtonpront Or	Junization
	Individual Info	rmation							
1. Last N	ame 2Vì∖			1	rst Name Mìch	ael			3. M.I.
	nship to Business (* ember	Γitle)	5. Email Stein	boo	cknge	gmail.com	1 6	6. Phone 508 -558	-0611
7. Home		unty H							
8. City Ne	w Glari	ر .			9. State	10. Zip Code 53574		11. Date of Bir 05 31	
12. Drive	rs License/State ID I	Number				13. Drivers License/S		of Issuance	
Part C:	Address Histo	ry							
1. Do yo	u currently reside	in Wisconsin? .						🗹 Y	Two same
If yes	to 1 above, how lo	ong have you co	intinuously lived in \	Wisco	onsin prior	to the date of applica	ation?	Years 62	Months
2. List in	chronological ord	ler all of your ad	dresses within the I	last 5	years. Att	ach additional sheets	if necessar	y.	
Previous	^	AME-		City			State	Zip Code	
Previous				City			State	Zip Code	
Previous	Address 3			City			State	Zip Code	
Previous	Address 4			City			State	Zip Code	
Previous	Address 5			City			State	Zip Code	
3. List al	I states and count	ies you have live	ed in as an adult. At	ttach	additional	sheets if necessary.			
State	County	State	County		State	County	State	County	
State	County	State	County		State	County	State	County	

Part D: Criminal History				
Have you ever been convicted of any offenses (exclude for violation of any federal, Wisconsin, or another state)			Yes	☑ No
If yes to question 1, please list details of each conviction	n below. Attach addition	onal sheets as needed.		
Law/Ordinance Violated	Location		Conviction [Date
Penalty Imposed		Was sentence completed?	. Yes	☐ No
Law/Ordinance Violated	Location		Conviction [Date
Penalty Imposed		Was sentence completed?	. Yes	☐ No
Law/Ordinance Violated	Location		Conviction D	Date
Penalty Imposed		Was sentence completed?	. Yes	☐ No
Are charges for any offenses currently pending against beverages) for violation of any federal, Wisconsin, or at ordinances?	nother state's laws or a	any county or municipal		⊠ No
Part E. Attactation				
Part E: Attestation READ CAREFULLY BEFORE SIGNING: Under penalt truthfully. I certify that I am not prohibited from participal beverage industry as a restricted investor. I understand under penalty of state law. I further understand that I may with this application, and that any person who knowingly to forfeit not more than \$1,000 if convicted. Signature	ing in this business d that any license issu- be prosecuted for sub	ue to any involvement in another ed contrary to Wis. Stat. Chapter omitting false statements and affidalse information on this application.	tier of the a 125 shall b avits in conr	alcohol be void nection
muly cycl		5/20/24		

Alcohol Beverage Individual Questionnaire

Date	7	1 .
57	1211	124
	01/	01

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

· sole proprietor

- all officers, directors, and agent of a corporation or nonprofit organization
 members and agent of a limited liability company
- · all partners of a partnership

Your alcohol beverage application or renowal is not a

			lewai is i	ot complet	e uni	ılı alı requ	iirea	Individual Questionr	aires ar	e submitted.	
_	A: Business Inform										
	Stein boc	K LI	sole propri	etor)							
2. Busi	ness Trade Name or DB							1			
	Chalet L	andr	laus	s Res	516	aura	x	1T			
	y Type (check one)										
	Sole Proprietor [Partnersh	nip [Limited I	iabil	ity Compa	any	Corporation		Nonprofit Or	ganization
			(7)								
Part E	3: Individual Infor	mation									
1. Last	Name					irst Name					3. M.l.
N.	ev 11					Sha	W	ma			D.
4. Relat	ionship to Business (Titl	e)	5	. Email						6. Phone	
JV	lember		5	stein	bo	ckno	96	ogmail.com	ا	1008-201	0-1112
	Address					-	,	J		00000	
W(0303 Cour	nty H									
8. City) (()					9, State		10. Zip Code		11. Date of Bir	th
	w Glarus					WI		53574	1	05/28/	1964
- 14 H	ers License/State ID Nu						1	13. Drivers License/Stat		e of Issuance	
MI	40 7846	4688	04					WISCONS	in		
Part C	: Address History	1:			-						
	ou currently reside in									V Ye	no 🗆 No
ĺ	,									🗹 Ye	es No
If yes	s to 1 above, how long	g have you o	continuou	sly lived in	Wisc	onsin pric	or to	the date of application	n?	Years	Months
										59	<u> </u>
	n chronological order	all of your a	ddresses	within the l	ast 5	years. A	ttacł	additional sheets if	necessa	ry.	
Previous	Address 1				City				State	Zip Code	
									,		
Previous	Address 2				City				State	Zip Code	
Previous	Address 3				City				State	Zip Code	
revious	Address 4				City				State	Zip Code	
Previous	Address 5				City				State	Zip Code	
3. List a	ll states and counties	vou have liv	/ed in as	an adult At	tach	additions	ol ob	oots if noossess:			
State	County	State		an addit. Al	.taCH		-		1	7-	
ŴĬ	Green	State	County			State	Co	ounty	State	County	
State	County	State	County		-	State	10-	sunt.	04-4-	0	
	pere oct	Cidio	County			State	100	ounty	State	County	

 $\textit{Continued} \rightarrow$

d of any offenses (excluding traffic offenses unless	related to alcohol beverages)	
sconsin, or another state's laws or of any county o	or municipal ordinances?	Yes No
t details of each conviction below. Attach additiona	al sheets as needed.	
Location		Conviction Date
l w	las sentence completed?	Yes No
Location		Conviction Date
		Conviction Date
1		
	/as sentence completed?	∐ Yes ☐ No
Location		Conviction Date
Wa	as sentence completed?	Yes No
nature and status of pending charges using the sp	pace below. Attach additional	
GIGNING: Under penalty of law, I have answered rohibited from participating in this business due to investor. I understand that any license issued corrunderstand that I may be prosecuted for submitting person who knowingly provides materially false convicted.	o any involvement in another to contrary to Wis. Stat. Chapter ting false statements and affidatinformation on this application	ier of the alcohol 125 shall be void
investor. I understand that any license issued in understand that any license issued in understand that I may be prosecuted for submit person who knowingly provides materially false.	0	to any involvement in another to contrary to Wis. Stat. Chapter atting false statements and affidate information on this application

#24-06

Form AB-200

Alcohol Beverage License Application

For Municipal Use Only					
Municipa	"V. NY				
License I	24-June 30, 25				

		Application			July 1 24	-June 31	1,25
1.1 10.25	ed: (up to two boxes may	· · · · · · · · · · · · · · · · · · ·	las		Fees		
Class "A" Beer	\$	Class "B" Beer \$	100.	License Fe	es	\$	
☐ "Class A" Liquor .	\$	☐ "Class B" Liquor \$ _		Background Check Fee		\$	
☐ "Class A" Liquor (c	ider only) \$	Reserve "Class B" Liquor \$_		Publication		\$	
"Class C" Liquor (v							
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Total Fees		\$	
Part A: Premises	/Business Informatio						
1. Legal Business Nam	e (individual name if sole pro	oprietorship)					
Dirty Dog Ta	aphaus and Eate	ry LLC					
2. Business Trade Nam	e or DBA						
3. FEIN		4 Wisconsis	n Saliar's Pa	rmit Number			
85-4084873			0306784				
5. Entity Type (check or	nel .						_
☐ Sole Proprieto		Limited Liability Company	□ Co	orporation	☐ Nonprof	it Organizati	on
6. State of Organization		7. Date of Organization		11	DFI Registratio		-
WI		12/01/2020		D06807	_		
9. Premises Address							_
101 6th Aver	iue						
10. City				11, State	12. Zip Code		
New Glarus				WI	53574		
13. County		14. Governing Municipality: City	y Town	✓ Village	15. Aldermanio	District	
Green	₹						
16. Premises Phone		17. Premises Email		18. Web	site		
(608) 636-20	48	1016thAve@gmail.com	l	Dirty	yDogTapha	us.com	
are kept. Describe a only on the premise Historic build cooler behing	all rooms within the building, s described in this application illding with ou	buildings where alcohol beverages a Including living quarters. Authorized on. Attach a map or diagram and addition patio, all be cords stored in on-	alcohol beve Itional sheets eer/se.	orage activities of necessary ltzers/	s and storage of 'ciders s	records may	occui
PO Box 38	merani mem premiese science	140)					
21. City				22. State	23. Zip Code		
New Glarus				WI	53574.		
Part B: Questions	;				7.		-
violating federal or	state laws or local ordina	ership, limited liability company, ances? Exclude traffic offenses un ch additional sheets if necessary.	nless relate	tion) been co	onvicted of beverages.	Yes 🗸	No
		Location			al Date		
Law/Ordinance Violated		1					
			Was sen		eted?	Yea [
Law/Ordinance Violated Penalty Imposed Law/Ordinance Violated	2	Location	Was sen	tence compl		☐ Yeb ॄ ☐] No

gnature of Clerk/Deputy Clerk			Date Provisional L	icense Issued (if a	policable)
ate Application Was Filed With Clerk Lice	nse Number 424-06	Da	te License Granted	Date License Iss	
ignature of the control of the contr	1011	0+nAVE 5	egmail april	3478 2024	088
tle Ounge	Email	-161.	00.00.1	Phone GOS	
Hanson	First I	lah		M.I.	_
EAD CAREFULLY BEFORE SIGNING: Use an acting solely on behalf of the applicant ghts and responsibilities conferred by the I coording to the law, including but not limite to any portion of a licensed premises during evocation of this license. I understand that nuderstand that I may be prosecuted for subigly provides materially false information or	business and not on behalf of icense(s), if granted, will not be id to, purchasing alcohol beve inspection will be deemed a rany license issued contrary to mitting false statements and a in this application may be requi	any other individual of assigned to another ages from state authorised to allow inspectory. Stat. Chapter of the free to forfeit not more to forfeit not more to the free to forfeit not more to the free to forfeit not more to f	or entity seeking the licer r individual or entity. I ag rorized wholesalers. I un- clion. Such refusal is a m 125 shall be void under p with this application, and	nse. Further, I agr pree to operate thi derstand that lack isdemeanor and go penalty of state la d that any person d.	ee that the s business of access grounds for w. I further who know
	ral partner of a partnership	• one corpor		member of an I	
art D: Attestation		1			
ube	Keith	Owne:	r	(563) 212	-3572
anson	Leah	Owne	r —————	(608) 347	-8082
ast Name	First Name	Title		Phone	
ist the name, title, and phone number for ea Question 4: sole proprietor, all officers, direct nanagers, and agent of a limited liability con notude Form AB-100 for each person listed	tors, and agent of a corporation npany. Attach additional sheets	or nonprofit organize if necessary.	ation, all partners of a par	tnership, and all n	d in Part B nembers,
Part C: Individual Information					
. Does the applicant business owe par		-			=
this license period? Submit proof of of its the applicant business indebted to					☐ No
i. Have the partners, agent, or sole pro	oprietor satisfied the respon	sible beverage serv	/er training requiremen	nt for	
a. Name of Business Entity	(b) of the business entity o	4b. Business Entity		neeueu.	
i. Is the applicant business owned by a lf yes, provide the name(s) and FEIN	another business entity?	umora bolou. Attack		···. Yes	✓ No
 Is the applicant business or any of i individuals or entities a restricted in If yes, provide the name of the restricted. 	vestor with any interest in a	an alcohol beverag	e producer or distribut	related tor? Yes	✓ No
If yes, describe the nature and statu	s of pending charges using	the space below. A	ttach additional sheets	as needed.	
Are charges for any offenses pendin beverages.	g againet the business: Ex	Mude transcriberat	ss unless related to aid	10101	✓ No

Form

AB-101

Alcohol Beverage Appointment of Agent

Date	
05/04/2024	

Original (no fee)	Successor (\$10 fee for m	unicinal lice	nsees only)		
E. Original (No 100)	□ Cuddessor (\$10 fee for fi	idilicipal lice	nsees only)		
Part A: Business Infor					
Legal Business Name (indiv					
Dirty Dog Taphat Business Trade Name or DE	us and Eatery LLC				
. Business Trade Name of DE	3A				
3. Entity Type (check one)	✓ Limited Liability Company	y [Corporation	☐ Nonprofit Orga	ınization
. Alcohol Beverage Business		5. If successo	or agent, provide State F	Permit or Municipal Reta	il License Numbe
Municipal Retail Lic	cense				
		2. First Name			3. M.I.
		2. First Name Leah			3. M.I. L
Last Name Hanson				5. Phone (608)	I I
Last Name Hanson Email 1016thAve@gmail.					L
Last Name Hanson Email 1016thAve@gmail. Home Address 406 2nd Avenue			9. Zip Code		L
Email 1016thAve@gmail. Home Address 406 2nd Avenue City New Glarus	. com	Leah		(608)	L
Last Name Hanson Email 1016thAve@gmail. Home Address 406 2nd Avenue City New Glarus	. COM	Leah	9. Zip Code 53574	(608)	636-2048
Last Name Hanson Email 1016thAve@gmail. Home Address 406 2nd Avenue City New Glarus 1. Drivers License/State ID Nu H525-5326-5958-0	mber	Leah	9. Zip Code 53574 12. Drivers License	(608)	636-2048
Last Name Hanson Email 1016thAve@gmail. Home Address 406 2nd Avenue City New Glarus . Drivers License/State ID Nu	mber	Leah	9. Zip Code 53574 12. Drivers License	(608)	636-2048
Last Name Hanson Email 1016thAve@gmail. Home Address 406 2nd Avenue City New Glarus . Drivers License/State ID Nu H525-5326-5958-0	. COM mber) 6 s sponsible beverage server trainin	8. State	9. Zip Code 53574 12. Drivers License WI	(608)	L 636-2048
Last Name Hanson Email 1016thAve@gmail. Home Address 406 2nd Avenue City New Glarus Drivers License/State ID Nu H525-5326-5958-0 art C: Agent Question Have you satisfied the re Submit proof of completic	mber) 6 s sponsible beverage server trainin on. m AB-100, Alcohol Beverage Indir	8. State WI	9. Zip Code 53574 12. Drivers License WI	10. Age 58 e/State ID State of Issuar	L 636-2048

Part D: Business Attestation

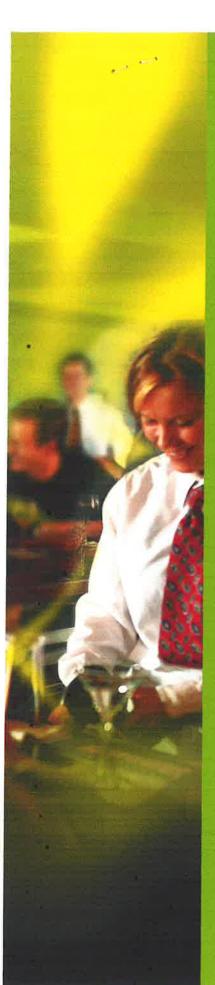
READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name		First Name			M.I.
Hanson		Leah			L
Title	Email	•		Phone	
Owner / Manager	1016thAv	ve@gmail.com		(608) 63	36-2048
Signature Sigh Skin			Date	05/05/24	ļ

Part	E: /	\gent	Atte:	station
------	------	-------	-------	---------

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, herby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name	First Name		M.I.
Hanson	Leah		L
Signature >		Date	
oun Horst		05/05/24	4



Congratulations!

You have successfully completed the ServSafe Alcohol® Responsible Alcohol Service Training and Certificate Program. This is your official ServSafe Alcohol Certification Card and provides confirmation that you have studied, and are knowledgeable about, how to serve alcohol responsibly.

Thank you for participating in the ServSafe Alcohol program. Responsible alcohol service begins with the choices you make, and ServSafe Alcohol training will help you make the right decision when the moment arises.

By completing the ServSafe Alcohol program, you show your dedication to safe and responsible alcohol service. The ServSafe Alcohol program and the National Restaurant Association are dedicated to helping you continue to raise the bar on alcohol safety.

To learn more about our full suite of responsible alcohol service training products, contact your State Restaurant Association, your distributor or visit us at ServSafe.com.

We value your dedication to responsible alcohol service and appliand you for making the commitment to keep your operation, your customers and your community safe.

Sincerely,

Sherman Brown

Senior Vice President, National Restaurant Association Solutions



ID# 21448324 CARD# 23867492

CAND F

ServSafe Alcohol® CERTIFICATE

LEAH HANSON



NAME 4/24/2023

DATE OF EXAMINATION

Cord expires two years from the date of examination, Local laws apply. Compiles with VII State Stats, s.125.04(5) (a) 5 & s.123.17(6) & s.134.66

©2015 United Retrouvers Association Educational Foundation (MRMEF). All sights sessived. Serviced. Serviced Solid Serviced Serviced

Senior Vice President, National Restaurant Association Solutions

Annalia arconor service programs

This certificate confirms completion of the ServSafe Alcohol® responsible alcohol service program.

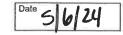
In Alaska you must laminate your card for it to be valid.

NOTE: You can access your score and certification information anytime at ServSafe.com with the class number provided on this form.

If you have any questions regarding your certification please contact the National Restaurant Association Service Center at Service Center@restaurant.org or 800.765.2122, ext. 6703.



Alcohol Beverage Individual Questionnaire



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

· sole proprietor

- all officers, directors, and agent of a corporation or nonprofit organization
 members and agent of a limited liability company
- · all partners of a partnership

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A	: Business Informa	tion							
	Business Name (individua		lo propriotor)						
_	ty Dog Taphaus								
	ess Trade Name or DBA	und E	accry due	-			-		
Z. Duski	ess frace Name of DDA								
3. Entity	Type (check one)								
1	ole Proprietor	Partnershi	p 🗹 Limited	Liabili	ity Compa	ny 🔲 Corporation	ı 🗆	Nonprofit O	rganization
								<u>'</u>	
Part B	: Individual Informa	ation							
1. Last N	lame			2. F	irst Name				3. M.I.
Han	son			L	eah				L
4. Relation	onship to Business (Title)		5. Email	1				6. Phone	
Owne			1016th	ave	@gmail	.com			536-2048
7. Home	Address								
406	2nd Ave								
8. City					9. State	10. Zip Code		11. Date of Bi	rth
New	Glarus				WI	53574		12/18/	19
12. Drive	ers License/State ID Numb	er				13. Drivers License/State ID State of Issuance			
H525	5-5326-5958-06					WI			
Dort C	: Address History			-					
1. Do yo	ou currently reside in W	isconsin?					• • • • • •	····· 🗸 \	es No
lf ves	to 1 above, how long	ave vou c	ontinuously lived in	Wisc	onsin prio	r to the date of applicat	ion?	Years	Months
,	· · · · · · · · · · · · · · · · · · ·		orminadadiy iirda iii		onom piro	to allo dato of approach	ЮП:	29	
2. List in	n chronological order a	l of your ac	dresses within the	last 5	vears. At	tach additional sheets i	f necessa	arv.	
	Address 1			City			State	Zip Code	
				1					
Previous	Address 2			City			State	Zip Code	
				,			Cuito	Zip odde	
Previous	Address 3	·		City			State	Zip Code	
/				Oily			Otato	Zip Gode	
Previous	Address 4			City			State	Zip Code	
	71441000			City			State	Zip Code	
Previous	Address 5			City			State	Zip Code	
	, 144, 555 5			0,1,			State	Zip Code	
	Il states and counties y	ou have liv	ed in as an adult. A	Attach	additional	sheets if necessary.			
State	County	State	County		State	County	State	County	
State	County	State	County		State	County	State	County	

Continued →

r			
Part D: Criminal History			
Have you ever been convicted of any offenses (exclude for violation of any federal, Wisconsin, or another state)			
If yes to question 1, please list details of each convicti	on below, Attach additi	onal sheets as needed.	
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed	1? Yes No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed	1	Was sentence completed	I? Yes No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed	!? Yes No
Are charges for any offenses currently pending agains beverages) for violation of any federal, Wisconsin, or a ordinances? If yes to question 2, describe nature and status of persheets as needed.	nother state's laws or	any county or municipal	Yes 🗹 No
Part E. Attactation			
Part E: Attestation READ CAREFULLY BEFORE SIGNING: Under penal truthfully. I certify that I am not prohibited from participal beverage industry as a restricted investor. I understand under penalty of state law. I further understand that I may with this application, and that any person who knowing to forfeit not more than \$1,000 if convicted. Signature	ating in this business of I that any license issu I be prosecuted for sub	ue to any involvement in a ed contrary to Wis. Stat. Contiting false statements at alse information on this ap	another tier of the alcohol Chapter 125 shall be void and affidavits in connection

License(s) Requested: (up to two boxes may be checked)

Print | Clear

#24-07

Form

AB-200

Alcohol Beverage License Application

Fort	Munici	ipal Use Only	
Municipality	V.	NX	
License Perio	d 14-4	Ture 30	,25

Fees

☐ Class "A" Beer	Cass "B" Beer \$_	License	Fees	\$ 1000.00
□ "Class A" Liquor \$	K "class B" Liquor \$_	300 · Backgro	ound Check Fee	\$
Class A" Liquor (cider only) \$	Reserve "Class B" Liquor \$_		tion Fee	\$
Class C" Liquor (wine only) \$		Total F	PAC	\$
		Total 1		Ψ
Part A: Premises/Business Information	1			
Legal Business Name (individual name if sole proj				
FAT CAT COFFEE V	NORKS LLC			
2. Business Trade Name or DBA	E LANDICS			
3. FEIN	E WORKS	Seller's Permit Numb	sor.	
20-863-7642	Various and			-10 27
5. Entity Type (check one)		-000-3	191-55	45-06
☐ Sole Proprietor ☐ Partnership	Limited Liability Company	☐ Corporation	Nonprof	fit Organization
6. State of Organization	7. Date of Organization	8. Wisco	nsin DFI Registration	
WISCONSIN	3.13.2007	Fo	40359	
9. Premises Address	Ci			
LEOLE RAILROAD	21.	Tax av a	1.0 - 0.1	
NEW GIARUS		11. State	12. Zip Code	70
	14. Governing Municipality: City	/ Cl Town Marilla	15. Aldermanic	District
GREFIN	of NEW 6LY		je 10.74domanic	Joseph
16. Premises Phone	17. Premises Email		- Vebsite	
(608)527-33Ale	fatiatioffee @	tox.not us	win fate	straffeo un
19. Premises Description - Describe the building or bare kept. Describe all rooms within the building, in only on the premises described in this application.	ouildings where alcohol beverages a ncluding living quarters. Authorized a	re produced, sold, sto alcohol beverage activ	red, or consumed, a rities and storage of	and related records
Lede Pailroad Street			-	
INDOORS		TDOORS		y.
20. Mailing Address (if different from premises addres		. , , , ,		
PO BOX 473	ss)			
21. City		22. State	23. Zip Code	21
NEW GIARUS		WI	1556	74
Part B: Questions		A		Harris Harris
Has the business (sole proprietorship, partne violating federal or state laws or local ordinar	nces? Exclude traffic offenses un	or corporation) been eless related to alco	n convicted of hol beverages.	☐ Yes ÄNo
If yes, list the details of violation below. Attac				
Law/Ordinance Violated	Location		Trial Date	
Penalty Imposed	- F			
		Was sentence cor	npleted?	Yes No
Law/Ordinance Violated	Location		Trial Date	
		7		
Penalty Imposed		Was sentence con	npleted?	Yes No

Are charges for any offenses pending a beverages.	gainst the business? Exclude traffic	offenses unless related to a	Icohoł Tyes No		
If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.					
		- 1			
Is the applicant business or any of its or individuals or entities a restricted investif yes, provide the name of the restricted.	stor with any interest in an alcohol b	peverage producer or distrib	er related utor? Yes No		
		- A			
	H 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		□ Van □No		
Is the applicant business owned by and If yes, provide the name(s) and FEIN(s)	orner business entity?) of the business entity owners below	w. Attach additional sheets a	s needed.		
4a. Name of Business Entity	4b. Busine	ss Entity FEIN			
Have the partners, agent, or sole propri this license period? Submit proof of cor	ietor satisfied the responsible bever	age server training requirem	ent for Yes No		
6. Is the applicant business indebted to ar	-		1.5		
7. Does the applicant business owe past of					
Part C: Individual Information					
List the name, title, and phone number for each Question 4: sole proprietor, all officers, directors managers, and agent of a limited liability compared to the compared to th	s, and agent of a corporation or nonprofi any. Attach additional sheets if necessary	t organization, all partners of a p y.	partnership, and all members,		
Include Form AB-100 for each person listed bel		1			
Last Name	First Name	Title	Phone		
MILLEY	JOHN	OWNER	608.258.950		
Part D: Attestation		Compress Same	A THE RESERVE TO SHOW THE		
One of the following must sign and attest	to this application:				
	• • • • • • • • • • • • • • • • • • • •	ne corporate officer • o	ne member of an LLC		
I am acting solely on behalf of the applicant burights and responsibilities conferred by the lice according to the law, including but not limited to any portion of a licensed premises during in revocation of this license. I understand that an understand that I may be prosecuted for submitingly provides materially false information on the	READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.				
Last Name	First Name	N	M.B		
Title	Email	1 4	Phone		
DWNER	Fatcatco	offee @tds.no	1 408 358 9501		
Signature		Date 5/4/900	Inf		
Part E: For Clerk Use Only		-///	1		
Date Application Was Filed With Clerk Licens	se Number # Q4.07	Date License Granted	Date License Issued		
Signature of Clerk/Deputy Clerk		Date Provisiona	al License Issued (if applicable)		
AB-200 (N. 03-24)	- 2 -	1			

Form

AB-101

Alcohol Beverage **Appointment of Agent**

Agent Type (check one)						
Original (no fee)	Successor (\$10 fee for m	nunicipal license	es only)			
i i						34
Part A: Business Informa	ition					
1. Legal Business Name (individua	al name if sole proprietor)					
FOT (AT CO)	FFEE WORK	SIL	\mathcal{C}			
2. Business Trade Name or DBA	COFFEE IN	_				
3. Entity Type (check one)	Limited Liability Company	100	orporation	☐ Nor	profit Organiza	ation
Alcohol Beverage Business Aut Municipal Retail Licen		5. If successor a	gent, provide State P	ermit or M u	•	cense Number
6. Describe the reason for appoint	ing a successor agent, if successo	r is checked above).			
				5		
Part B: Agent Information						
1. Last Name		2. First Name				3. M.I.
MILLER 4. Email		DottN		r	5.01	D
FATCAT @	TDS. NET				5. Phone	0 00
6. Home Address	PIPSITIET				608.35	1056.0
N8494 POP	LAR GROVE	RD.				
7. City		()	Zip Code	4	10. Age	
NEW COLF	TRUS	IM	555+4	7	58	
11. Drivers License/State ID Numb			12. Drivers License			
MALLO -4621	e-le3le9-6	5	WISCOR	121V	1	
Part C: Agent Questions						
 Have you satisfied the respondent proof of completion. 	onsible beverage server training	ng requirement? XVLVAL	**********		·····.⊠	Yes No
Have you completed Form A Submit a completed Form A	AB-100, Alcohol Beverage Ind		naire?	******		Yes No
Have you been a Wisconsir See instructions for exceptions		uous days?			Æ	Yes No

any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.
Last Name First Name M.I.
MILLER JOHN 13
Title Email Phone
OWNER Fatiations (other other tots not (ogs)
Signature Date Date
Part E: Agent Attestation
READ CAREFULLY BEFORE SIGNING: I, the Agent , herby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.
Last Name First Name M.L.
Signature JOHN Date SHIP SHIP SHIP SHIP SHIP SHIP SHIP SHIP

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further,

Part D: Business Attestation

Form

AB-100

Alcohol Beverage Individual Questionnaire

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

A-29.74

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

· sole proprietor

- · all officers, directors, and agent of a corporation or nonprofit organization
- · all partners of a partnership
- members and agent of a limited liability company

Part A: Business Information				
Legal Business Name (individual name if sole proprietor)				
FAT CAT COFFFE WORK	CS LLC			
2. Business Trade Name or DBA	8 149			
FAT CAT COFFEE WOR	2KS			
3. Entity Type (check one)				
Sole Proprietor Partnership Limited	Liability Company	/ Corporation		Nonprofit Organization
Part B: Individual Information				
1. Last Name	2. First Name			3. M.I.
MILLER	NHOL			IB
4. Relationship to Business (Title) 5. Email			6	i. Phone
DWNFR Patro	atrofte	e a tds.v	etu	208-358,450
7. Home Address			Ŋ,	
N8494 POPLAR GROVE RD)			
8. City	9. State	10. Zip Code	1	1. Date of Birth
NEW GLARUS	WI	53574		10/09/19/06
12. Drivers License/State ID Number	_	13. Drivers License/State		
MALED- 4102 CO - 6369-0	3	WISCON	184	<u></u>
*				- 34
Part C: Address History				
Do you currently reside in Wisconsin?				Yes No
If yes to 1 above, how long have you continuously lived in	Wieconein prior	to the date of application	m?	Years Months
If yes to 1 above, now long have you continuously lived in	TTISCOTISHT PROF	to the date of application	616.315.	58 6
2. List in chronological order all of your addresses within the	last 5 years. Atta	nch additional sheets if	necessar	y.
Previous Address 1	City		State	Zip Code
NBA94 POPLAR GROVE RD	NFU)	CHARILS	WI	53574
Previous Address 2	City	UNIFUS	State	Zip Code
Previous Address 3	City		State	Zip Code
Previous Address 4	City		State	Zip Code
	1			
Previous Address 5	City		State	Zip Code
List all states and counties you have lived in as an adult. A	Attach additional	sheets if necessary.		
State County State County	State	County	State	County
MT Melamula III Talo				,
State County, State County	State	County	State	County
WI MAGNETTE WILL GORPEN	'			

Continued →

Part D: Criminal History			3 8
 Have you ever been convicted of any offens for violation of any federal, Wisconsin, or ar If yes to question 1, please list details of each 	nother state's laws or of any o	county or municipal ordinances?	
Law/Ordinance Violated	Location		Conviction Date
Law/Ordinance volated	Essenti		
Penalty Imposed		Was sentence completed?	Yes No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed	*	Was sentence completed?	Yes No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	Yes No
Are charges for any offenses currently pend beverages) for violation of any federal, Wiscordinances? If yes to question 2, describe nature and standards as needed.	consin, or another state's law	s or any county or municipal	Yes No
			1 = 0 = 1
Part E: Attestation			Torrest.
READ CAREFULLY BEFORE SIGNING: Utruthfully. I certify that I am not prohibited from beverage industry as a restricted investor. I under penalty of state law. I further understand with this application, and that any person what to forfeit not mote than \$1,000 if convicted. Signature	om participating in this busing understand that any license nd that I may be prosecuted for	ess due to any involvement in ano issued contrary to Wis. Stat. Cha or submitting false statements and a	ther tier of the alcohol pter 125 shall be void affidavits in connection

#24-23

Form AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality NG	
July 1, 24-June 30, 2	S

License(s) Requested: (up to two boxes ma	ay be checked)			Fees	
☐ Class "A" Beer	Class "B" Beer \$	100.	License Fe		¢ 105
	Class B" Liquor \$				\$ 600.
	Reserve "Class B" Liquor \$			d Check Fee	\$
			Publication	Fee	\$
Class C" Liquor (wine only) \$			Total Fees		\$
Part A: Premises/Business Information	on -				
1. Legal Business Name (individual name if sole pr					
2. Business Trade Name or DBA	Inc				
Glarer Hube					
3. FEIN	4. Wisconsin	Seller's Per	mit Number	456-000	001070050
39-1591613	6040	00010	7005	-01	
5. Entity Type (check one)					
Sole Proprietor Partnership 6. State of Organization	Limited Liability Company		rporation		it Organization
2000 April 19	7. Date of Organization			DFI Registratio	n Number
9. Premises Address	9-16-1987		90	21800	
518 1st sheet					
10. City			11 Ctoto	12. Zip Code	
New Glances			11. State		24
13. County	14. Governing Municipality: City	[] Town		15. Aldermanic	
Green	of: New Glaras		L village	ro. radorniano	
16. Premises Phone	17 Premises Email		18. Web	site	
608 527 2216	John Gobeli @ Bu	Icloud	Ca		
19. Premises Description - Describe the building of are kept. Describe all rooms within the building only on the premises described in this application of the premises described in this application. Described in this application of the best of the building of the buildi	r buildings where alcohol beverages ar , including living quarters. Authorized a on. Attach a map or diagram and additi	e produced Icohol beve onal sheets	sold, stored rage activities if necessary.	and storage of	and related records records may occur
20. Mailing Address (if different from premises address & Box (57	ess)				
21. City New Glarys			22. State	23. Zip Code	<i>J</i>
Part B: Questions				17/	
Has the business (sole proprietorship, partr violating federal or state laws or local ordinal	nership, limited liability company, c ances? Exclude traffic offenses unl	or corporati	ion) been co	onvicted of beverages.	Yes 1 No
If yes, list the details of violation below. Atta	ch additional sheets if necessary.				
Law/Ordinance Violated	Location		Tria	al Date	
Penalty Imposed					
		Was sent	ence compl	eted?	Yes No
Law/Ordinance Violated	Location				
	Loodiion		1718	al Date	
Penalty Imposed		Was sente	ence compl	eted?	Yes No
	<u> </u>		•		

Are charges for any offenses pending beverages.	against the business? Exclude traffic	offenses unless related to al	cohol Yes No
If yes, describe the nature and status of	of pending charges using the space t	pelow. Attach additional sheet	s as needed.
Is the applicant business or any of its individuals or entities a restricted investigation of the restricted investigation. If yes, provide the name of the restricted investigation in the individuals or entitle in the individuals of the individuals.	stor with any interest in an alcohol b	peverage producer or distribu	related tor? Yes K No
Is the applicant business owned by and If yes, provide the name(s) and FEIN(s)	other business entity?	v. Attach additional sheets as	needed.
4a. Name of Business Entity	4b. Busines	ss Entity FEIN	
5. Have the partners, agent, or sole propr	rietor satisfied the responsible bevera	age server training requirement	nt for
this license period? Submit proof of col			
6. Is the applicant business indebted to a7. Does the applicant business owe past			
Part C: Individual Information	——————————————————————————————————————		····· res [K] No
	The second second in the second secon		
List the name, title, and phone number for each Question 4: sole proprietor, all officers, director managers, and agent of a limited liability comparation.	s, and agent of a corporation or nonprofit	organization, all partners of a pa	or businesses listed in Part B, rtnership, and all members,
Include Form AB-100 for each person listed be	low. Corporations and LLCs must appoin	t an agent by including Form AB-	101,
Last Name	First Name	Title	Phone
Gobeli	John	President	608 517 2383
Gobeli	John	President	608 214 5383
Gobeli	John	President	68 514 2383
Gobeli	John	President	68 514 2383
	John	President	688 514 2383
Part D: Attestation		President	688 514 2383
Part D: Attestation One of the following must sign and attest to	to this application:		
Part D: Attestation One of the following must sign and attest to sole proprietor one general READ CAREFULLY BEFORE SIGNING: Undid a macting solely on behalf of the applicant burghts and responsibilities conferred by the lice according to the law, including but not limited to any portion of a licensed premises during increvocation of this license. I understand that a munderstand that I may be prosecuted for submitingly provides materially false information on the	to this application: I partner of a partnership • one er penalty of law, I have answered each usiness and not on behalf of any other in- unse(s), if granted, will not be assigned to to, purchasing alcohol beverages from s spection will be deemed a refusal to allo ny license issued contrary to Wis, Stat. (tting false statements and affidavits in co	e corporate officer • one of the above questions complete dividual or entity seeking the lice of another individual or entity. I a state authorized wholesalers. I use inspection. Such refusal is a Chapter 125 shall be void under onnection with this application, ar	e member of an LLC ely and truthfully. I agree that the gree to operate this business nderstand that lack of access insidemeanor and grounds for penalty of state law. I further that any person who know-
Part D: Attestation One of the following must sign and attest to sole proprietor one general READ CAREFULLY BEFORE SIGNING: Under I am acting solely on behalf of the applicant burghts and responsibilities conferred by the lice according to the law, including but not limited to any portion of a licensed premises during increvocation of this license. I understand that a understand that I may be prosecuted for submittingly provides materially false information on the Last Name	to this application: I partner of a partnership • one er penalty of law, I have answered each usiness and not on behalf of any other in- ense(s), if granted, will not be assigned to to, purchasing alcohol beverages from s spection will be deemed a refusal to allo ty license issued contrary to Wis, Stat. Of thing false statements and affidavits in co- nis application may be required to forfeit First Name	e corporate officer • one of the above questions complete dividual or entity seeking the lice of another individual or entity. I a state authorized wholesalers. I use inspection. Such refusal is a Chapter 125 shall be void under onnection with this application, ar	e member of an LLC ely and truthfully. I agree that the gree to operate this business nderstand that lack of access insidemeanor and grounds for penalty of state law. I further that any person who know-
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Part D: Attestation One of the following must sign and attest to sole proprietor one general READ CAREFULLY BEFORE SIGNING: Under I am acting solely on behalf of the applicant burghts and responsibilities conferred by the lice according to the law, including but not limited to any portion of a licensed premises during increvocation of this license. I understand that a runderstand that I may be prosecuted for submittingly provides materially false information on the Last Name Cobelic Title	to this application: I partner of a partnership er penalty of law, I have answered each isiness and not on behalf of any other incres(s), if granted, will not be assigned to purchasing alcohol beverages from sepection will be deemed a refusal to allow plicense issued contrary to Wis, Stat. Outling false statements and affidavits in comis application may be required to forfeit First Name	e corporate officer • one of the above questions complete dividual or entity seeking the lice of another individual or entity. I a state authorized wholesalers. I use winspection. Such refusal is a mochapter 125 shall be void under nection with this application, are not more than \$1,000 if convicted.	e member of an LLC ely and truthfully. I agree that the ense. Further, I agree that the gree to operate this business inderstand that lack of access insidemeanor and grounds for penalty of state law. I further that any person who knowed.
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Part D: Attestation One of the following must sign and attest to sole proprietor one general READ CAREFULLY BEFORE SIGNING: Under I am acting solely on behalf of the applicant burights and responsibilities conferred by the lice according to the law, including but not limited to any portion of a licensed premises during increvocation of this license. I understand that are understand that I may be prosecuted for submitingly provides materially false information on the Last Name Cobelic Title Fresident Signature	to this application: I partner of a partnership er penalty of law, I have answered each isiness and not on behalf of any other incres(s), if granted, will not be assigned to purchasing alcohol beverages from sepection will be deemed a refusal to allow plicense issued contrary to Wis, Stat. Outling false statements and affidavits in comis application may be required to forfeit First Name	e corporate officer • one of the above questions complete dividual or entity seeking the lice of another individual or entity. I a state authorized wholesalers. I use winspection. Such refusal is a mochapter 125 shall be void under nection with this application, are not more than \$1,000 if convicted.	e member of an LLC ely and truthfully. I agree that the gree to operate this business nderstand that lack of access nisdemeanor and grounds for penalty of state law. I further dothat any person who knowed. M.I. C
Part D: Attestation One of the following must sign and attest to sole proprietor one general reactions on the sole proprietor one general reactions and responsibilities conferred by the lice according to the law, including but not limited to any portion of a licensed premises during increvocation of this license. I understand that a runderstand that I may be prosecuted for submittingly provides materially false information on the last Name of the sole of th	to this application: I partner of a partnership • one er penalty of law, I have answered each usiness and not on behalf of any other in- unse(s), if granted, will not be assigned to to, purchasing alcohol beverages from s spection will be deemed a refusal to allo ny license issued contrary to Wis, Stat. (titing false statements and affidavits in co- unis application may be required to forfeit First Name To ha Email John. Go be (i)	e corporate officer • one of the above questions complete dividual or entity seeking the lice of another individual or entity. I a state authorized wholesalers. I use winspection. Such refusal is a much application, around the connection with this application, around more than \$1,000 if convicted to the content of the c	e member of an LLC ely and truthfully. I agree that the gree to operate this business nderstand that lack of access nisdemeanor and grounds for penalty of state law. I further dothat any person who knowed. M.I. C
Part D: Attestation One of the following must sign and attest to sole proprietor one general reactions on the sole proprietor one general reactions and responsibilities conferred by the lice according to the law, including but not limited to any portion of a licensed premises during increvocation of this license. I understand that a runderstand that I may be prosecuted for submittingly provides materially false information on the last Name of the sole of th	to this application: I partner of a partnership • one er penalty of law, I have answered each isiness and not on behalf of any other in ense(s), if granted, will not be assigned to to, purchasing alcohol beverages from s spection will be deemed a refusal to allo ny license issued contrary to Wis, Stat. (titing false statements and affidavits in co his application may be required to forfeit First Name To ha Email John. Go be li	e corporate officer one of the above questions complete dividual or entity seeking the lice of another individual or entity. I a tate authorized wholesalers. I ur w inspection. Such refusal is a not chapter 125 shall be void under onnection with this application, ar not more than \$1,000 if convicted Date Date Date Date Date Canal Canal Date Date Canal Date	e member of an LLC ely and truthfully. I agree that the ense. Further, I agree that the gree to operate this business neerstand that lack of access nisdemeanor and grounds for penalty of state law. I further do that any person who knowed. M.I. Phone 6 2 2 4 3 3 3 3

Alcohol Beverage Appointment of Agent

Date				
5	12	31	7	U

Agent Type (check one)			
Original (no fee)	Successor (\$10 fee for m	nunicipal licensees only)	
Part A: Business Inform	mation		
1. Legal Business Name (indivi	dual name if sole proprietor)		
2. Business Trade Name or DB	A		
3. Entity Type (check one)	Limited Liability Company	y Corporation	☐ Nonprofit Organization
Alcohol Beverage Business A Municipal Retail Lice		5. If successor agent, provide State Perr	nit or Municipal Retail License Number
Part B: Agent Informati	on		
1. Last Name		2. First Name	3. M.I.
		l •	3. M.I.
Gobeli	2 Icloud. com	2. First Name	5. Phone 6 08 214 5783
Gobeli	2 I cloud. com	l •	5. Phone
6. Home Address 6. Washing to 7. City	of Street	8. State 9. Zip Code	5. Phone
4. Email John Gobe (; 6) 6. Home Address 6. 30 Washing to 7. City Montice (10) 11. Drivers License/State ID Nu		8. State 9. Zip Code W. 53570	5. Phone 6 08 214 5383 10. Age 4 0 ate ID State of Issuance
4. Email John Gobe (; 6) 6. Home Address 6. 30 Washing to 7. City Montice (10) 11. Drivers License/State ID Nu	mber	8. State 9. Zip Code 5357 o 12. Drivers License/St	5. Phone 6 08 214 5383 10. Age 4 0 ate ID State of Issuance
Gebek 4. Email John Gobeli 6. Home Address 630 Washing to 7. City Montice (10 11. Drivers License/State ID Nur G1404638	344307	8. State 9. Zip Code 5357 o 12. Drivers License/St	5. Phone 6 08 214 5383 10. Age 4 0 ate ID State of Issuance
4. Email John Gobe (. 6. 6. Home Address 6. 30 washing to 7. City Montic allo 11. Drivers License/State ID Nur G 140 46 38 Part C: Agent Question	mber 3 4 4 3 6 7 sponsible beverage server training	8. State 9. Zip Code 5354 0 12. Drivers License/St C 5 Coy 5	5. Phone 6 08 214 5383 10. Age 4 0 ate ID State of Issuance
4. Email 6. Home Address 6. 30 washing to 7. City Mondi'C 10 11. Drivers License/State ID Null G 140 46 38 Part C: Agent Question 1. Have you satisfied the resubmit proof of completion	seponsible beverage server training.	8. State 9. Zip Code SSS 0 12. Drivers License/St License/St	5. Phone 6 08 214 5383 10. Age 4 6 ate ID State of Issuance

READ CAREFULLY BEFORE SIGNING: I, the Undersigned , authorize the above-named individual to act for the corporation, nonprofit organization, or limited liability company with full authority and control of the premises and beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this is on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this pre I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application who knowingly provides materially false information on this application may be required to forfeit not more if convicted.	nd of all alcohol ndividual to act emises. Further, cation, and that
ast Name First Name	M.I.
Cooke li John	C
Gobeli Bross dent Bross dent Bohn. Gobeli @ Tolond, ron 608 Ignature Date	214 538
Date 5/23/20	
Part E: Agent Attestation	,
READ CAREFULLY BEFORE SIGNING: I, the Agent , herby accept this appointment as agent for the above-name nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol bevore the premises for the above-named business. I further understand that I may be prosecuted for submitting faland affidavits in connection with this application, and that any person who knowingly provides materially false info application may be required to forfeit not more than \$1,000 if convicted.	erage activities
st Name Scheli Toka	M.I.
gnature Date 5/23/24	4

Form

AB-100

Alcohol Beverage Individual Questionnaire

Date			
51	17	3/	20
	-	21	64

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

sole proprietor

- all officers, directors, and agent of a corporation or nonprofit organization
 members and agent of a limited liability company
- · all partners of a partnership

Your alcohol beverage application or renewal	•			manes are	Submittou.
Part A: Business Information					
1. Legal Business Name (individual name if sole pr	GO 1011 (GA 2010 COM)				
2. Business Trade Name or DBA	240				
Glarner stuke					
3. Entity Type (check one)					
☐ Sole Proprietor ☐ Partnership	Limited Liab	ility Compar	y TGorporatio	n 🗆 N	Nonprofit Organization
			, A content		To ipioni o gamzator
Part B: Individual Information					
1. Last Name	2.	First Name			3. M.I.
Gobeli		Tour			
4. Relationship to Business (Title)	5. Email			6	. Phone
resident	John (5)	chelli	QIclord.	104 6	08214 652
7. Home Address	200	<i>52,000</i>		(0	0 + 21 1 3 30
630 washingles	y ree /				
o. City		9. State	10. Zip Code	1	1. Date of Birth
Monlicello		w	53520	1	2/3/1882
2. Drivers License/State ID Number			13. Drivers License/St		of Issuance
6146 4638 3443 6	ァス		WISTER		
Part C: Address History					
I. Do you currently reside in Wisconsin?				90969 (698)	· · · Yes \ \
If yes to 1 above, how long have you contin	uously lived in Wis	consin prior	to the date of applicat	ion?	Years Months
					(4
. List in chronological order all of your addres	ses within the last	5 years. Atta	ach additional sheets i	f necessary	/.
revious Address 1	City	y		State	Zip Code
630 Washington Streetington Streetings Address 2	reet 1	doubic.	el (0	W	53520
revious Address 2	City	V	71	State	Zip Code
200 elver ld to	i	LOW G	1616	WX	53574
revious Address 3	City		,,,,,	State	Zip Code
		,			
revious Address 4	City	,		04-4-	
revious Address 4	City	/		State	Zip Code
					Zip Code
	City			State	
evious Address 5	City	/			Zip Code
revious Address 5 List all states and counties you have lived in	City as an adult. Attacl	/ h additional		State	Zip Code Zip Code
revious Address 5 List all states and counties you have lived in tate County State Cou	City as an adult. Attacl	/	sheets if necessary.		Zip Code
	as an adult. Attack	h additional	County	State	Zip Code Zip Code County
revious Address 5 List all states and counties you have lived in tate County State County	as an adult. Attack	/ h additional		State	Zip Code Zip Code

 $Continued \rightarrow$

Part D: Criminal History			
Have you ever been convicted of any offense	s (excluding traffic offenses u	niess related to alcohol beverages	:1
for violation of any federal, Wisconsin, or ano	ther state's laws or of any cou	unty or municipal ordinances?	. Yes 🔀 No
If yes to question 1, please list details of each	conviction below. Attach add	itional sheets as needed.	
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed			
renally imposed		Was sentence completed?	Yes No
Law/Ordinance Violated	Location	Trad demonstration demploted	
	Location		Conviction Date
Penalty Imposed			
		Was sentence completed?	Yes No
Law/Ordinance Violated	Location		Conviction Date
Decelle leave d			
Penalty Imposed		Was sentence completed?	. Yes No
Are charges for any offenses currently pending beyorgages) for violation of			
beverages) for violation of any federal, Wiscon ordinances? If yes to question 2, describe nature and statusheets as needed.			Yes No
Part E: Attestation	· · · · · · · · · · · · · · · · · · ·		
READ CAREFULLY BEFORE SIGNING: Under truthfully. I certify that I am not prohibited from properties and a restricted investor. I under under penalty of state law. I further understand the with this application, and that any person who know to forfeit not more than \$1,000 if convicted.	erstand that any license issuat I may be prosecuted for su	ue to any involvement in another ued contrary to Wis. Stat. Chapte	r tier of the alcohol er 125 shall be void
ignature		Date	
- an		51231	24

#2402

Form AB-200

Alcohol Beverage License Application

For Municipal Use Only						
Municipality	V.	NY				
License Perio	24	-Trone	30	25		

			-		0 1		
License(s) Requested: (up to two boxes may	y be checked)			Fees			
☐ Class "A" Beer \$	Class "B" Beer	···· \$ <u>1</u>	.00	License	Fees	\$	
Class A" Liquor \$	✓ "Class B" Liquor .		00	Backgro	und Check Fee	\$	
Class A" Liquor (cider only) \$	Reserve "Class B"	Liquor \$	_ [Publicati	on Fee	\$	
Class C" Liquor (wine only) \$				Total Fe	es	\$	
Γ							
Part A: Premises/Business Information							
1. Legal Business Name (individual name if sole pro	oprietorship)						
KLEEMANS BAR & GRILL LLC							
2. Business Trade Name or DBA							
3, FEIN		4. Wisconsin Sel	ller's Per	mit Numbe	er		
76-0775726		456-0002	22522	98-02			
5. Entity Type (check one)							
☐ Sole Proprietor ☐ Partnership	✓ Limited Liability	y Company	☐ Cor	poration	☐ Nonpro	fit Organization	
6. State of Organization	7. Date of Organizati	on		8. Wiscon	sin DFI Registration	on Number	
, WE							
9. Premises Address	1						
116 5TH AVENUE							
10. City				11. State	12. Zip Code		
NEW GLARUS				WI	53574		
13. County	14. Governing Municip		Town	✓ Village	15. Aldermanio	c District	
Green	of: NEW GLA	RUS					
16. Premises Phone	17, Premises Email			18. Website			
(608) 524-5499	gregkleeman@						
Premises Description - Describe the building or are kept. Describe all rooms within the building, only on the premises described in this application.	including living quarters	s. Authorized alcoh	hol bever	age activit	ies and storage o	and related records f records may occur	
MAIN FLOOR & BASEMENT							
20. Mailing Address (if different from premises addre	ess)						
PO BOX 742							
21. City			1	22. State	23. Zip Code		
NEW GLARUS				WI	53574		
Part B: Questions							
Has the business (sole proprietorship, partnership) violating federal or state laws or local ordinal	ership, limited liabilit ances? Exclude traffic	ty company, or coordinates	corporati s related	on) been d to alcoh	convicted of old beverages.	Yes □ No	
If yes, list the details of violation below. Atta	ch additional sheets	if necessary.				-3	
Law/Ordinance Violated	Location			T	Trial Date		
AFTER HOURS							
Penalty Imposed	- 1		_	-		Δ	
		W	as sente	ence com	pleted?	Yes No	
Law/Ordinance Violated	Location				Trial Date	110.	
Dui					41	19	
Penalty Imposed	'				-1-1	No.	
		W	as sente	ence com	pleted?	Yes No	

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol Yes beverages.							
If yes, describe the nature and status of	of pending c	harges	using the space b	elow. Attach	n additional sheets	s as needed	
Is the applicant business or any of its individuals or entities a restricted invelopes, provide the name of the restriction.	stor with an	y intere	est in an alcohol b	everage pro	ducer or distribut	related for?	Yes No
							,
Is the applicant business owned by and If yes, provide the name(s) and FEIN(s)	other busine i) of the bus	ess entit iness e	ty? ntity owners below	v. Attach add	ditional sheets as	needed	Yes No
4a. Name of Business Entity			4b. Busines	s Entity FEIN			
5. Have the partners, agent, or sole propr this license period? Submit proof of co	ietor satisfie mpletion	ed the re	esponsible bevera	ige server tr	aining requiremer	it for	Yes No
6. Is the applicant business indebted to a						/	Yes 😾 No
7. Does the applicant business owe past	due municip	al prop	erty taxes, assess	sments, or o	ther fees?		Yes No
Part C: Individual Information							
List the name, title, and phone number for each Question 4: sole proprietor, all officers, director managers, and agent of a limited liability comp	s, and agent	of a cord	oration or nonprofit	organization.	applicant business of a par	or businesses tnership, and	listed in Part B, all members,
Include Form AB-100 for each person listed be	low. Corpora	tions and	d LLCs must appoin	t an agent by	including Form AB-	101.	
Last Name	First Name			Title		Phone	
KLEEMAN	GREGOR	YВ		AGENT		(608)	574-4562
Part D: Attestation							
One of the following must sign and attest	to this appli	cation:					
• sole proprietor • one genera			ership • one	e corporate o	officer • one	member of	an LLC
READ CAREFULLY BEFORE SIGNING: Und	er penalty of	law, I ha	ve answered each	of the above	questions complete	ly and truthfu	lly. I agree that
I am acting solely on behalf of the applicant burights and responsibilities conferred by the lice	usiness and r	not on be	half of any other inc	dividual or en	tity seeking the lice	nse. Further.	I agree that the
according to the law, including but not limited	to, purchasin	g alcoho	l beverages from s	tate authorize	ed wholesalers. I un	derstand that	t lack of access
to any portion of a licensed premises during in revocation of this license. I understand that ar	ny license iss	ued con	trary to Wis. Stat. C	Chapter 125 s	hall be void under i	penalty of sta	ite law. I further
understand that I may be prosecuted for submingly provides materially false information on t	itting false sta	atements	and affidavits in co	nnection with	this application, an	d that any per	rson who know-
Last Name	по пррпоцио	may b	First Name	not more tha	π φτ,σσσ π convicte	u.	M.I.
KLEEMAN			GREGORY				В
Title /		Email				Phone	
OWNER //		greg	kleeman@gma	ail.com		(608) 5	74-4562
Signature				Date	03/1	8/24	
Part E: For Clerk Use Only							
Date Application Was Filed With Clerk Licens	e Number	+24	-02	Date Lie	cense Granted	Date Licens	e Issued
Signature of Clerk/Deputy Clerk					Date Provisional L	icense Issued	d (if applicable)

Alcohol Beverage Appointment of Agent

Date 4-19-24

Agent Type (check one)					
Original (no fee)	☐ Successor (\$10 fee for n	nunicipal license	ees only)	iii	
				11	
Part A: Business Inform	ation				
1. Legal Business Name (individual	ual name if sole proprietor)				
KLEEMAN'S BAR	+1				
2. Business Trade Name or DBA					
z. Davinous fraue frante of DD/1					
3. Entity Type (check one)					
o. Entity Type (oneth one)	Limited Liability Company	y 🗆 (Corporation	Ionprofit Organization	
4. Alcohol Beverage Business Au	thorization (check one)	5. If successor a	gent, provide State Permit or	Municipal Retail License N	umber
Municipal Retail Lice	nse 🔊 State Permit	1			
6. Describe the reason for appoir	nting a successor agent, if successor	r is checked abov	e.		
1)					
Part B: Agent Informatio	n				
1. Last Name		2. First Name		3. M.I.	
KLEEMAN		GREG		B	
4. Email		•		5. Phone	
gregKleeman@g 6. Home Address	mail.com			608-574-456	a
312 DURST RD					
7. City		8. State 9.	Zip Code	10. Age	
Now GLARUS		w	53574	10	
11. Drivers License/State ID Num	ber	100	12. Drivers License/State II	State of Issuance	
K455 - 2827 - 436			w1	o otate of issuance	
	-		-		
Part C: Agent Questions					
Have you satisfied the resp Submit proof of completion	oonsible beverage server trainin	ng requirement	?		No
	AB-100, Alcohol Beverage Indi		nnaire?	Yes [No
3. Have you been a Wisconsi See instructions for except	n resident for at least 90 continions.	uous days?	**********	Yes [No

Part D: Business Attestation			
READ CAREFULLY BEFORE SIGNING: I, the Under corporation, nonprofit organization, or limited liability beverage activities on such premises. I certify that I on behalf of the entity. If I am appointing a successor I understand that I may be prosecuted for submitting any person who knowingly provides materially false in if convicted.	y company with full authority and am authorized by the above-nam r agent, I rescind all previous age pfalse statements and affidavits in	control of the premise ned entity to authorize t nt appointments for this n connection with this a	s and of all alcohol this individual to act s premises. Further, application, and that
Last Name	First Name		I M.I.
Ketemma	6rec		B
Title		Phone	9
OWNER 95	eg Kleeman Rogman	1.com 60	8-574.4562
Signature	eg Kleenan & gman	Date 4- 19-3	Ý
Part E: Agent Attestation			
READ CAREFULLY BEFORE SIGNING: I, the Agent nonprofit organization, or limited liability company and on the premises for the above-named business. I full and affidavits in connection with this application, and application may be required to forfeit not more than \$	d assume full responsibility for the orther understand that I may be p that any person who knowingly p	e conduct of all alcohol prosecuted for submittir	beverage activities ig false statements
Last Name	First Name		M.I.
Signature	,	Date	

Alcohol Beverage Individual Questionnaire

Date	
4-19	-34

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

· sole proprietor

- · all officers, directors, and agent of a corporation or nonprofit organization
- · all partners of a partnership

· members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted. Part A: Business Information 1. Legal Business Name (individual name if sole proprietor) KLEEMAN'S BAR + GRILL 2. Business Trade Name or DBA 3. Entity Type (check one) Sole Proprietor Partnership Limited Liability Company Corporation ■ Nonprofit Organization Part B: Individual Information 1. Last Name 2. First Name 3. M.I. LEMAN 4. Relationship to Business (Title) 5. Email OWNER 608-574-4562 7. Home Address 8. City 9. State 10. Zip Code 11. Date of Birth wl 12. Drivers License/State ID Number Drivers License/State ID State of Issuance K455 - 2827 - 4361 wl **Part C: Address History** ☐ No Years Months If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application? 28 2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary. Previous Address 1 State Zip Code NEW GLARUS 53574 W1 Previous Address 2 State Zip Code **Previous Address 3** City State Zip Code Previous Address 4 City State Zip Code Previous Address 5 City State Zip Code 3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary. State County State County County State State County 41 GREEN 16 W1 Rock WINNEBAGO State County State County State County State County

Continued \rightarrow

Part D: Criminal History				
Have you ever been convicted of any offenses (excluding for violation of any federal, Wisconsin, or another state)] No
If yes to question 1, please list details of each conviction	n below. Attach addition	onal sheets as needed.	/ -	
Law/Ordinance Violated	Location		Conviction Date	
owl	NEW GLAR	v \$	8-19	
Penalty Imposed Fixit 1 Sispination Drivers Lieffinse		Was sentence comple	eted?	No
Law/Ordinance Violated	Location		Conviction Date	
FINE 1 SUSPENDED DRIVERS LICENSE Law/Ordinance Violated CLOSING HOWR VIOLATION	Non G	Arus	2016	
Penalty Imposed			•	l NIa
FINE		Was sentence comple	res _	No
Law/Ordinance Violated	Location		Conviction Date	
Penalty Imposed				
retially imposed		Was sentence comple	eted? Yes	No
beverages) for violation of any federal, Wisconsin, or an ordinances?			Yes	No
Part E: Attestation				
READ CAREFULLY BEFORE SIGNING: Under penalt truthfully. I certify that I am not prohibited from participal beverage industry as a restricted investor. I understand under penalty of state law. I further understand that I may with this application, and that any person who knowingly to forfeit not more than \$1,000 if convicted.	ting in this business d that any license issu be prosecuted for sub	ue to any involvement ed contrary to Wis. Sta mitting false statement	in another tier of the alcohat. Chapter 125 shall be vota and affidavits in connecti	hol oid ion
Signature	10.	Date	1-19-24	

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, 2024 and ending June 30, 2025.

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 Ad	dress of E		t: KLEEMA	NS /	BAR & GRILL	
116	571+	AVE	Now	GLARUS	. 41	53574	
Δ	receipt is	submitted be	erewith showing	the payment of th	e sum of	s 10. to the treasurer,	in
		this license.	crewitt, snowing	P	le sull of	<u> </u>	11.1
	Dated:	3-19-2	4	Signed:	M_		Đ);

Save

License(s) Requested: (up to two boxes may be checked)

Print

Clear 14.15

Form AB-200

Alcohol Beverage License Application

For Municipal Use Only

Municipality V - NG

License Period

1, 24 - June 30, 25

Fees

	√	Ino				
☐ Class "A" Beer		2	License	Fees	\$ (00	00.0
Class A" Liquor \$	∠"Class B" Liquor \$ _	<u>500 .</u>	Backgro	und Check Fee		
Class A" Liquor (cider only) \$	Reserve "Class B" Liquor \$_		Publicati	on Fee	\$	
Class C" Liquor (wine only) \$			Total Fe	es	\$	
Part A: Premises/Business Information	1					
Legal Business Name (individual name if sole pro						
Knsti's Restaural						
2. Busiñess Trade Name or DBA						
3. FEIN 46-2939197	4. Wisconsin	Seller's Pe		1108-02	3	
5. Entity Type (check one) Sole Proprietor Partnership	Limited Liability Company	□ Co	orporation	☐ Nonprof	it Organiz	ation
6. State of Organization	7. Date of Organization /201	3	8. Wiscons	in DFI Registratio	n Number	_
9. Premises Address 1195th Ave	7			K0438	74	
New Glams			11. State	12. Zip Code	74	
13, County	14. Governing Municipality: City	/ Town	Village	15. Aldermanio	District	
Greer)	of: New Gla	nus		-:		
16. Premises Phone 608-527-2012	17. Premises Email Kustilop 50 091	mal.a	18. W	ebsite K <i>vistis Re</i>	staura	nt.lon
19. Premises Description - Describe the building or be are kept. Describe all rooms within the building, in only on the premises described in this application. All Areas at an application and Patro	ncluding living quarters, Authorized a	alcohol beve	erage activit	ies and storage of	records ma	ay occur
20. Mailing Address (if different from premises addres	ss)			<u> </u>		
21. City				_		
21. City			22. State	23. Zip Code		
Part B: Questions						
 Has the business (sole proprietorship, partne violating federal or state laws or local ordinar 	rship, limited liability company, onces? Exclude traffic offenses un	or corporat iless relate	tion) been ed to alcoh	convicted of ol beverages.	Yes	No No
If yes, list the details of violation below. Attack	h additional sheets if necessary.				/	
Law/Ordinance Violated	Location		1	rial Date		
Penalty Imposed	1	Was sent	ence com	pleted? [Yes	
Law/Ordinance Violated	Location			rial Date		
Penalty Imposed	x.	Was sent	ence com	pleted? [Yes	☐ No
					_	

Are charges for any offenses pending a beverages.	igainst the business? Exclude traffic	offenses unless related to alc	cohol Yes No.
If yes, describe the nature and status of	f pending charges using the space b	pelow. Attach additional sheets	s as needed.
Is the applicant business or any of its condition individuals or entities a restricted investif yes, provide the name of the restricted.	stor with any interest in an alcohol b	oeverage producer or distribu	related tor? Yes No
			3.2
4. Is the applicant business owned by and If yes, provide the name(s) and FEIN(s)	other business entity?) of the business entity owners below	w. Attach additional sheets as	Yes No needed.
4a. Name of Business Entity	4b. Busines	ss Entity FEIN	
Have the partners, agent, or sole proprethis license period? Submit proof of core	rietor satisfied the responsible bevera	age server training requireme	nt for Yes No
6. Is the applicant business indebted to an			Yes Yo
7. Does the applicant business owe past	due municipal property taxes, asses	sments, or other fees?	Yes No
Part C: Individual Information			
List the name, title, and phone number for each Question 4: sole proprietor, all officers, director managers, and agent of a limited liability compared to the	rs, and agent of a corporation or nonprofit	it organization, all partners of a pa	or businesses listed in Part B, artnership, and all members,
Include Form AB-100 for each person listed be			
Last Name	First Name	Title	Phone 199
Lope 2	Kusti Ag	entoleman	608-358-411
Lope 2 Torres	Juan Carlos	Stront DWI	wy 08-443-7685
Part D: Attestation			
One of the following must sign and attest • sole proprietor • one general			no other of an N. C.
		no conportate emissi	ne member of an LLC
READ CAREFULLY BEFORE SIGNING: Understand the rights and responsibilities conferred by the lice according to the law, including but not limited to any portion of a licensed premises during in revocation of this license. I understand that a understand that I may be prosecuted for subm	der penalty of law, I have answered each pusiness and not on behalf of any other i cense(s), if granted, will not be assigned if to, purchasing alcohol beverages from inspection will be deemed a refusal to all any license issued contrary to Wis. Stat. initting false statements and affidavits in contract.	h of the above questions comple individual or entity seeking the lic to another individual or entity. I state authorized wholesalers. I low inspection. Such refusal is a . Chapter 125 shall be void undeconnection with this application, a	tely and truthfully. I agree that the agree to operate this business understand that lack of access misdemeanor and grounds for repenalty of state law. I further and that any person who know-
READ CAREFULLY BEFORE SIGNING: Und I am acting solely on behalf of the applicant be rights and responsibilities conferred by the lice according to the law, including but not limited to any portion of a licensed premises during in revocation of this license. I understand that a understand that I may be prosecuted for submingly provides materially false information on	der penalty of law, I have answered each pusiness and not on behalf of any other in the sense(s), if granted, will not be assigned at the sense of t	h of the above questions comple individual or entity seeking the lic to another individual or entity. I state authorized wholesalers. I low inspection. Such refusal is a . Chapter 125 shall be void undeconnection with this application, a	tely and truthfully. I agree that the agree to operate this business understand that lack of access misdemeanor and grounds for repenalty of state law. I further and that any person who know-
READ CAREFULLY BEFORE SIGNING: Und I am acting solely on behalf of the applicant be rights and responsibilities conferred by the lice according to the law, including but not limited to any portion of a licensed premises during in revocation of this license. I understand that a understand that I may be prosecuted for submingly provides materially false information on Last Name	der penalty of law, I have answered each business and not on behalf of any other is bense(s), if granted, will not be assigned to, purchasing alcohol beverages from inspection will be deemed a refusal to all any license issued contrary to Wis. Stat. In this application may be required to forfe	h of the above questions comple individual or entity seeking the lic to another individual or entity. I state authorized wholesalers. I low inspection. Such refusal is a . Chapter 125 shall be void undeconnection with this application, a	tely and truthfully. I agree that bense. Further, I agree that the agree to operate this business understand that lack of access misdemeanor and grounds for a penalty of state law. I further and that any person who know-
READ CAREFULLY BEFORE SIGNING: Und I am acting solely on behalf of the applicant be rights and responsibilities conferred by the lice according to the law, including but not limited to any portion of a licensed premises during in revocation of this license. I understand that a understand that I may be prosecuted for submingly provides materially false information on	der penalty of law, I have answered each pusiness and not on behalf of any other in the sense(s), if granted, will not be assigned at the sense of t	h of the above questions comple individual or entity seeking the lic to another individual or entity. I state authorized wholesalers. I low inspection. Such refusal is a . Chapter 125 shall be void undeconnection with this application, a	tely and truthfully. I agree that the agree to operate this business understand that lack of access misdemeanor and grounds for repenalty of state law. I further and that any person who know-
READ CAREFULLY BEFORE SIGNING: Und I am acting solely on behalf of the applicant be rights and responsibilities conferred by the lice according to the law, including but not limited to any portion of a licensed premises during in revocation of this license. I understand that a understand that I may be prosecuted for submingly provides materially false information on Last Name	der penalty of law, I have answered each business and not on behalf of any other is bense(s), if granted, will not be assigned to, purchasing alcohol beverages from inspection will be deemed a refusal to all any license issued contrary to Wis. Stat. In this application may be required to forfe	h of the above questions comple individual or entity seeking the lic to another individual or entity. I state authorized wholesalers. I low inspection. Such refusal is a . Chapter 125 shall be void undeconnection with this application, a	tely and truthfully. I agree that bense. Further, I agree that the agree to operate this business understand that lack of access misdemeanor and grounds for a penalty of state law. I further and that any person who know-
READ CAREFULLY BEFORE SIGNING: Und I am acting solely on behalf of the applicant b rights and responsibilities conferred by the lice according to the law, including but not limited to any portion of a licensed premises during in revocation of this license. I understand that a understand that I may be prosecuted for submingly provides materially false information on Last Name Title Signature Signature Deat E. For Clork Uso Only	der penalty of law, I have answered each pusiness and not on behalf of any other is bense(s), if granted, will not be assigned at to, purchasing alcohol beverages from inspection will be deemed a refusal to all any license issued contrary to Wis. Stat. In this application may be required to forfe	h of the above questions completed individual or entity seeking the licton another individual or entity. I state authorized wholesalers. It low inspection. Such refusal is a Chapter 125 shall be void under connection with this application, a seit not more than \$1,000 if convicing the convergence of the convergence o	tely and truthfully. I agree that the agree to operate this business understand that lack of access misdemeanor and grounds for a penalty of state law. I further and that any person who know-ted. M.I. Phone ONE Phone
READ CAREFULLY BEFORE SIGNING: Und I am acting solely on behalf of the applicant be rights and responsibilities conferred by the lice according to the law, including but not limited to any portion of a licensed premises during it revocation of this license. I understand that a understand that I may be prosecuted for submingly provides materially false information on Last Name Title Signature Part E: For Clerk Use Only Date Application Was Filed With Clerk Licen	der penalty of law, I have answered each business and not on behalf of any other is bense(s), if granted, will not be assigned to, purchasing alcohol beverages from inspection will be deemed a refusal to all any license issued contrary to Wis. Stat. In this application may be required to forfe	h of the above questions completed individual or entity seeking the lict to another individual or entity. I state authorized wholesalers. It is allow inspection. Such refusal is a Chapter 125 shall be void undeconnection with this application, again not more than \$1,000 if conviduals.	tely and truthfully. I agree that the tense. Further, I agree that the agree to operate this business understand that lack of access misdemeanor and grounds for repenalty of state law. I further and that any person who know-ted. M.I. Phone ONE Date License Issued
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Save

Print

Clear

Form AB-101

Alcohol Beverage Appointment of Agent

Date	11-	100
2	HI	124

Agent Type (check one)		
Successor (\$10 fee	for municipal licensees only)	
Part A: Business Information		
Legal Business Name (individual name if sole proprietor)		
Kristi's Restauran	+110	
2. Business Trade Name or DBA	<i>!</i>	
3. Entity Type (check one)	_	
imited Liability Com	pany Corporation	Nonprofit Organization
4. Alcohol Beverage Business Authorization (check one)	5. If successor agent, provide State Permit o	r Municipal Retail License Number
Municipal Retail License State Permit		, and a second realistic
6. Describe the reason for appointing a successor agent, if succe	essor is checked above.	
		c
Part B: Agent Information		
1. Last Name	2. First Name	3. M.I.
Lopez	Khsti	K
4. Email		5. Phone
6. Home Address		608-558-4799
Lopez 4. Email Knstilopso@gmail.Com 6. Home Address 1195th Ave POBUX363		
7. City () ()	8. State 9. Zip Code	
New Glarus	W1 53574	10. Age 58—
11. Drivers License/State ID Number	12. Drivers License/State ID	
420-5116-6670-05	WISCOMS	
	101200	,,,
Part C: Agent Questions		
1. Have you satisfied the responsible beverage server tra	ining requirement?	—
Submit proof of completion. Many 2003 -	1 1 1 1 1	Yes No
2. Have you completed Form AB-100, Alcohol Beverage II	Slackhawy Jich-Momoe, 1	W
Submit a completed Form AB-100 with this form.	ndividual Questionnaire?	Yes No
3. Have you been a Wisconsin resident for at location	tinuous day 0	/
Have you been a Wisconsin resident for at least 90 con See instructions for exceptions.	iunuous days?	Yes No
		· ·

Part D: Business Attestation	1 Cutho ab and
corporation, nonprofit organization, or limited liability co- beverage activities on such premises. I certify that I am on behalf of the entity. If I am appointing a successor ag	igned, authorize the above-named individual to act for the above-named ompany with full authority and control of the premises and of all alcohol in authorized by the above-named entity to authorize this individual to act gent, I rescind all previous agent appointments for this premises. Further, alse statements and affidavits in connection with this application, and that immation on this application may be required to forfeit not more than \$1,000
Last Name	First Name
1 opez	KNST7 Phone
Title Owner o	Lustilop 50@gmal. Long 608-558 47
Signature Jopen	Date 5-17-24
Part E: Agent Attestation	
nonprofit organization, or limited liability company and	
Last Name	First Name
LopeZ p	Date - 12.214
Signature forces	5-17-29
of show of	

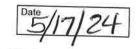
Save



Clear

Form
AB-100

Alcohol Beverage Individual Questionnaire



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

sole proprietor

Part A: Business Information

- all officers, directors, and agent of a corporation or nonprofit organization
- all partners of a partnership
 members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

1 all 6 til = til								
1. Legal Business Name (individual nam		, ,	1/					
2. Business Trade Name or DBA	taura	THE	и_					
2. BUSINESS Trade Name of DBA								
3. Entity Type (check one)		×						
	ership	Limited Lia	ability Con	npany 🗀 (Corporation	_	7.1	
	/	—		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Corporation		Nonprofit O	rganization
Part B: Individual Information								
1. Last Name			2. First Nam	je .				3. M.I.
Lope 2			κ	nsti				~
4. Relationship to Business (Title)		5. Email			0	_	6. Phone	/\.
Ower		Kns	tilop	800gn	rail. C	om	608-	558-4
7. Home Address to AOC	Po	BOX.	363	,				
8. City 1/2/2/2/2016			9. State	10. Zip Cod	de	/	11. Date of Bir	th
New Glams			W	1 5	3574	_	5-10	-66
12. Drivers License/State ID Number 66	70-5			13. Drivers	License/State	ID State	e of Issuence	
C/N 2/14 66	510 0	ر ــــــــــــــــــــــــــــــــــــ		4	DISCO	505	ud	
Part C: Address History								
Part C: Address History	sin?	66.86888888888 20	A1400.524.700.					
Part C: Address History 1. Do you currently reside in Wiscons				ent serves serve	* ********		X	es 🗌 No
Part C: Address History				ent serves serve	* ********			es No
Part C: Address History 1. Do you currently reside in Wiscons If yes to 1 above, how long have you	ou continuou	usly lived in W	sconsin pr	ior to the date o	of application		Years	
Part C: Address History 1. Do you currently reside in Wiscons If yes to 1 above, how long have you 2. List in chronological order all of you	ou continuou	usly lived in W	sconsin pr	ior to the date o	of application		Years	
Part C: Address History 1. Do you currently reside in Wiscons If yes to 1 above, how long have you 2. List in chronological order all of you	ou continuou	usly lived in W	sconsin pr	ior to the date o	of application		Years	
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Part C: Address History 1. Do you currently reside in Wiscons If yes to 1 above, how long have you 2. List in chronological order all of you Previous Address 1	ou continuou	usly lived in W	sconsin pr	ior to the date o	of application	ecessa	Years 58 ry.	
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Part C: Address History 1. Do you currently reside in Wiscons If yes to 1 above, how long have you 2. List in chronological order all of you Previous Address 1 Previous Address 2 Previous Address 3	ou continuou	usly lived in W	t 5 years. Atty	ior to the date o	of application	State State State State	Years Ty. Zip Code Zip Code Zip Code	
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Part C: Address History 1. Do you currently reside in Wiscons If yes to 1 above, how long have you 2. List in chronological order all of you Previous Address 1 Previous Address 2 Previous Address 4 Previous Address 5 3. List all states and counties you have State County States	e lived in as	custy lived in Wiss within the las	t 5 years. At the second of th	ior to the date o	of application all sheets if ne	State State State State	Years Ty. Zip Code Zip Code Zip Code	
Part C: Address History 1. Do you currently reside in Wiscons If yes to 1 above, how long have you 2. List in chronological order all of you Previous Address 1 Previous Address 2 Previous Address 3 Previous Address 4 Previous Address 5 3. List all states and counties you have State County State	e lived in as	custy lived in Wiss within the las	t 5 years. At the second of th	ior to the date of Attach additional	of application all sheets if ne	ecessar State State State State	Years SS Ty. Zip Code Zip Code Zip Code Zip Code	

Continued →

Part D: Criminal History			A Section of the sect
Have you ever been convicted of any offer for violation of any federal, Wisconsin, or	another state's laws of of any c	ourity of mariospan eranna	yes Yes No
If yes to question 1, please list details of e	each conviction below. Attach a	dditional sheets as needed.	Conviction Date
aw/Ordinance Violated	Location		Conviction Date
enalty Imposed	<u> </u>	Was sentence completed?	Yes No
aw/Ordinance Violated	Location	1	Conviction Date
Penalty Imposed		Was sentence completed?	Yes No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	Yes No
Part E: Attestation		G 2002 W 74.0	
READ CAREFULLY BEFORE SIGNING truthfully. I certify that I am not prohibite beverage industry as a restricted invest under penalty of state law. I further unde with this application, and that any perso to forfeit not more than \$1,000 if confidents.	tor. I understand that any licenerstand that I may be prosecuted by who knowingly provides mat	ise issued contrary to Wis. Stat. If for submitting false statements a cerially false information on this a	Chapter 125 shall be voice and affidavits in connection
Signature Sop	iez	Date 5	-17-24

Form

AB-100

Alcohol Beverage Individual Questionnaire

Limited Liability Company

Dale

Nonprofit Organization

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

- · sole proprietor
- · all partners of a partnership

3. Entity Type (check one)

Sole Proprietor

1. Last Name

Part A: Business Information

Part B: Individual Information

4. Relationship to Business (Title)

Lopez-lorres

Legal Business Name (individual name if sole proprietor)

Partnership

Corporation

 all officers, directors, and agent of a corporation or nonprofit organization
 members and agent of a limited liability company

Value not Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

119 0 1100				10. Zip Gode	/ 11	. Date of Birth
New Glams	>		9 State	536/	4	02-23-74
2, Drivers License/State ID Number L123-4207-	110	15 05		13. Drivers Licens	e/State ID State	of Issuance
L127-4701-	-70	63-05		1015	consi	7
					100000000000000000000000000000000000000	
Part C: Address History			DECCE S	C SALES OF THE SALES		Sov Ov
. Do you currently reside in Wisc	onsin?					Yes No
If yes to 1 above, how long hav	e you c	ontinuously lived in	Wisconsin pric	or to the date of app	lication?	Years Months
DAY DEGY, WHERE THE				7,000		4
. List in chronological order all of	your ac	dresses within the	City	ttach additional she	ets if necessar	
revious Address 1			City		State	Zip Code
Add 3			City			7. 0-40
revious Address 2			Carlo Ann		State	Zip Code
revious Address 3		11 1 1 2 2 2 X T N	City		State	Zip Code
					Glate	
revious Address 4			City	- 62 July 18 18 18 18 18 18 18 18 18 18 18 18 18	State	Zip Code
			City			
revious Address 5			City	A KRIET	State	Zip Code
		dult 0	ttook - I w			
List all states and counties you	have liv	ed in as an adult. A	ittach addition	al sheets if necess	arv.	
rate County	State	County	State	County	State	County
VI Green ale County A Dane	State	County	State	6		
tate County Sane	State			County	State	County
1000			To the same			

Part D: Criminal History			CAL WITH THE
Have you ever been convicted of any offenses (e for violation of any federal, Wisconsin, or another if yes to question 1, please list details.	xcluding traffic offense	s unless related to alcohol beverages county or municipal ordinances?	Yes No
details of each	Webs to the state of the state	dellingal sheets as needed.	
Law/Ordinance Violated		io (ii) (ii)	Conviction Date
	Location	No. of the Land of	- Kilosayan I II
Penalty Imposed		Was sentence completed?	Yes No
(20 - 1		Was series	
Law/Ordinance Violated	Location		Conviction Date
	Location	H. C. L. S. L. L. S. L.	
Penalty Imposed		Was sentence completed?	··· Yes No
Law/Ordinance Violated			Conviction Date
	Location		Bale
Penalty Imposed		WE - 16 - 16 - 16 - 16 - 16 - 16 - 16 - 1	
charty imposed		Was sentence completed?	··· Yes No
 Are charges for any offenses currently pending a beverages) for violation of any federal, Wisconsir ordinances? 	n, or another state's la	ws or any county of	··· Ves Vyo
If yes to question 2, describe nature and status sheets as needed.	of pending charges us	sing the space below. Attach addition	nai

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature

5-21-24

Form **AB-200**

Alcohol Beverage License Application

	For Municipal Use Only	
	cipality V. NG	
Licen	se Period 4 - June 31	2,25

License(s) Requested: (up to two boxes ma	av bo obookod)			,	
				Fees	
☐ Class "A" Beer	☐ Class "B" Beer .		License F	ees	\$
	Class B" Liquor	\$	Backgrou	Ind Check Fee	\$
☐ "Class A" Liquor (cider only) \$	☐ Reserve "Class B	"Liquor \$	Publication		
☐ "Class C" Liquor (wine only) \$					\$
			Total Fee	s	\$
Part A: Premises/Business Information	on				
Legal Business Name (individual name if sole p.	roprietorship)				
New Rose LLC	.,				
2. Business Trade Name or DBA					
New Rose					
3. FEIN		4 145	4		
83-0577018		4. Wisconsin Seller's P			
5. Entity Type (check one)		456-1029840	460-02		
Sole Proprietor Partnership	[2] 1 !==!x= .1.1.1.1	_	17)		
6. State of Organization	Limited Liability		orporation	☐ Nonprof	it Organization
WI	7. Date of Organization		8. Wisconsi	n DFI Registration	n Number
	01/01/2019		NØ495		
9. Premises Address					
523 1ST Street					
10. City			11. State	12. Zip Code	
New Glarus			WI	53574	
13. County	14. Governing Municipa	ality: 🔲 City 🔲 Town	Village	15. Aldermanic	District
Green	of: New Glar	rus	- Ej mago		-100100
16. Premises Phone	17. Premises Email		18. Web	neito.	
527-4004	newrose7611c	@gmail com		shopnewros	
 Premises Description - Describe the building or are kept. Describe all rooms within the building, only on the premises described in this application. New Rose is located inside the Anderson part of the store and records are store separate store upstairs. There are other in also have a door back entrance into 20. Mailing Address (if different from premises addrest 	on. Attach a map or diagran Mall upstairs from the back of the retail shops with the mall that removed the mall that removes the mall that the	am and additional sheets om Sisters. Alcoho the store. I share	s if necessary. ol is store a front o	s and storage of ed upstairs in loor with Sist	n the retail ters but am a
PO Box 32	33)				
21. City		////			
New Glarus			22. State	23. Zip Code	
Part B: Questions	//		WI	53574	
Has the business (sole proprietorship, partner violating federal or state laws or local ordinal lf yes, list the details of violation below. Attact.	LICES! EXCINGE LIBILIC	oπenses unless relate	ion) been co	nvicted of beverages.	Yes 🗹 No
Law/Ordinance Violated	Location		Tria	l Date	
Penalty Imposed		Was sent	ence comple	ted?] Yes 🔲 No
_aw/Ordinance Violated	Location		Tria	l Date	1
Penalty Imposed		Was sente	ence comple	ted?	Yes No
-200 (N. 03-24)					

Are charges for any offenses p	ending against the business?	Exclude traffic offen	ses unless related to alc	cohol Yes	✓ No
heverages					
If yes, describe the nature and	status of pending charges usi	ing the space below.	Allaci additional chock	, do	
			leves owners or other		
Is the applicant business or a individuals or entities a restric If yes, provide the name of the				itor? Yes	v No
			п	Yes	i [v] No
. Is the applicant business own	ed by another business entity? nd FEIN(s) of the business enti	?	ach additional sheets as	needed.	
a. Name of Business Entity		4b. Business En	tity FEIN		
. Have the partners, agent, or s	cole proprietor satisfied the res	sponsible beverage s	server training requireme	ent for	
Alic Boonso poriod? Submit No	root of completion				<u>-</u>
In the applicant business inde	bited to any wholesaler beyond	d 15 days for beer o	r 30 days for liquor/wine	168	
Does the applicant business	owe past due municipal proper	rty taxes, assessme	nts, or other fees?		, <u>v</u> 14
		100 PM 10			11 0-4
st the name, title, and phone numb uestion 4: sole proprietor, all office			anization, all partners of a p	artnership, and all	members,
panagers, and agent of a limited lia	bility company. Attach additional s	silicota il modobada. J.			
nclude Form AB-100 for each person	on listed below. Corporations and	LLCs must appoint an	agent by including Form A	Phone	i e
ast Name	First Name			527-4004	
Reinicke	Bryenna	Ov	vner	327-4004	
	Enforce -	u			. 4
A SANT MI WE'VE	The state of the s	ANTICOTOR OF			
Part D: Attestation One of the following must sign	A to the state of	A STATE OF THE PARTY OF THE PAR	Call tractions and and	y v	
sole proprietor READ CAREFULLY BEFORE SIGN I am acting solely on behalf of the rights and responsibilities conferred according to the law, including but to any portion of a licensed premise revocation of this license. I understand that I may be prosecutingly provides materially false info	one general partner of a partner of a partner of a partner of law, I hat applicant business and not on be ad by the license(s), if granted, will the not limited to, purchasing alcoholeses during inspection will be deem stand that any license issued control of the partner of the limited to the law of the law	ave answered each of ehalf of any other individed in the assigned to a sol beverages from state a refusal to allow intrary to Wis. Stat. Character of the action of the state	the above questions complicated or entity seeking the nother individual or entity, e authorized wholesalers, inspection. Such refusal is apter 125 shall be void undection with this application.	I agree to operate I understand that la a misdemeanor an der penalty of state , and that any person	. I agree agree that this busin ack of acc ad grounds
ingly provides materially raise into Last Name	Illiadon on this application may a	First Name			M.I.
Reinicke		Bryenna			M
Title	Email	<u> </u>		Phone	
Owner	newr	rose7611c@gma	1	527-4004	-
Signature PRAMA	M. Kenudle	-	Date 05	5/18/24	
Part E: For Clerk Use On	ly '		Date License Granted	Date License	e Issued
Date Application Was blied With C	Clerk License Number 24-	-16			
Signature of Clerk/Deputy Clerk	uno/		Date Provisio	nal License Issued	(п арриса
AB-200 (N. 03-24)	0.0	-2-			

Alcohol Beverage Appointment of Agent

Date 05/18/2024

Agent Type (check one)				
✓ Original (no fee) ☐ Successor (\$10 fee for mo	unicipal licer	sees only)		
Part A: Business Information				
Legal Business Name (individual name if sole proprietor)) 1 y	
New Rose LLC				Pre-
2. Business Trade Name or DBA		1161-	1 e. 31 11. 12.	
New Rose				
3. Entity Type (check one) Limited Liability Company		Corporation	☐ Nonprofit Organiz	zation
	5. If successo	r agent, provide Sta	ate Permit or Municipal Retail L	icense Number
Municipal Retail License State Permit	Wiscon			
6. Describe the reason for appointing a successor agent, if successor	is checked ab	ove.		
				9.
			ريد الإلام الرياض	
1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1			and the Dallace of	1
the contract of the contract o				4
Part B: Agent Information				
1. Last Name	2. First Name			3. M.I.
Reinicke	Bryenna	a		M
4. Email			5. Phone	
newrose7611c@gmail.com			527-400) 4
6. Home Address				
N9136 York Center Rd				
7. City	8. State	9. Zip Code	10. Age	
Blanchardville	wi	53516	47	
11. Drivers License/State ID Number			ense/State ID State of Issuance	9
R5200737691206		WI		
		W T		
Part C: Agent Questions				
1. Have you satisfied the responsible beverage server training Submit proof of completion.	g requireme	nt?	······ 🗸	Yes No
 Have you completed Form AB-100, Alcohol Beverage Indiv Submit a completed Form AB-100 with this form. 	idual Questi	onnaire?	· · · · · · · · · · · · · · · · · · ·	Yes No
0.11				
Have you been a Wisconsin resident for at least 90 continu See instructions for exceptions.	ous days?.			Yes No

corporation, nonprofit organization, or limited beverage activities on such premises. I certify on behalf of the entity. If I am appointing a suc I understand that I may be prosecuted for sub any person who knowingly provides materially if convicted.	liability comp that I am au cessor agen mitting false	pany with full authority and con uthorized by the above-named on t, I rescind all previous agent ap statements and affidavits in con	trol of the pre- entity to authority to pointments to nection with	orize this indi [,] for this premis this applicati	vidual to act ses. Further, on, and that	
Last Name		First Name			M.I.	
Reinicke		Bryenna			M	
Title	Email		3	Phone		
Owner O	newrose	7611c@gmail.com		527-400	4	
Signature Date 05/18/24						
Part E: Agent Attestation						
READ CAREFULLY BEFORE SIGNING: I, the nonprofit organization, or limited liability comp on the premises for the above-named busine and affidavits in connection with this application application may be required to forfeit not more	any and ass ss. I further on, and that a	ume full responsibility for the co understand that I may be prose any person who knowingly provi	nduct of all a ecuted for su	ilcohol bevera ibmitting false	age activities e statements	
MOINIGHO 110		RNAMA	Dete		, M	
Signature Day Man Vei	niclo)	Date [18-707	4	

READ CAREFULLY BEFORE SIGNING: I, the Undersigned, authorize the above-named individual to act for the above-named

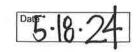
Part D: Business Attestation

Form

AB-100

Alcohol Beverage Individual Questionnaire

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.



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

sole proprietor

- all officers, directors, and agent of a corporation or nonprofit organization
 members and agent of a limited liability company
- · all partners of a partnership

Legal Business Name (individual name if sole proprietor) New Rose LLC Business Trade Name or DBA New Rose	
2. Business Trade Name or DBA	
New Rose	
3. Entity Type (check one)	
Sole Proprietor 🔲 Partnership 🗹 Limited Liability Company 📋 Corporation 🔲 Nonprofit Organiza	tion
Part B: Individual Information	
1. Last Name 2. First Name 3. M.I.	
Reinicke Bryenna 1	1
4. Relationship to Business (Title) 5. Email 6. Phone	
Owner newrose76llc@gmail.com 527-4004	
7. Home Address	
N9136 York Center Rd	
8. City 9. State 10. Zip Code 11. Date of Birth	
Blanchardville WI 53516 11/12/76	
12. Drivers License/State ID Number 13. Drivers License/State ID State of Issuance	
R5200737691206 WI	
Part C: Address History	
	7
1. Do you currently reside in Wisconsin?] No
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application? Years Mon	hs
6	
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.	
Previous Address 1 City State Zip Code	
N9136 York Center Rd Blanchardville WI 53516	
Previous Address 2 City State Zip Code	
Previous Address 3 City State Zip Code	
Previous Address 4 City State Zip Code	
Previous Address 4 City State Zip Code	
Previous Address 5 City State Zip Code	
Side Zip Gode	
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.	
State County State County State County State County	
TN Davidson MI Ingham CO Boulder IL Lake	
State County State County State County State County	
ME Cumberland	

Part D; Criminal History	Chvel karlen	JA:	
1) Have you ever been convicted of any offenses (exclud	ing traffic affances	and related to alcohol havereness	J - 44
for violation of any federal, Wisconsin, or another state	s's laws or of any count	ty or municipal ordinances?	
If yes to question 1, please list details of each conviction	on below. Attach addition	onal sheets as needed.	
Law/Ordinance Violated	Location		Conviction Date
OWI	Green Co		12/31/2019
Penalty Imposed	6 200	Was sentence completed?	. 🗸 Yes 🗌 No
Occupational License, Alcohol Awar		True contones completes	
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	. Yes No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	. Yes No
beverages) for violation of any federal, Wisconsin, or a ordinances?			Yes No
11			
Part E: Attestation			
	14 61 11	I to fill a plant supplied	
READ CAREFULLY BEFORE SIGNING: Under pena truthfully. I certify that I am not prohibited from particip beverage industry as a restricted investor. I understan under penalty of state law. I further understand that I ma with this application, and that any person who knowing to forfeit not more than \$1,000 if convicted.	ating in this business of that any license issu y be prosecuted for su	due to any involvement in anothe ued contrary to Wis. Stat. Chapte bmitting false statements and affi	er tier of the alcohol er 125 shall be void davits in connection
Signature Park Market	V.	Date 05/1	8/2024
M M MAN			

#24-04

Form AB-200

Alcohol Beverage License Application

For Municipal Use Only
Municipality V. N.M.
July 1, 24-June 30,25

Linear de De manda (/ de la de		-	13330 1112	
License(s) Requested: (up to two boxes may			Fees	
	Class "B" Beer \$,	License Fees	\$
Class A" Liquor \$	(Class B" Liquor \$ 5	<u>,00,</u>	Background Check Fee	\$
Class A" Liquor (cider only) \$	Reserve "Class B" Liquor \$		Publication Fee	\$
Class C" Liquor (wine only) \$			Total Fees	\$
Part A: Premises/Business Information	n ====================================			
1. Legal Business Name (individual name if sole pro	prietorship)			
2. Business Trade Name or DBA	ll.			
2. Business Trade Name of DBA NEW GLUVUS MITE	λ			
3. FEIN	4. Wisconsin S	Seller's Per	rmit Number	
92-2713827	456-	1031	668283-0	2
5. Entity Type (check one) Sole Proprietor Partnership	Limited Liability Company		prporation Nonpro	fit Organization
6. State of Organization	7. Date of Organization		8. Wisconsin DFI Registration	
ω_i	2/29/24		N059093	
9. Premises Address	treet, New Gl	a VIS		
10. City			11. State 12. Zip Code	
13. County	14. Governing Municipality: City			574
Green	of: New Glacru	Town	Village 15. Aldermania	C DISTRICT
16. Premises Phone	17. Premises Email		18. Website	i landali
	Christina bleifuss		MARIL	arushotel.
 Premises Description - Describe the building or t are kept. Describe all rooms within the building, i only on the premises described in this application 	ncluding living quarters. Authorized ald	cohol beve	rage activities and storage of	and related records f records may occur
Outdoor Dinning tervale	/			r, stored
in basement & storage close	A also possible out	door t	town garden a	rea to
In basement & stovage close serve authors no 20. Mailing Address (if different from premises address	as front entran	le.	<i>y</i>	
PO BOX 200	55)			
21. City 1/2 2 1			22. State 23. Zip Code	
21. City New Glarus			WI 535	574
Part B: Questions				
 Has the business (sole proprietorship, partner violating federal or state laws or local ordinal 	ership, limited liability company, or nces? Exclude traffic offenses unle	r corporat ess relate	tion) been convicted of ed to alcohol beverages.	☐ Yes 🗹 No
If yes, list the details of violation below. Attac	h additional sheets if necessary.			
Law/Ordinance Violated	Location		Trial Date	
Penalty Imposed		Was sent	tence completed?	Yes No
Law/Ordinance Violated	Location		Trial Date	
Penalty Imposed				
		Was sent	tence completed?	Yes No

Are charges for any offenses pendi beverages.	ng against the business? Exclude train	ffic offenses unless related to	alcohol Yes No
If yes, describe the nature and state	us of pending charges using the spac	e below. Attach additional she	ets as needed.
Is the applicant business or any of individuals or entities a restricted in If yes, provide the name of the restricted.	its officers, directors, members, ager evestor with any interest in an alcoho ricted investor and describe the natu	I beverage producer or distrib	er related putor? Yes No
Is the applicant business owned by If yes, provide the name(s) and FEI	another business entity?		Yes No
4a, Name of Business Entity	4b. Busir	ness Entity FEIN	k ₁
5. Have the partners, agent, or sole pr this license period? Submit proof of	pprietor satisfied the responsible beve completion	erage server training requirem	ent for Yes No
6. Is the applicant business indebted to	any wholesaler beyond 15 days for	beer or 30 days for liquor/wine	e? Yes No
 Does the applicant business owe pa 	st due municipal property taxes, asse	essments, or other fees?	Yes No
Part C: Individual Information			
ist the name, title, and phone number for e Question 4: sole proprietor, all officers, direc nanagers, and agent of a limited liability co	tors, and agent of a corporation or nonpromptor. The pany. Attach additional sheets if necessary.	ofit organization, all partners of a partners of a pary.	partnership, and all members,
nclude Form AB-100 for each person listed			
ast Name	First Name	Title	Phone
Bleifuss	Christina	Agent	608-214-320
art D: Attestation	ev . St		
one of the following must sign and atte			
	·	•	ne member of an LLC
READ CAREFULLY BEFORE SIGNING: Lam acting solely on behalf of the applicant ghts and responsibilities conferred by the ecording to the law, including but not limited any portion of a licensed premises during evocation of this license. I understand that I may be prosecuted for sulfingly provides materially false information of	business and not on behalf of any other icense(s), if granted, will not be assigned to, purchasing alcohol beverages from a inspection will be deemed a refusal to a any license issued contrary to Wis. Statemitting false statements and affidavits in this application may be required to for	individual or entity seeking the li to another individual or entity. In a state authorized wholesalers. I llow inspection. Such refusal is i. Chapter 125 shall be void undo connection with this application.	cense. Further, I agree that the agree to operate this business understand that lack of access a misdemeanor and grounds for penalty of state law. I further and that any person who know-
Bleifuss	First Name	itina	M.I.
Haent/Presid	nt Christina. bl		Phone 608-214-324
ignature Ch Bl	~	Date 4/23/	24
art E: For Clerk Use Only			
4123124	the D4-04	Date License Granted	Date License Issued
ignature of Clerk/Deputy Clerk		Date Provisiona	I License Issued (if applicable)
200 (N. 03-24)	- 2 -		

Form AB-101

Alcohol Beverage Appointment of Agent

Date 4/23	124
-----------	-----

Original (no fee) Successor (\$10 fee for n	nunicipal licen	sees only)		
Part A: Business Information				
Legal Business Name (individual name if sole proprietor)				
New Glaines HG.				
2. Business Trade Name or DBA New Glowns Hotel				
3. Entity Type (check one) Limited Liability Compan	у	Corporation	Nonprofit Organ	nization
4. Alcohol Beverage Business Authorization (check one) Municipal Retail License State Permit	5. If successor	r agent, provide State Permit		License Number
6. Describe the reason for appointing a successor agent, if successor	r is checked ab	ove.		
Part B: Agent Information				
1. Last Name	2. First Name	211		3. M.I.
Blei fuss 4. Email	UM	istina	5. Phone	I K
Christina. bleifuss 23@gn	nail.Lor	n	5. Phone	
6. Home Address N7789 Valley View Rd				
7. City	8. State	9, Zip Code	140.4	
J. Oity	Jo. Grand		10. Age	
New Glanus	WI	53574	10. Age 31	6
11. Drivers License/State ID Number	WI		31	oce
New Glanus	WI	53574	31	once
11. Drivers License/State ID Number	WI	53574	31	once
11. Drivers License/State ID Number 12412 - 1118 - 8563 - 07 Part C: Agent Questions 1. Have you satisfied the responsible beverage server training	ng requireme	53574 12. Drivers License/State	e ID State of Issuar	Yes No
New Glams 11. Drivers License/State ID Number 12412 - 1118 - 8563 - 07 Part C: Agent Questions	ng requireme	53574 12. Drivers License/State	e ID State of Issuar	Yes No

Part D: Business Attestation			
READ CAREFULLY BEFORE SIGNING: I, the Undersign corporation, nonprofit organization, or limited liability combeverage activities on such premises. I certify that I am a on behalf of the entity. If I am appointing a successor age I understand that I may be prosecuted for submitting false any person who knowingly provides materially false inform if convicted.	npany with full authority and con authorized by the above-named nt, I rescind all previous agent a e statements and affidavits in co	ntrol of the premises and entity to authorize this ind appointments for this premennection with this applica	of all alcohol lividual to act ises. Further, tion, and that
Last Name	First Name		M.I.
Bleifuss	Christina		k
President Chris	stina. bleifuss 23	a gracul Phone 608-21	4-3243
Signature Bh		Date 4 23/2	4
		•	
Part E: Agent Attestation			
READ CAREFULLY BEFORE SIGNING: I, the Agent , her nonprofit organization, or limited liability company and ass on the premises for the above-named business. I further and affidavits in connection with this application, and that a application may be required to forfeit not more than \$1,000	sume full responsibility for the co understand that I may be pros any person who knowingly provi	enduct of all alcohol bevera ecuted for submitting false	age activities e statements
Last Name	First Name		M.I.
Signature		Date	

Form

AB-100

Alcohol Beverage Individual Questionnaire

Date 4/23/04

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

sole proprietor

- all officers, directors, and agent of a corporation or nonprofit organization
 members and agent of a limited liability company
- all partners of a partnership
 members and age

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

		<u> </u>								
Part A	: Business Inf	ormation								
	New 91		le proprietor)	,						
2Busin	ess Trade Name or	DBA								
	en Gla	vus Ho	tel			-				
	Type (check one)		_			_		/4		
	ole Proprietor	Partnershi	Limite	d Liabili	ty Compa	ny 📙	Corporation		Nonprofit Organ	ization
Part B	: Individual In	formation								
1. Last N	lame			2. F	irst Name			-	3. M	1.1.
(hristin	2			Rioi	fuss			}	
	onship to Business		5. Email					6	6. Phone	
A	aent		Chris	stin	a ble	Pifics	23@0m	$\perp \mu_{in}$	608-214-	3243
7. Home	Address		10.001			31.000	50	om	200 0 1 1	را عن
N-	1789 Va	elley Vi	en Rd							
8. City	(. , <i>)</i>			9. State	10. Zip C		1	1. Date of Birth	
	ew Glar	115			WI	-	574		2/23/8	8
12. Drive	ers License/State ID		Γ			13. Drive	rs License/State	ID State	of Issuance	
	112-1110	8262.	U i							
Part C	: Address Hist	ory								
1. Do y	ou currently reside	e in Wisconsin?							···· Z Yes	☐ No
If yes	s to 1 above, how	long have you co	ontinuously lived	in Wisc	onsin pric	r to the date	e of application	n?	1	fonths
0 1 1 1 1									136	2
	n chronological or	der all of your ad	dresses within th		years. At	tach additio	nal sheets if r			
00-	Address 1	4-		City	٠. ،			State	Zip Code	
302	O Wanbe	esa Aver	rue	_ _ }	Mad	1800		WI	5371	\
Previous	Address 2			City				State	Zip Code	
Previous	Address 3			City				State	Zip Code	
Previous	Address 4			City				State	Zip Code	
				,						
Previous	Address 5			City			State	Zip Code		
3. List a	Il states and cour	ities you have liv	ed in as an adult	t. Attach	additiona	l sheets if n	ecessary.			
State	County	State	County		State	County		State	County	
State	County	State	County		State	County		State	County	

Continued \rightarrow

Part D: Criminal History			
Part D: Criminal History			
Have you ever been convicted of any offenses (exc for violation of any federal, Wisconsin, or another s	cluding traffic offenses state's laws or of any co	unless related to alcohol beverage ounty or municipal ordinances?	es) 🗌 Yes 📈 No
If yes to question 1, please list details of each conv	riction below. Attach ad	ditional sheets as needed.	
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	Yes No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	Yes No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	Yes No
ordinances?			Yes No
Part E: Attestation			



February 21, 2024

Village of New Glarus

Village Board

319 2nd Street

New Glarus, WI 53574

Re: Liquor License

In regard to the sale of our business, we are formally relinquishing our liquor license of the New Glarus Hotel Restaurant for the remainder of the license year. We would like to encourage the Board to grant the license to the new owner of the New Glarus Hotel Restaurant to Nic Mink and his company New Glarus HG LLC.

Thank you,

Mike and Shawna Nevil

New Glarus Hotel Restaurant

100 6th Avenue

New Glarus, WI 53574

Print

Clear # 24-11

Form **AB-200**

Alcohol Beverage License Application

For	Municipal Use Only	
Municipality	3	
License Perio	od .	

License(s) Requested: (up to two boxes ma	y be checked)				Fees		
☐ Class "A" Beer \$	· ` ` .	·· • —	20	License Fe	es	\$ 700	
☐ "Class A" Liquor \$?	"Class B" Liquor	\$ <u>5</u>	טט	Backgroun	d Check Fee	\$	
Class A" Liquor (cider only) \$	Reserve "Class B" Liqu	or \$	_ [Publication	Fee	\$	
Class C" Liquor (wine only) \$	Jodoacco \$10	. 00		Total Fees		\$	
Part A: Premises/Business Information	on						
1. Legal Business Name (individual name if sole pr HBT ENTERPOSES U	• • • • • • • • • • • • • • • • • • • •						
2. Business Trade Name or DBA OH Haus Pub & Gnil							
3. FEIN 87- 22 58838				mit Number	27-04		
5. Entity Type (check one) Sole Proprietor Partnership	☐ Limited Liability Cor	mpany	Ŋ co	rporation	☐ Nonpro	fit Organization	
6. State of Organization	7. Date of Organization	100			DFI Registration		
9. Premises, Address Hold Street							
9. Premises Address and Street 10. City New Glams				11. State	12. Zip Code 535	74	
13. County Veen	14. Governing Municipality: of: Wew ofw	□ city US	Town	∭ Village	15. Aldermanio	: District	
16. Premises Phone UV8-527-2218	17. Premises Email OHWW Spubcurd	gnilleg	zmail. i	18. Web	otthaus.	com	
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. The premises is located at 406210 street New Glams wi 53574 and include the first floor, basement, area behind the boulding that is 30 x31 feet and back storage Area - no changes reduced to adderdum							
20. Mailing Address (if different from premises addr PO BOX 143	ess)			3			
New Glams				22. State	23. Zip Code 5351	4	
Part B: Questions							
Has the business (sole proprietorship, parti- violating federal or state laws or local ordin	nership, limited liability cor ances? Exclude traffic offe	mpany, or nses unle	corporati ss relate	ion) been c d to alcohol	onvicted of beverages.	Yes No	
If yes, list the details of violation below. Atta	ach additional sheets if neo	essary.					
Law/Ordinance Violated	Location			Tri	al Date		
Penalty Imposed		V	Vas sent	ence comp	eted?	Yes No	
Law/Ordinance Violated	Location	J.		Tri	al Date		
Penalty Imposed		V	Vas sent	ence comp	eted?	Yes No	

Are charges for any offenses pending a beverages.	against the business? Exclude traffic	offenses unless related to a	lcohol Yes 📉 No			
If yes, describe the nature and status of	of pending charges using the space I	below. Attach additional shee	ts as needed.			
=						
Is the applicant business or any of its individuals or entities a restricted investigation of the restrict in the restric	stor with any interest in an alcohol I	beverage producer or distrib	er related utor? ☐ Yes ሺ No			
4. Is the applicant business owned by and						
If yes, provide the name(s) and FEIN(s 4a. Name of Business Entity			s needed.			
4a. Name of Business Entity 4b. Business Entity FEIN						
5. Have the partners, agent, or sole propr	ietor satisfied the responsible bever	age server training requireme	ent for			
this license period? Submit proof of co	mpletion		Yes 🔲 No			
6. Is the applicant business indebted to a		, ,				
7. Does the applicant business owe past	due municipal property taxes, asses	sments, or other fees?	Yes X No			
Part C: Individual Information						
List the name, title, and phone number for each Question 4: sole proprietor, all officers, director managers, and agent of a limited liability compa	s, and agent of a corporation or nonprofit	t organization, all partners of a p	or businesses listed in Part Bartnership, and all members,			
Include Form AB-100 for each person listed be	low. Corporations and LLCs must appoin	nt an agent by including Form AE	3-101.			
Last Name	First Name	Title	Phone			
Tierman	Amber	Owner President	1609-214-1218			
						
D-4D Attacked						
Part D: Attestation	h- Al-i C					
One of the following must sign and attest sole proprietor one genera		e corporate officer • or	ne member of an LLC			
READ CAREFULLY BEFORE SIGNING: Und		•				
I am acting solely on behalf of the applicant burights and responsibilities conferred by the lice	isiness and not on behalf of any other in	ndividual or entity seeking the lig	ense. Further, I agree that the			
according to the law, including but not limited	to, purchasing alcohol beverages from s	state authorized wholesalers. I u	understand that lack of access			
to any portion of a licensed premises during in revocation of this license. I understand that ar	ny license issued contrary to Wis. Stat.	Chapter 125 shall be void unde	r penalty of state law. I further			
understand that I may be prosecuted for submi ingly provides materially false information on t	tting false statements and affidavits in co	onnection with this application, a	and that any person who know			
Last Name	First Name	(M.1.			
Tierman	Amber	-	1			
Dwner President	email autiersegn	ail. con	Phone 608-214-1518			
Signature Awa tium	· .	Date 5-14-24				
Part E: For Clerk Use Only						
Date Application Was Filed With Clerk Licens	e Number	Date License Granted				
2112124	24-11	Date Elderise Granted	Date License Issued			
Signature of Clerk/Deputy Clerk	84-11		License Issued (if applicable)			

Form AB-101

Alcohol Beverage Appointment of Agent

Date 5-/4-24

Agent Type (check one)		
Original (no fee) Successor (\$10 fee for n	municipal licences only)	
Griginal (no lee)	nunicipal licensees only)	
Part A: Business Information		
Legal Business Name (individual name if sole proprietor)		
HBT Enterprises LLC		
2. Business Trade Name or DBA	7	
OHHaus Pub & buil		
Entity Type (check one) Limited Liability Compan	N. Gernardian D.Nar	neofit Ossanization
	y Corporation Nor	profit Organization
4. Alcohol Beverage Business Authorization (check one)	5. If successor agent, provide State Permit or Mu	ınicipal Retail License Number
Municipal Retail License State Permit	1	
Describe the reason for appointing a successor agent, if successor	or is checked above.	_
Part B: Agent Information		
1. Last Name	2. First Name	3. M.I.
Tierman	Amber	L
4. Email		5. Phone
amters Egman. com		408-214-1518
4. Email Autiers egnail. com 6. Home Address N9694 State Rd 69		
7. City New Glanus	8. State 9. Zip Code	10. Age
New Glares	W 53574	50
11. Drivers License/State ID Number	12. Drivers License/State ID S	tate of Issuance
TUSS-0127-4501-06	V 7 (
Part C: Agent Questions		
Have you satisfied the responsible beverage server training		Yes No
Have you satisfied the responsible beverage server training	ient OPXIC.	

Part D: Business Attestation				
READ CAREFULLY BEFORE SIGNING: I, the corporation, nonprofit organization, or limited beverage activities on such premises. I certified on behalf of the entity. If I am appointing a sure I understand that I may be prosecuted for sule any person who knowingly provides materially if convicted.	liability comy that I am a ccessor ageromitting false	npany with full authority and co uthorized by the above-named nt, I rescind all previous agent a e statements and affidavits in co	ntrol of the preentity to auth appointments in the propertion with	emises and of all alcohol orize this individual to act for this premises. Further, this application, and that
Last Name		First Name		M.t.
Title	Email	287		Phone
Signature			Date	
Part E: Agent Attestation				
READ CAREFULLY BEFORE SIGNING: I, the nonprofit organization, or limited liability compon the premises for the above-named busine and affidavits in connection with this application application may be required to forfeit not more	eany and ass ess. I further on, and that a	ume full responsibility for the co understand that I may be pros any person who knowingly prov	onduct of all a secuted for su	lcohol beverage activities bmitting false statements
Last Name Tierman		First Name AMber		M.1.
Signature Why Tiem			Date 5-14-	-24

Save

Print



Form AB-100

Alcohol Beverage Individual Questionnaire

5-14-24

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

· sole proprietor

- all officers, directors, and agent of a corporation or nonprofit organization
 members and agent of a limited liability company
- all partners of a partnership
 members and agent of a limited liability co

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A	: Business Infor	mation							7.31-17	
1. Legal	Business Name (indiv	vidual name if sol	e proprietor)							
2. Busine	ess Trade Name or DI OH HauS	Pub = t	ภาใ							
1 '	Type <i>(check one)</i> ble Proprietor	☐ Partnership	Limited I	Liabilit	y Compar	ny 💢 Co	orporation	n	Nonprofit Org	ganization
Part B	: Individual Info	rmation								
1, Last N				2. Fi	rst Name				1	3. M.I.
	erman			F	Ambe	er				_
4. Relationship to Business (Title) 5. Email 6. Phone 6. Phone					1-1518					
7. Home	Address 19694 Sta	ate Rd	69							
8. City	ew Glams	2			9. State	10. Zip Code	14	1	1. Date of Bird	1974
12. Drive	rs License/State ID N	umber 1-4501	-06			13. Drivers L	icense/State I	D State	of Issuance	
Part C	Address Histor	ry								
1. Do yo	ou currently reside i	n Wisconsin? .		ā					XY	es 🗌 No
If yes	to 1 above, how lo	ng have you co	ontinuously lived in	Wisc	onsin prio	r to the date o	f application	? ******	Years 49	Months 3
	n chronological orde	er all of your ad	dresses within the	last 5	years. At	tach additiona	I sheets if ne	ecessar	y.	
Previous Address 1 600 Windlach Street New Glarys State Zip Code 53574						14				
	Address 2			City				State	Zip Code	
Previous	Address 3			City				State	Zip Code	
Previous	Address 4			City			State	Zip Code		
Previous	Address 5			City			State	Zip Code		
3. List a	Il states and counti	es you have live	ed in as an adult. A	Attach	additional	sheets if nec	essary.			
State	County	State	County		State	County		State	County	
State	County	State	County		State	County		State	County	

 $Continued \rightarrow$

Part D: Criminal History					
Have you ever been convicted of any offenses (excluding for violation of any federal, Wisconsin, or another state)					₩ No
If yes to question 1, please list details of each conviction	n below. Attach addition	onal sheets a	s needed.		
Law/Ordinance Violated	Location			Conviction	Date
Penalty Imposed		Was senter	ice completed?	. Yes	☐ No
Law/Ordinance Violated	Location	•		Conviction	Date
Penalty Imposed		Was senten	ice completed?	. Yes	☐ No
Law/Ordinance Violated	Location	•	4)	Conviction I	Date
Penalty Imposed	<u>'</u>	Was senten	ice completed?	. Yes	☐ No
Are charges for any offenses currently pending against beverages) for violation of any federal, Wisconsin, or a ordinances? If yes to question 2, describe nature and status of pen sheets as needed.	nother state's laws or	any county o	r municipal	. 🗆 Yes	∭ No
Part E: Attestation					
READ CAREFULLY BEFORE SIGNING: Under penalt truthfully. I certify that I am not prohibited from participal beverage industry as a restricted investor. I understand under penalty of state law. I further understand that I may with this application, and that any person who knowingly to forfeit not more than \$1,000 if convicted.	ting in this business of that any license issu be prosecuted for sub	lue to any inv led contrary to mitting false	volvement in anothe to Wis. Stat. Chapte statements and affi	er tier of the er 125 shall davits in con	alcohol be void nection
Signature AWAU TUM			Date 5-14-2	Ц	

#24-21

Form AB-200

Alcohol Beverage License Application

For	Municip	al Use Only
Municipality	V.	NG.
License Perio	4 Ju	ne 30,25

License(s) Requested: (up to two boxes may	be checked)				Fees	
☐ Class "A" Beer \$	☐ Class "B" Beer	\$		License		\$
	Class B" Liquor					Ψ .
				Backgro	ound Check Fee	\$
	Reserve "Class B"	Liquor \$_		Publicat	ion Fee	\$
Class C" Liquor (wine only) \$			ĺ	Total Fe	ees	\$
*						
Part A: Premises/Business Information	•					
1. Legal Business Name (individual name if sole prop	orietorship)					
RANDALL S. DREGER						
2. Business Trade Name or DBA PARKSIDE DEVELOPMENT LLC	Lest Haus					
3. FEIN		4 \\6=====	Callada Da			
81~120064		4. Wisconsin	0290429	-	er	
5. Entity Type (check one)		420-10		07-02		
Sole Proprietor Partnership	✓ Limited Liability	Company	□ Co	rporation	□ Nonnro	fit Organization
6. State of Organization	7. Date of Organization			<u> </u>	sin DFI Registration	
WI	06/01/2018			P067	-	iii i danibei
9. Premises Address	33/31/1010			1007	005	
106 3RD. AVE.						
10. City				11. State	12. Zip Code	
NEW GLARUS				WI	53574	
13. County	14. Governing Municipa	lity:	/ \square Town	☑ Villag		District
Green	of: NEW GLAR			<u>.</u>		
16. Premises Phone	17. Premises Email			18. W	/ebsite	
(608) 206-6009	parksidedevel	Lopment	ng@qmai	1		
Premises Description - Describe the building or bare kept. Describe all rooms within the building, ir only on the premises described in this application.	ncluding living quarters.	Authorized a	alcohol bever	rage activi	ties and storage of	and related records records may occur
ENTIRE INTERIOR OF THE ADD	RESS PROVIDI	ED				
22.14.19						
20. Mailing Address (if different from premises addres	s)					
P.O. 250	9					
21. City				22. State	23. Zip Code	
NEW GLARUS				MI	53574	
Part B: Questions					1101	
 Has the business (sole proprietorship, partne violating federal or state laws or local ordinar 	rship, limited liability ices? Exclude traffic	company, o	or corporati less relate	on) been d to alcoh	convicted of not beverages.	Yes ✓ No
If yes, list the details of violation below. Attack						
Law/Ordinance Violated	Location			-1	Trial Date	
Penalty Imposed						
			Was sente	ence com	pleted?	☐ Yes ☐ No
Law/Ordinance Violated	Location				Trial Date	
Penalty Imposed						
			Was sente	ence com	pleted?	Yes No

Are charges for any offenses pending beverages.	against the busines	ss? Exclude traffic	offenses ur	less related to alc	ohol Yes	√ No
If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.						
2. In the applicant business or any of its	officers diseases					
Is the applicant business or any of its individuals or entities a restricted inveing lf yes, provide the name of the restrict.	stor with any intere	est in an alcohol b	everage pro	oducer or distribut	related for? Yes	√ No
Is the applicant business owned by and If yes, provide the name(s) and FEIN(s	other business enti	ty?ntity owners below	v. Attach add	ditional sheets as	Yes	√ No
4a. Name of Business Entity			s Entity FEIN		40	
5. Have the partners, agent, or sole propr this license period? Submit proof of cor	rietor satisfied the r	esponsible bevera	ige server tr	aining requiremen	t for ✓ Yes	□ No
6. Is the applicant business indebted to a					10001	√ No
7. Does the applicant business owe past			-	•	_	✓ No
Part C: Individual Information						
List the name, title, and phone number for each	n person or entity hold	ding the following po	sitions in the	applicant business o	r businesses listed	in Part B.
Question 4: sole proprietor, all officers, director managers, and agent of a limited liability comparation.	s, and agent of a com	poration or nonprofit	organization.	all partners of a par	tnership, and all me	embers,
Include Form AB-100 for each person listed be	low. Corporations an	d LLCs must appoin	t an agent by	including Form AB-1	101.	
Last Name	First Name		Title		Phone	
DREGER	KOWD Y		OWI	158	808-208	14578
3 / 3 C)			0001	0410	000.00	1000
					V	
Part D: Attestation						
One of the following must sign and attest t	to this application:					
	partner of a partne	ership • one	corporate	officer • one	member of an LI	c
READ CAREFULLY BEFORE SIGNING: Undo I am acting solely on behalf of the applicant but rights and responsibilities conferred by the lice according to the law, including but not limited it to any portion of a licensed premises during inservocation of this license. I understand that an understand that I may be prosecuted for submit ingly provides materially false information on the	er penalty of law, I ha usiness and not on be unse(s), if granted, wi to, purchasing alcoho spection will be deen ty license issued con tting false statements	ave answered each or half of any other income in the assigned to be determined as to allow the arefusal to allow the arefusal to allow and affidavits in column and affidavits in column.	of the above dividual or en another indicate authorize winspection. Chapter 125 s	questions completel tity seeking the licer vidual or entity. I ag d wholesalers. I un Such refusal is a mi hall be void under p this application, and	ly and truthfully. I a nse. Further, I agre tree to operate this derstand that lack isdemeanor and gr benalty of state law	agree that e that the business of access ounds for
Last Name		First Name			M.I.	
DREGER	r=	RANDALL				S
Title	Email				Phone	
OWNER Signature	park	sidedevelop		gmail.com	(608) 206-4	4526
(carly			Date	05/2	1/24	
Part E: For Clerk Use Only	West with					
Date Application Was Filed With Clerk Licens	e Number 24-21		Date Lic	cense Granted	Date License Issu	ied
Signature of Clerk/Deputy Clerk				Date Provisional Li	cense Issued (if ap	plicable)
B-200 (N. 03-24)		-2-				

Form AB-100

Alcohol Beverage Individual Questionnaire

Date	
05/22/202	4

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

· sole proprietor

- all officers, directors, and agent of a corporation or nonprofit organization
- · all partners of a partnership
- · members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information 1. Legal Business Name (individual name if sole proprietor) RANDALL S DREGER 2. Business Trade Name or DBA PARKSIDE DEVELOPMENT 3. Entity Type (check one) Sole Proprietor Partnership Limited Liability Company Corporation Nonpro Part B: Individual Information 1. Last Name DREGER 2. First Name RANDALL	ofit Organization				
RANDALL S DREGER 2. Business Trade Name or DBA PARKSIDE DEVELOPMENT 3. Entity Type (check one) Sole Proprietor Partnership Limited Liability Company Corporation Nonpro Part B: Individual Information 1. Last Name 2. First Name					
2. Business Trade Name or DBA PARKSIDE DEVELOPMENT 3. Entity Type (check one) Sole Proprietor Partnership Limited Liability Company Corporation Nonpro Part B: Individual Information 1. Last Name 2. First Name					
PARKSIDE DEVELOPMENT 3. Entity Type (check one) Sole Proprietor Partnership Limited Liability Company Corporation Nonpro Part B: Individual Information 1. Last Name 2. First Name					
3. Entity Type (check one) Sole Proprietor Partnership Limited Liability Company Corporation Nonpro Part B: Individual Information 1. Last Name 2. First Name					
Sole Proprietor Partnership Limited Liability Company Corporation Nonpro Part B: Individual Information 1. Last Name 2. First Name					
Part B: Individual Information 1. Last Name 2. First Name					
Part B: Individual Information 1. Last Name 2. First Name					
1. Last Name 2. First Name					
DREGER RANDALL	3. M.I.				
	s				
4. Relationship to Business (Title) 5. Email 6. Phon					
OWNER parksidedevelopmentng@gmail.com (608					
7. Home Address					
N 8731 CNTY. RD. E					
8. City 9. State 10. Zip Code 11. Date of					
BROOKLYN WI 53521 01,	14/60				
12. Drivers License/State ID Number 13. Drivers License/State ID State of Issu	ance				
D6267376001401 WI					
Part C: Address History					
1. Do you currently reside in Wisconsin?	✓ Yes No				
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?	Months				
if yes to 1 above, now long have you continuously lived in vvisconsin prior to the date of application?					
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.	1				
Previous Address 1 City State Zip C	ode				
same -					
Previous Address 2 City State Zip C	ode				
Oldy Oldy Date Zip C	ode				
Previous Address 3 City State Zip C	ada				
State Zip C	oue				
Provious Address 4					
Previous Address 4 City State Zip C	ode				
Description Address 5					
Previous Address 5 City State Zip 0	Code				
Previous Address 5 City State Zip 0	Code				
Previous Address 5 City State Zip 0 3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.	Code				
Only State Epit					
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary. State County State County State County State County					
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary. State County State County State County State County	ty				

Continued →

Part D: Criminal History						
Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages)						
Have you ever been convicted of any offenses (excluding for violation of any federal, Wisconsin, or another state)				. 🗹 Yes	☐ No	
If yes to question 1, please list details of each convictio	n below. Attach addition	onal sheets a	s needed.			
Law/Ordinance Violated	Location			Conviction I	Date	
OWI	GREEN CNTY WI			07/19,	/2023	
Penalty Imposed		10/		Z v.		
OWI FINE		vvas senter	ce completed?	✓ Yes	No	
Law/Ordinance Violated	Location	11		Conviction I	Date	
Penalty Imposed		Was senter	ice completed?	Yes	☐ No	
Law/Ordinance Violated	Location			Conviction [Date	
Penalty Imposed		Was senter	ce completed?	Yes	☐ No	
beverages) for violation of any federal, Wisconsin, or an ordinances?				. Yes	√ No	
Part E: Attestation						
READ CAREFULLY BEFORE SIGNING: Under penalt truthfully. I certify that I am not prohibited from participat beverage industry as a restricted investor. I understand under penalty of state law. I further understand that I may with this application, and that any person who knowingly to forfeit not more than \$1,000 if convicted.	ting in this business d that any license issue be prosecuted for sub	ue to any inv ed contrary t mitting false	volvement in another o Wis. Stat. Chapter statements and affid ion on this applicatio	tier of the 125 shall I avits in con	alcohol be void nection	
Signature XQL Cm			Date 05/22	/2024		

Form

AB-101

Alcohol Beverage Appointment of Agent

Date	11.	7.4
	UU	0

Agent Type (check one)	
✓ Original (no fee) Successor (\$10 fee for	municipal licensees only)
	· · · · · · · · · · · · · · · · · · ·
Part A: Business Information	
Legal Business Name (individual name if sole proprietor)	
RANDALL S. DREGER	
2. Business Trade Name or DBA	
parkside development XXC	
3. Entity Type (check one) ✓ Limited Liability Compa	ny Corporation Nonprofit Organization
4. Alcohol Beverage Business Authorization (check one)	5. If successor agent, provide State Permit or Municipal Retail License Number
✓ Municipal Retail License ☐ State Permit	456-10290421907-02
Describe the reason for appointing a successor agent, if success	
Part B: Agent Information 1. Last Name	2. First Name
VEGE!	ROWOAL 55
4. Email belguto 2 rand @ g	3 mail : com 5. Phone 708-45-78
6. Home Address SI CNT9 E	
7. City BROOKLYN	8. State 9. Zip Code 10. Age
11. Drivers License/State ID Number 0514 6	12. Drivers License/State ID State of Issuance
Part C: Agent Questions	
Have you satisfied the responsible beverage server train Submit proof of completion.	ning requirement? Yes No
Have you completed Form AB-100, Alcohol Beverage Ir Submit a completed Form AB-100 with this form.	
Have you been a Wisconsin resident for at least 90 consisted instructions for exceptions.	inuous days?

Part D: Business Attestation					
READ CAREFULLY BEFORE SIGNING: I, to corporation, nonprofit organization, or limite beverage activities on such premises. I certion behalf of the entity. If I am appointing a sill understand that I may be prosecuted for suany person who knowingly provides materiall if convicted.	d liability com fy that I am a uccessor ager ubmitting false	pany with full authority and cor uthorized by the above-named on t, I rescind all previous agent a estatements and affidavits in co	itrol of the properties to author of the properties of the properties to the properties to the properties of the propert	emises and o orize this indi for this premis this applicati	of all alcohol vidual to act ses. Further, on, and that
Last Name		First Name			M.I.
Title	Email			Phone	
Signature Car (Date		
Part E: Agent Attestation					
READ CAREFULLY BEFORE SIGNING: I, the nonprofit organization, or limited liability comes on the premises for the above-named busines and affidavits in connection with this application may be required to forfeit not more	pany and ass ess. I further ion, and that a	ume full responsibility for the co understand that I may be prose any person who knowingly provi	nduct of all all ecuted for sul	lcohol bevera bmitting false	ge activities statements
Last Name		First Name			M.I.
Signature Color (M			Date 5 -	22-24	

24-03

Form AB-200

Alcohol Beverage License Application

For Municipal Use Only					
lunicip	ality				
conec	Period	_			

License(s) Requested: (up to two boxes may	•				Fees		
Class "A" Beer \$	Class "B" Beer	\$ <u></u>	$\frac{\infty}{}$	License F	ees	\$	
☐ "Class A" Liquor \$	☑ "Class B" Liquor	\$ <u>.5</u>	<u>100.</u>	Backgrou	nd Check Fee	\$	
☐ "Class A" Liquor (cider only) \$ ☐	Reserve "Class B"	Liquor \$		Publicatio	n Fee	\$	
Class C" Liquor (wine only) \$				Total Fee	S	\$	
Part A: Premises/Business Information	n						
1. Legal Business Name (individual name if sole pro	prietorship)						
Puempels Olde Tavern							
2. Business Trade Name or DBA							
3. FEIN		4. Wisconsin	Seller's Pe	rmit Number			
39-1784775		456-00	000345	66-03			
5. Entity Type (check one)							
Sole Proprietor Partnership	Limited Liability		☑ Co	rporation		fit Organiz	ation
6. State of Organization	7. Date of Organization	on		8. Wiscons PO299	n DFI Registration	on Number	
Wi O Province Address	02-01-1993			PUZ99			
9. Premises Address 18 6th Ave							
10. City				11. State	12. Zip Code		
New Glarus				WI	53574		
13. County	14. Governing Municip		Town	✓ Village	15. Aldermani	c District	
Mila 🖸	of: <u>New Glar</u>	rus					
16. Premises Phone	17. Premises Email			18. We			
6085272045	bigler@puemp				pels.com		
19. Premises Description - Describe the building or are kept. Describe all rooms within the building, only on the premises described in this application. West 1/2 of building inclures trooms and kitchen area.	including living quarters n. Attach a map or diag uding entire	s. Authorized al ram and additi	lcohol beve onal sheets	rage activiti s if necessar	es and storage o y.	f records m	
20. Mailing Address (if different from premises addre	ss)						-
PO Box 508							
21. City				22. State	23. Zip Code		
New Glarus				WI	53574		
Part B: Questions							
Has the business (sole proprietorship, partner violating federal or state laws or local ordinal.)						Yes	✓ No
If yes, list the details of violation below. Attac	ch additional sheets i	if necessary.					
Law/Ordinance Violated	Location				rial Date		
Penalty Imposed			Was sen	tence com	pleted?	Yes	☐ No
Law/Ordinance Violated	Location	*		7	rial Date		
Penalty Imposed			Was sen	tence com	pleted?	Yes	☐ No

Are charges for any offenses pending a beverages.	ngainst the busines	ss? Exclude traffic	offenses unl	ess related to alco	hol 🔲 Y	es 🔽 No
If yes, describe the nature and status o	f pending charges	using the space b	elow. Attach	additional sheets	as needed.	
Is the applicant business or any of its of individuals or entities a restricted investig the second of the restricted investigation. If yes, provide the name of the restricted investigation in the restricted investigation.	stor with any intere	est in an alcohol b	everage prod	ducer or distribute	elated or?	es 🗹 No
 Is the applicant business owned by and If yes, provide the name(s) and FEIN(s 	other business enti) of the business e	ty?	v. Attach addi	itional sheets as n	eeded.	es 🔽 No
4a. Name of Business Entity		4b. Busines	s Entity FEIN			
Have the partners, agent, or sole propri this license period? Submit proof of cor	ietor satisfied the r	esponsible bevera	ige server tra	aining requirement	for 🗹 Y	es 🗌 No
6. Is the applicant business indebted to ar	ny wholesaler beyo	and 15 days for be	er or 30 days	s for liquor/wine?.	🔲 Y	es 🗹 No
7. Does the applicant business owe past of	due municipal prop	erty taxes, assess	sments, or ot	her fees?	Y	es 🔽 No
Part C: Individual Information						
List the name, title, and phone number for each Question 4: sole proprietor, all officers, directors managers, and agent of a limited liability compared to the compared to th	s, and agent of a cor	poration or nonprofit	organization,	pplicant business or all partners of a parti	businesses lis nership, and a	sted in Part B, Il members,
Include Form AB-100 for each person listed bel	ow. Corporations an	d LLCs must appoin	t an agent by i	including Form AB-1	01.	
Last Name	First Name		Title		Phone	
Bigler	Charles		Preside	nt/Treasure	Treasure 6085585984	
Reynolds	MacAlliter		Vice Pro	esident/Sec	60857583	379
Part D: Attestation						
One of the following must sign and attest	to this application:					
• sole proprietor • one general	I partner of a partn	ership • on	e corporate c	officer • one	member of a	n LLC
READ CAREFULLY BEFORE SIGNING: Und	er penalty of law, I h	ave answered each	of the above of	questions completely	y and truthfully	/. I agree that
I am acting solely on behalf of the applicant burights and responsibilities conferred by the lice	ense(s), if granted, w	ill not be assigned to	o another indiv	vidual or entity. I ag	ree to operate	this business
according to the law, including but not limited to any portion of a licensed premises during in	to, purchasing alcoh	ol beverages from s	tate authorize	d wholesalers. I und	terstand that I	ack of access
revocation of this license. I understand that ar	ny license issued co	ntrary to Wis. Stat. (Chapter 125 s	hall be void under p	enalty of state	law. I further
understand that I may be prosecuted for submi	tting false statement	is and affidavits in co	onnection with	this application, and n \$1,000 if convicted	l that any pers I.	on who know-
Last Name	mo approation may	First Name				M.I.
Bigler		Charles				F
Title	Email				Phone	
President	bigl	er@puempels	s.com		60855859	84
Signature Pharles Big L			Date	4/21/	2024	
Part E: For Clerk Use Only						
Date Application Was Filed With Clerk Licens	e Number 24-03		Date Lic	cense Granted	Date License	Issued
Signature of Clerk/Deputy Clerk	XITV			Date Provisional Li	cense Issued	(if applicable)
Deanna Houng						
AB-200 (N. 03-24)		- 2 -		line	1207	

Form		
Δ	B-1	01

Alcohol Beverage Appointment of Agent

Date		

Agent Type (check one)	□ 0				
✓ Original (no fee)	Successor (\$10 fee for mi	unicipal licen	sees only)		
Part A: Business Informa					
Legal Business Name (individua	· · · ·				
Puempels Olde Tave	ern Inc				
2. Business Trade Name or DBA	2.00				
Puempels Olde Tave 3. Entity Type (check one)	======================================				
	Limited Liability Company	· •	Corporation	☐ Nonprofit Or	ganization
 Alcohol Beverage Business Auth Municipal Retail Licens 		5. If successo	r agent, provide Sta	te Permit or Municipal Re	etail License Number

Part B: Agent Information					
1. Last Name					
		2. First Name			3. M.I.
Bigler		2. First Name Charles	3		3. M.I. F
Bigler 4. Email			3	5. Phone	F
Bigler 4. Email bigler@puempels.co			:	5. Phone (608	F
Bigler 4. Email bigler@puempels.co			:		F
Bigler 4. Email bigler@puempels.co 6. Home Address 901 8th st 7. City		Charles	9. Zip Code	(608	F
Bigler 4. Email bigler@puempels.co 6. Home Address 901 8th st 7. City New Glarus	mc	Charles	9. Zip Code 53574	10. Age 72) 558-5984
Bigler 4. Email bigler@puempels.co 6. Home Address 901 8th st 7. City New Glarus 11. Drivers License/State ID Number	mc	Charles	9. Zip Code 53574 12. Drivers Lice	(608) 558-5984
Bigler 4. Email bigler@puempels.co 6. Home Address 901 8th st 7. City	mc	Charles	9. Zip Code 53574	10. Age 72) 558-5984
Bigler 4. Email bigler@puempels.co 6. Home Address 901 8th st 7. City New Glarus 11. Drivers License/State ID Number	mc	Charles	9. Zip Code 53574 12. Drivers Lice	10. Age 72) 558-5984
Bigler 4. Email bigler@puempels.co 6. Home Address 901 8th st 7. City New Glarus 11. Drivers License/State ID Number b2461465136503	mc	Charles	9. Zip Code 53574 12. Drivers Lice	10. Age 72) 558-5984
Bigler 4. Email bigler@puempels.co 6. Home Address 901 8th st 7. City New Glarus 11. Drivers License/State ID Number b2461465136503 Part C: Agent Questions	om er onsible beverage server training	8. State WI	9. Zip Code 53574 12. Drivers Lice WI	10. Age 72) 558-5984 uance
Bigler 4. Email bigler@puempels.co 6. Home Address 901 8th st 7. City New Glarus 11. Drivers License/State ID Number b2461465136503 Part C: Agent Questions 1. Have you satisfied the response Submit proof of completion.	om er onsible beverage server training	8. State WI	9. Zip Code 53574 12. Drivers Lice WI	10. Age 72 ense/State ID State of Iss	F) 558-5984 uance Yes No

 $Continued \rightarrow$

Part D: Business Attestation					
READ CAREFULLY BEFORE SIGNING: 1, the corporation, nonprofit organization, or limited beverage activities on such premises. I certise on behalf of the entity. If I am appointing a sulfunderstand that I may be prosecuted for sulfundary person who knowingly provides materially if convicted.	d liability com fy that I am a uccessor ager bmitting false	pany with full authority and cor uthorized by the above-named nt, I rescind all previous agent a e statements and affidavits in co	ntrol of the preentity to authorize the projection with the projec	remises and orize this ind for this preminent this preminent this applicated.	of all alcohol ividual to act ses. Further, ion, and that
Last Name		First Name			M.I.
Bigler		Charles			F
Tide	Email			Phone	
President	bigler@	puempels.com		(608) 5	58-5984
Signature			Date	04/22/20)

Part E: Agent Attestation					
READ CAREFULLY BEFORE SIGNING: I, the nonprofit organization, or limited liability come on the premises for the above-named busing and affidavits in connection with this application may be required to forfeit not more	pany and ass ess. I further ion, and that a	ume full responsibility for the co understand that I may be pros any person who knowingly prov	ecuted for su	lcohol bevera	age activities e statements
Last Name		First Name			M.I.
Bigler		Charles			F
Signature Phanton Big			Date	04/22/22	2

Form AB-100

Alcohol Beverage Individual Questionnaire

Date
04/22/2024

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

sole proprietor

- all officers, directors, and agent of a corporation or nonprofit organization
- · all partners of a partnership
- · members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A	: Business Informat	ion							
1 111111	Business Name (individual		e proprietor)						
	mpels Olde Tave								
	ess Trade Name or DBA	111							
1	mpels Olde Tave	rn							
	Type (check one)	L11							
1		Partnership	D ∐ Limited I	Liabilii	v Compar	y Corporation	. \Box	Nonprofit O	raanization
	ile Froprietoi	arurersiii		Liabilli	y Compar	iy 🔽 Corporation	<u>'</u>	Nonprofit O	ryanization
Part R	: Individual Informat	ion				or Trans			
1. Last N				2 Fi	rst Name				3. M.I.
Bigl					harles				F
	onship to Business (Title)		5. Email		narres			6. Phone	T.
1	sident			0				6. Priorie 6085581	004
7. Home			bigler	epue	impers.	COIII		000000	7904
	8th St				0.04	10.7:- 0-1-		44. D-4 (D:	
8. City	G1				9. State	10. Zip Code		11. Date of Bi	
	Glarus				WI	53574		10/05/	/1951
	rs License/State ID Number	r				13. Drivers License/St	ate ID State	e of Issuance	
B246	51465136503					WI			
Part C:	Address History							5 10 10	
1. Do vo	ou currently reside in Wi	sconsin?					1256-1257	V	res \ \ \ No
, .	, ,						10000000		
If yes	to 1 above, how long ha	ave you co	ontinuously lived in	Wisc	on <mark>sin</mark> prio	to the date of applicat	ion?	Years	Months
								72	
2. List in	n chronological order all	of your ac	dresses within the	last 5	years. Att	ach additional sheets	f necessa	ry.	
Previous	Address 1			City			State	Zip Code	
Previous	Address 2			City			State	Zip Code	
Previous	Address 3			City			State	Zip Code	
				`					
Previous	Address 4			City			State	Zip Code	
				""					
Previous	Address 5			City			State	Zip Code	
1 ICVIOUS	7 (001030 0			City			Oldic	Zip oode	
3. List a	ll states and counties yo	u have liv	ed in as an adult. A	Attach	additional	sheets if necessary.			
State	County	State	County		State	County	State	County	
State	County	State	County		State	County	State	County	

 $\textit{Continued} \rightarrow$

Part D: Criminal History			
Have you ever been convicted of any offenses (exclude for violation of any federal, Wisconsin, or another state of the state of th	e's laws or of any coun	ty or municipal ordinance	
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed	•	Was sentence complet	ed? Yes No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence complet	ed? Yes No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence complet	ed? Yes No
Are charges for any offenses currently pending agains beverages) for violation of any federal, Wisconsin, or a ordinances?	nother state's laws or	any county or municipal	Yes 🗹 No
Part E: Attestation			
READ CAREFULLY BEFORE SIGNING: Under penal truthfully. I certify that I am not prohibited from participal beverage industry as a restricted investor. I understand under penalty of state law. I further understand that I may with this application, and that any person who knowing to forfeit not more than \$1,000 if convicted.	ating in this business of that any license issumed the prosecuted for su	due to any involvement i led contrary to Wis. Stal omitting false statements	n another tier of the alcohol t. Chapter 125 shall be void s and affidavits in connection
Signature Charles Bigle		Date	04/22/2024

Form AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality , NM	
License Period	

License(s) Requested: (up to two boxes may	•	1.			Fees		
☐ Class "A" Beer	Class "B" Beer	\$_ <u>1</u>	00'	License I	Fees	\$	
Class A" Liquor	☐ "Class B" Liquor .	\$		Backgrou	Background Check Fee		
☐ "Class A" Liquor (cider only) \$	Reserve "Class B"	Liquor \$		Publication	on Fee	\$	
☑ "Class C" Liquor (wine only) \$ 100 ·				Total Fed	es	\$	
Part A: Premises/Business Information	n						
1. Legal Business Name (Individual name if sole pro	prietorship)						
Rusty Raven LLC							
2. Business Trade Name or DBA							
Rusty Raven							
3. FEIN		4. Wisconsin S			er		
82-0930494		456-10	293549	50-02			
5. Entity Type (check one)	_		_				
Sole Proprietor Partnership	✓ Limited Liability			rporation		fit Organiz	ation
6. State of Organization	7. Date of Organizati				sin DFI Registration	on Number	
WI	03/24/2017			R067	368	_	
9. Premises Address							
500 1st St					1.0 7.0		
10. City			1	11. State	12. Zip Code		
New Glarus				WI			
13. County	14. Governing Municip		Town	✓ Village	a 15. Aldermani	C DISTRICT	
Green	of: New Gla	rus	_	140.14	-		
16. Premises Phone	17. Premises Email	0 13			ebsite		
(608) 636-2023	rustyravenno				tyraven.co		
Premises Description - Describe the building or are kept. Describe all rooms within the building, only on the premises described in this application Premises includes the 1st	including living quarter n. Attach a map or diag	s. Authorized al gram and addition	cohol beve onal sheets	rage activities if necessa	ties and storage o ery.	of records m	ay occur
building at premises addre	ess.						
20. Malling Address (if different from premises addre	(88						
PO BOX 1018	,						
21. City				22. State	23. Zlp Code		
New Glarus			ı	WI	53574		
Part B: Questions							
Has the business (sole proprietorship, partn violating federal or state laws or local ordina	nces? Exclude traffi	c offenses unl	r corporat less relate	tion) been ad to alcoh	convicted of not beverages.	☐ Yes	✓ No
If yes, list the details of violation below. Atta	ch additional sheets	if necessary.					
Law/Ordinance Violated	Location				Trial Date		
Penalty Imposed			Was sent	tence con	npleted?	Yes	☐ No
Law/Ordinance Violated	Location				Trial Date		
Penalty Imposed			Was sen	tence con	npleted?	Yes	☐ No

Are charges for any offenses pending a beverages.	against the bu	sines	s? Exclude traffic	offenses un	less related to alco	ohol 🔲	Yes	1	No
If yes, describe the nature and status of	of pending cha	arges (using the space b	elow. Attach	additional sheets	as needec	I.		
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, ponding one								
Is the applicant business or any of its individuals or entities a restricted investigation of the restrict structure. If yes, provide the name of the restrict.	stor with any	intere	st in an alcohol b	everage pro	ducer or distribute	related or?	Yes	V	No
4. Is the applicant business owned by and							Yes	√	No
If yes, provide the name(s) and FEIN(s 4a. Name of Business Entity	or the busine	ess en		v. Aπach add s Entity FEIN		ieeded.		_	
44. Name of Business Entity			4D. Busines	6 Endly FEIN					
5. Have the partners, agent, or sole propr	ietor satisfied	the re	sponsible bevera	ige server tr	aining requirement	t for			
this license period? Submit proof of cor	•						Yes		No
6. Is the applicant business indebted to a							Yes	✓	No
7. Does the applicant business owe past	due municipal	l prope	erty taxes, assess	sments, or o	ther fees?		Yes	1	No
Part C: Individual Information									
List the name, title, and phone number for each									
Question 4: sole proprietor, all officers, director managers, and agent of a limited liability compa					all partners of a part	nersnip, and) all me	mber	в,
Include Form AB-100 for each person listed be	low. Corporation	ns and	LLCs must appoin	t an agent by	including Form AB-1	01.			
Last Name	First Name			Title		Phone			
Hovland	Jonathan	ì		Owner/C	perator	(608)	636-	-458	35
Schultz	Kristian	n		Owner/C	FO/Admin	(608)	501-	-799	8
Van Hove	Tammy			Owner/M	larketing	(507)	259-	-432	27
Part D: Attestation									
One of the following must sign and attest	to this applica	tion:							
• sole proprietor • one genera	l partner of a	partne	rship • one	e corporate	officer • one	member o	f an Ll	_C	
READ CAREFULLY BEFORE SIGNING: Und I am acting solely on behalf of the applicant bu									
rights and responsibilities conferred by the lice	ense(s), if grant	ed, wil	I not be assigned to	o another indi	vidual or entity. I ag	ree to opera	ate this	busin	1088
according to the law, including but not ilmited to any portion of a licensed premises during in									
revocation of this license. I understand that ar	ny license Issue	ed conf	trary to Wis. Stat. (Chapter 125 s	shall be vold under p	enalty of st	ate law	. I fur	ther
understand that I may be prosecuted for submi lngly provides materially false information on t							erson w	no kn	ow-
Last Name			First Name				M.I.		
Schultz			Kristiann					J	
Title	E	mail				Phone			
Owner/CFO/Admin	k	cjsc	hultz990gma	ail.com		(608) 5	501-7	799	В
Signature Kut Schild				Date	04/1	8/24			
Part E: For Clerk Use Only								-	
Date Application Was Filed With Clerk Licens	se Number	سر		Date Li	cense Granted	Date Licen	ıse İssu	led	
4130124	#24-D5	2							
Signature of Clerk/Deputy Clerk	_				Date Provisional Li	cense Issue	d (if ap	plicat	ole)
42-200 (N. 03-24)			-2-						-
· ·									

Form		
Α	B-1	01

Alcohol Beverage Appointment of Agent

Date		

Agent Type (check one)						
✓ Original (no fee)	r muni	cipal licen	sees only)			
Part A: Business Information						
Legal Business Name (Individual name if sole proprietor)						
Rusty Raven LLC						
2. Business Trade Name or DBA						
Rusty Raven						
3. Entity Type (check one)						
✓ Limited Liability Comp	any		Corporation	☐ Nonprofit Org	ganization	
4. Alcohol Beverage Business Authorization (check one)	5.	If successo	r agent, provide Si	ate Permit or Municipal Re	tail License	Number
✓ Municipal Retail License □ State Permit						
6. Describe the reason for appointing a successor agent, if successor	ssor Is	checked ab	ove.			
Part B: Agent Information						
1. Last Name	2.	First Name			3. M	l.l.
Schultz	:	Kristi	ann			J
4. Email				5. Phone		
kjschultz99@gmail.com				(608) 501-	7998
6. Home Address						
1655 Lake Kegonsa Rd						
7. City		8. State	9. Zip Code	10. Age		
Stoughton		WI	53589	58		
11, Drivers License/State ID Number	-			cense/State ID State of Iss	uance	
S536-2875-7149-04			WI			
5550-2075-7149-04			47			
Part C: Agent Questions						
	-24-210	200-200-000				
Have you satisfied the responsible beverage server transport to Submit proof of completion.	aining Fau	requireme	Village	*******	. 🔽 Yes	☐ No
Have you completed Form AB-100, Alcohol Beverage Submit a completed Form AB-100 with this form.			0	*************	. Yes	☐ No
Have you been a Wisconsin resident for at least 90 co See instructions for exceptions.	ntinuo	us days?.			. 🔽 Yes	☐ No

Continued \rightarrow

READ CAREFULLY BEFORE SIGNING: I, the Undersigned, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted. Last Name M.I. First Name Schultz Kristiann J **Email** Phone Owner/CFO/Admin kjschultz99@gmail.com (608) 501-7998 Signature Date 04/18/24 Part E: Agent Attestation READ CAREFULLY BEFORE SIGNING: I, the Agent, herby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted. Last Name M.I. First Name Schultz Kristiann J Date Signature

04/18/24

Part D: Business Attestation

Form		
A	B-1	00

Date		

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

sole proprietor

- all officers, directors, and agent of a corporation or nonprofit organization
 members and agent of a limited liability company
- · all partners of a partnership

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information						
Legal Business Name (individual name if sole prop	rietor)					
Rusty Raven LLC						
2. Business Trade Name or DBA						
Rusty Raven						
3. Entity Type (check one)	_			_		
Sole Proprietor Partnership	✓ Limited Liabi	ity Company	/ Corporation		Nonprofit O	rganization
Part B: Individual Information						
1. Last Name	2. 1	irst Name				3. M.I.
Schultz]	Kristian	in			J
4. Relationship to Business (Title)	5. Emall				6. Phone	
Owner/CFO/Admin	kjschultz	99@gmai	1.com		(608)	501-7998
7. Home Address						
1655 Lake Kegonsa Rd						
8. City		9. State	10. Zip Code		11. Date of B	
Stoughton		WI	53589		12/26	/65
12. Drivers License/State ID Number			13. Drivers License/State	ID State	of Issuance	
S536-2875-7149-04			WI			
Part C: Address History						
1. Do you currently reside in Wisconsin?					· · · · · · · · · · · · · · · · · · ·	Yes 🔲 No
				_	Years	Months
If yes to 1 above, how long have you continu	ously lived in Wis	consin prior	to the date of application	n?	12	11
List in chronological order all of your address	es within the lost	Even Atte	ach additional shoots if r	000000		
			ich additional sheets in i	State	Zip Code	
Previous Address 1	Clt	y		State	Zip 0000	
				State	Zip Code	
Previous Address 2	Cit	У		State	Zip Code	
Davidana Addresa 2	CIT			State	Zip Code	
Previous Address 3	011	y		Olato	Lip 0000	
Devidence Address 4	Cit			State	Zlp Code	
Previous Address 4	Cit	y		State	Zip Code	
Previous Address 5	Cit			State	Zip Code	
Previous Address 5	Į On	y				
3. List all states and counties you have lived in	as an adult. Attac	h additional	sheets if necessary.			
State County State Cou	•	State	County	State	County	
MN Douglas MN NI	icollet	MN	Fillmore			
State County State Cou	nty	State	County	State	County	
MN Blue Earth MN OI	Imsted	WI	Dane			

Continued →

Part D: Criminal History					
Have you ever been convicted of any offenses (excludition for violation of any federal, Wisconsin, or another state of the state o	's laws or of any count	ty or municipa	al ordinances?	. ✓ Yes	☐ No
Law/Ordinance Violated	Location			Conviction I	Date
Serving Alcohol to a Minor	Stoughton, Wi	ľ.		10/17/	/2018
Penalty Imposed		Was senten	ce completed?	. V Yes	□No
Fine		vvas senten	ce completeur	. [٧] 108	□ 140
Law/Ordinance Violated	Location			Conviction [Date
Penalty Imposed	**	Was senten	ce completed?	. Tyes	☐ No
Law/Ordinance Violated	Location			Conviction I	Date
Penalty Imposed		Was senten	ce completed?	Yes	☐ No
Are charges for any offenses currently pending against beverages) for violation of any federal, Wisconsin, or a ordinances? If yes to question 2, describe nature and status of pen sheets as needed.	nother state's laws or	any county or	municipal	. Yes	✓ No
Part E: Attestation					
READ CAREFULLY BEFORE SIGNING: Under penalt truthfully. I certify that I am not prohibited from participa beverage industry as a restricted investor. I understand under penalty of state law. I further understand that I may with this application, and that any person who knowingly to forfeit not more than \$1,000 if convicted.	ting in this business d that any license issu be prosecuted for sub	lue to any inv ed contrary t omitting false	rolvement in another o Wis. Stat. Chapter statements and affid	tier of the 125 shall i avits in con	alcohol be void nection
Signature & Shift				/2024	

Form		
Α	B-1	00

Date	

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

· sole proprietor

- · all officers, directors, and agent of a corporation or nonprofit organization
- · all partners of a partnership
- · members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted. Part A: Business Information 1. Legal Business Name (individual name if sole proprietor) Rusty Raiven LLC 2. Business Trade Name or DBA Pustr Raven 3. Entity Type (check one) Limited Liability Company Corporation Nonprofit Organization ☐ Sole Proprietor Partnership Part B: Individual Information 3. M.I. 1. Last Name Hovland 4. Relationship to Business (Title) 5. Email Owher 7. Home Address 11. Date of Birth 10. Zip Code 8. City 9. State 53574 WI 13. Drivers License/State ID State of Issuance 12. Drivers License/State ID Number H145-4387-4191-05 Part C: Address History X Yes ☐ No Years Months If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application? List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary. Zlp Code State Previous Address 1 Montiello N 6693 West Paint Rd 53570 WI Zlp Code Previous Address 2 State City State Zlp Code Previous Address 3 State Zlp Code City Previous Address 4 State Zlp Code Clty Previous Address 5 3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary. State County State State County State County Dane WI breen MN WI State County County State County State County State W WI ROCK

Continued →

LaCrosse

D. A.D. October 1994				
Part D: Criminal History				
Have you ever been convicted of any offenses (exclude for violation of any federal, Wisconsin, or another state). If you have a superior 4 places list details of each conviction.	e's laws or of any count	ty or municipal ordinances?	. Yes	No
If yes to question 1, please list details of each conviction		onal sheets as needed.		
Law/Ordinance Violated	Location		Conviction D	ate
Penalty Imposed		Was sentence completed?	. Yes	☐ No
Law/Ordinance Violated	Location		Conviction D	ate
Penalty Imposed		Was sentence completed?	. 🗌 Yes	☐ No
Law/Ordinance Violated	Location		Conviction D	ate
Penalty Imposed		Was sentence completed?	. Yes	☐ No
beverages) for violation of any federal, Wisconsin, or a ordinances?			. Tyes	No.
Part E: Attestation				
READ CAREFULLY BEFORE SIGNING: Under penal truthfully. I certify that I am not prohibited from participal beverage industry as a restricted investor. I understand under penalty of state law. I further understand that I may with this application, and that any person who knowing to forfeit not more than \$1,000 if convicted. Signature	ating in this business of I that any license issu y be prosecuted for sub	due to any involvement in another led contrary to Wis. Stat. Chapter omitting false statements and affid alse information on this application.	r tier of the a r 125 shall b avits in conn on may be re	alcohol e void ection
		04-15-	24	

Form			
Δ	B-1	00	

Date		

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

sole proprietor

- all officers, directors, and agent of a corporation or nonprofit organization
 members and agent of a limited liability company
- · all partners of a partnership

Your alcohol beverage application or renewal is not co	mpiete untii	all requir	ed Individual Question	onnaires are	submitted.
Part A: Business Information					
1. Legal Business Name (individual name if sole proprietor) Rusty Raven LL	C				
2. Business Trade Name or DBA Rusty Raven					
3. Entity Type (check 6ne) ☐ Sole Proprietor ☐ Partnership X Lir	mited Liabilit	y Compai	ny 🗌 Corporati	on 🔲 1	Nonprofit Organization
Part B: Individual Information					
1. Last Name	2. Fi	rst Name			3. M.L.
Van Hove		lamn	ny		L
4. Relationship to Business (Title) 5. Ema	ail	(1)	6	6	. Phone
Owner 7	rung	evh	d@gmaile	com 5	07-259-4327
7. Home Address	J		=		
2108 EIKRUNDOSE 8. City		9. State	10. Zip Code	11	Date of Birth
8. City Pine Island		MN	55963		11-20-1961
12. Drivers License/State ID Number		7700	13. Drivers License/		
D304-001-011-507			MN		
Part C: Address History					
1. Do you currently reside in Wisconsin?				970000000	Yes X No
If yes to 1 above, how long have you continuously liv	ved in Wisco	onsin prio	r to the date of applic	ation?	Years Months
2. List in chronological order all of your addresses with	in the last 5	years. At	tach additional sheets	s if necessar	у.
Previous Address 1	City	. ,		State	Zip Code
51503 315 Ave	E	lgin		mN	55932
Previous Address 2	City			State	Zip Code
Previous Address 3	City			State	Zip Code
Previous Address 4	City			State	Zip Code
Previous Address 5	City			State	Zip Code
3. List all states and counties you have lived in as an a	dult. Attach	additiona	I sheets if necessary.		
State County State County		State	County	State	County
MN Wabasha					
State County State County NN OIMSTEA		State	County	State	County

- 1 a

Continued \rightarrow

Part D: Criminal History			
Have you ever been convicted of any offenses (exclude for violation of any federal, Wisconsin, or another state)	ling traffic offenses unl e's laws or of any coun	ess related to alcohol beverages) ty or municipal ordinances?	. Yes 🔀 No
If yes to question 1, please list details of each conviction	on below. Attach additi	onal sheets as needed.	
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed	d .	Was sentence completed?	. Yes No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	. Yes No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	. Yes No
Are charges for any offenses currently pending agains beverages) for violation of any federal, Wisconsin, or a ordinances?	nother state's laws or	any county or municipal	2000
Port Fr Attornation			
Part E: Attestation			
READ CAREFULLY BEFORE SIGNING: Under penal truthfully. I certify that I am not prohibited from participal beverage industry as a restricted investor. I understand under penalty of state law. I further understand that I may with this application, and that any person who knowingly to forfeit not more than \$1,000 if convicted. Signature	iting in this business of I that any license issu I be prosecuted for sul	due to any involvement in anothe led contrary to Wis. Stat. Chapte omitting false statements and affic	r tier of the alcohol r 125 shall be void avits in connection
Jammy Van Hore		3-1-2	024

24-02

Form CTV-100

Cigarette, Tobacco, and Electronic Vaping Device Retail License Application

FOR CLERKS ONLY		
/unicipality	1 NG	
icense Period	Tan	

Part A: Premises/Busines					
Legal Business Name (individua	I name if sole p	proprietor)			
Rusty Raven LLC					
2. Business Trade Name or DBA					
Rusty Raven					
3. FEIN			4. Wisconsin Se	ller's Permit	Number
82-0930494			456-10293	54950-02	2
5. Entity Type (check one)					
			✓ Lim	ited Liability	Company Corporation
6. State of Organization 7. Date of Organization			ition		8. Wisconsin DFI Registration Number
Wisconsin		03/24/2017			R067368
9. Premises Address (do not use P	O Box)				
500 1st St					
10. City				11. State	12. Zip Code
New Glarus				WI	53574
13. County	14. Governing	Municipality: City	y 🗌 Town 🤄	✓ Village	15. Aldermanic District
GREEN	of: New	Glarus			
16. Mailing Address (if different from	n premises add	iress)			
PO BOX 1018					
17. City				18. State	19. Zip Code
New Glarus				WI	53574
20. Premises Phone		21. Premises Email			22. Website
(608) 636-2023		rustyravenne	g@gmail.com	m	rustyraven.com
23. Premises Description - Describe the building or buildings where cigarettes, tobacco products, and electronic vaping devices are to be sold and stored. Describe all rooms including living quarters, if used, for the sales and/or storage of cigarettes, tobacco products, and electronic vaping devices and records. Cigarettes, tobacco products, and electronic vaping devices may be sold and stored ONLY on the premises described in this application. Attach a floor plan if possible. The premises include the 1st floor retail store and backroom of the building at premise address.					
Part B: Questions					
1. What products will be sold at	this business	s location? (check	all that apply)		
☐ Cigarettes		✓ Tobacco	Products		✓ Electronic Vaping Devices
2. How will cigarettes, tobacco,	and/or electro	onic venina device	o bo cold? /obo	ok all that a	annia)
✓ Over the counter	and/or electro	Vending	•	ick all that a	ірріу)
3. Is the applicant business own	ned by anothe	er business entity?			Yes 🗹 No
If yes, provide the name and CTV-101 for all of the parent	FEIN of the p company's m	arent company be embers, partners,	low, identify par or officers.	rent compa	ny members in Part C, and attach Form
3a. Name of Parent Company	y:				
3b. FEIN of Parent Company					

Part C: Individual Information

An Individual Questionnaire, Form CTV-101, must be completed and attached to this application for each person involved in the applicant business and any parent company indicated in Part B. Such persons include: sole proprietor, all officers and agents of a corporation, all partners of a partnership, and all members and agents of a limited liability company.

List the full name, title, and phone number for each person below. Attach additional sheets if necessary.

First Name	Title	Phone
Hovland	Owner/Operator	(608) 636-4585
Schultz	Owner/CFO	(608) 501-7998
Van Hove	Owner/Director	(507) 259-4327
	Howland Schultz	Hovland Owner/Operator Schultz Owner/CFO

Part	D:	Attes	station
------	----	-------	---------

One of the following must sign and attest to this application:

sole proprietor

- one general partner of a partnership
- one corporate officer
- · one managing member of an LLC

READ CAREFULLY BEFORE SIGNING:

I understand and agree to the following:

- I will only purchase cigarettes, tobacco, and vapor products from distributors, jobbers, or subjobbers permitted by the Wisconsin Department of Revenue, unless I also hold the proper distributor's permit and pay all applicable excise taxes.
- I will not purchase or exchange products from another retailer, including transferring existing stock to a new owner.
- I will provide tobacco sales training that has been approved by the Wisconsin Department of Health Services to my employees. (https://witobaccocheck.org).
- I will not sell single cigarettes.
- · I will not sell, give, or otherwise provide cigarettes, tobacco, or any nicotine products to minors.
- I will keep product invoices on the licensed premises for two years and ensure the records are available for inspection by law enforcement. Failure to comply with this will result in criminal penalties, including loss of inventory.
- I will not sell cigarettes or roll-your-own (RYO) tobacco products unless listed on the Wisconsin Department of Justice's directory
 of certified tobacco manufacturers and brands.

Further, under penalty provided by law, I state that this application has been truthfully answered to the best of my knowledge. I agree 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 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Signature //	/	Date	1
Mary M	m	/V	Var 7, 2024
Name (Last, First, M.I.)			
Schultz k	instiann J		
Title	Emai		Phone
Owner/CFO	F	Jschutt299Cgmillo	m 608-501-7998
/			
Part E: For Clerk Use Only			
Date application was filed with clerk	Date license issued	Date license expires	License number
4/30/24		·	#24-02
License fees	Signature of Clerk/Deputy C	lerk	
	Deama lo		

_							
Form CTV-102	Cigarette, T	obacco, and Appointm		-	g Devic	e Date	
Agent Type (check	one): Original	☐ Change					
Part A: Agent In	formation						
1. Last Name Hoyland			2. First Nam	ne harthan	71.		3. M.I.
4. Email	venna egma	ail. com			5 Phone 608	- 636- 4	1585
1105 S	th Ave						
New Gla	Xrus,			- in	8. State	9. Zip Code	>4
10. Date of Birth 5 - 31 - 19')	11. Drivers Licens	e/State ID Number - 4387 ~ 4	191 - 0:	1	Drivers Licens	e/State ID State	of Issuance
Part B: Question	ns						
1. Have you compl Questionnaire?	eted Form CTV-101, <i>Cig</i> Submit a completed For	garette, Tobacco, an m CTV-101 with this	d Electronic \ form	/aping Device L	icense - Indiv	~	es □ No
	e of agent, please descr		ne agont onai	ige. / italii addi	nonai sileets	ii iieeessary.	
Part C: Busines	s Information						
	me (individual name if sole p	proprietor)					
3. Entity Type (check	one) Limited Liabil	ity Company		☐ Corporation	1		
4. Premises Address	1st St						
New Glar	NS				6. State	7. Zip Code	0
Part D: Attestation	ons						
liability company with devices conducted the successor agent, I re statements and affice	BEFORE SIGNING: I, the n full authority and control of herein. I certify that I am auscind all previous agent all avits in connection with the equired to forfeit not more to	of the premises and of a authorized by the entity ppointments for this properties application, and the	all business relate to authorize thing the control of the control	ative to cigarettes, s individual to act r. I understand tha	tobacco produ on behalf of that I may be pro	cts, and/or elect re entity. If I am resecuted for sub	ronic vaping appointing a mitting false

Signature of Licensee (officer, member, or authorized signatory) Name of Person Signing for Licensee owner

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

Signature of Agent

D-4-		
Date		
1		

Form CTV-101

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

Part A: Business Information							
1. Legal Business Name (individual nam							
Rusty Raven	LLC						
2. Business Trade Name or DBA							
Rusty Ravi	en						
3. Entity Type (check one)			_				
Sole Proprietor	☐ Partnership		X Lin	ited Liability Compa	ny		Corporation
Part B: Individual Information)						
1. Name (Last)		2. Nan	ne (First)				3. Name (M.I.)
Hovland			JONA	han			T
4. Relationship to Business (Title)	1	5. Ema	ait			6. Phone	26 1625
4. Relationship to Business (Title) 5. Email 7. Visty ravening @gmail.com 6. Phone 6. Phone 608-636-4				56- 4585			
7. Home Address							
1105 5th St				1.0 = 0.0			
8. City New Glarus			9. State	10. Zip Code		11. Date of I	
12. Drivers License/State ID Number			WI	53574		05/31	
H 145 - 4:387 - 419	1 5			13. Drivers License/S	iate ID Stat	e or issuance	
H173-4301-719	1-03			WI			
Part C: Individual's Address ł	listory						
List in chronological order all of you	r addresses within the las	st 5 year	rs. Attach	additional sheets if r	necessary.		
Previous Address 1		City	Montia	00-	State	Zip Code	
N6693 West Point Rd			r lon h u	ues	WI	533	
Previous Address 2		City			State	Zip Code	
Previous Address 3		City			State	Zip Code	- 15
Previous Address 4		City			State	Zip Code	

If applicable, list all states and counties you have lived in as an adult. Attach additional sheets if necessary. State County State County State County State County MN WI Dane WI Green State County State County State County State County Rock W La Crosse WI

City

City

Continued →

Previous Address 5

Previous Address 6

State

State

Zip Code

Zip Code

Part D. Individually Colored at 15 days						
Part D: Individual's Criminal History	- /- (b 1) 1 - 6T - 7T					
Have you ever been convicted of any offense: Wisconsin, or another state's laws, or of any offense:	s (other than traffic offens county or municipal ordin	ses) for violation of ances?	any federal, Yes No			
If yes to question 1, please list details of each	conviction below:					
Law/Ordinance Violated	Location		Trial Date			
Penalty Imposed		Was sentence	e completed? Yes No			
Law/Ordinance Violated	Location		Trial Date			
Penalty Imposed	I	Was sentence	e completed? Yes No			
Law/Ordinance Violated	Location		Trial Date			
Penalty Imposed		Was sentence	e completed? Yes No			
Are charges for any offenses currently pending federal, Wisconsin, or another state's laws or a	against you (other than t	raffic offenses) for v	iolation of any			
If yes to question 2, describe nature and statu	s of pending charges usi	ng the space helow	Attach additional sheets as needed			
, , , , , , , , , , , , , , , , , , , ,	a or portoring original documents	go opado boloni	. Alasi additional shoots as needed.			
Don't C. Attendation by Individual						
Part E: Attestation by Individual						
READ CAREFULLY BEFORE SIGNING: I under connection with this application, and that any per- rette, electronic vaping devices, and tobacco pro- I declare under penalties of the law that I have e complete to the best of my knowledge and belief.	son who knowingly provid oducts retail license mav	des materially false be required to forfe	information on an application for ciga- eit not more than \$1,000 if convicted			
Signature // //			04-18-24			
			`			
Part F: Licensing Authority Approval						
I hereby certify that I have checked municipal and this individual qualifies to serve in the reported ro	state criminal records. To le with the above-named	the best of my know business.	wledge, with the available information,			
Name of Local Official	1	Title				
Signature of Local Official		D	ate			
4110						

#24.09

Form AB-200

Alcohol Beverage License Application

For Municipal Use Only

Municipality

V. NG

License Period

1014 194 194 30,25

AB-200		Application		License Period	1- June 30,25
License(s) Reques	ted: (up to two boxes may be	e checked) Cig \$00.	ri e	Fees	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Class "A" Beer .	s <u>500.</u> 🗆	Class "B" Beer \$			\$ 1100.00
	C.20 =	"Class B" Liquor \$		und Check Fee	
_	_	Reserve "Class B" Liquor \$			\$
☐ "Class C" Liquor	(wine only) \$		Total Fe		\$
	s/Business Information	-A. u., b : \			
1. Legal Business Na	me (individual name if sole propri	SHOBHA	BAAI	Virn	10.
2. Business Trade Na	me or DBA SHOBHI	0			in
3. FEIN QQ	2772048	1 Missonsin	Collor's Dormit Numb	0.5	
5. Entity Type (check		456-	-103)7 L	14625-	.04
Sole Proprie		Limited Liability Company	Corporation	☐ Nonpro	fit Organization
6. State of Organization	$\omega \cdot I \cdot$	7. Date of Organization		isin DFI Registrati 37872	on Number
9, Premises Address	619 STAT	E HWY69			
10. City NE	W GLARL	J S	11. State	12. Zip Code	574
			Town Villag		
16. Premises Phone	3-527-29-66	4. Governing Municipality: City of: 7. Premises Email Sunder Singh 1962@ goldings where alcohol beverages at	18. V	- I /ebsite	
are kept Describe	e all rooms within the building, inc ses described in this application.	ildings where alcohol beverages are cluding living quarters. Authorized a Attach a map or diagram and additional color with Beauty	lcohol beverage active onal sheets if necess	ities and storage o	of records may occur
	f different from premises address)	P.O.BOX 1	64,106+	AVE	
21. City N E	W GLARL		22. State	23. Zip Code 53 5	-74
Part B: Question	ıs				
		ship, limited liability company, c ces? Exclude traffic offenses un			Yes No
		additional sheets if necessary.	i		
La /Ordinance Violate	D\$	Location		Trial Date	
Penalty Imposed			Was sentence cor	npleted?	Yes No
Law/Ordinance Violate	∍d	Location		Trial Date	
Penalty Imposed			Was sentence cor	npleted?	Yes No

Are charges for any offenses pending beverages.						No
If yes, describe the nature and status	of pending charges usi	ng the space b	elow. Attach	additional sheets	s as needed.	į.
-						9
Is the applicant business or any of its individuals or entities a restricted investigation of the restrict of the restric	estor with any interest i	n an alcohol b	everage pro	ducer or distribu	related tor? Yes	No
Is the applicant business owned by an If yes, provide the name(s) and FEIN(s).	other business entity?	owners below		itional sheets as	Yes needed.	No
4a. Name of Business Entity		4b. Busines	s Entity FEIN			
5. Have the partners, agent, or sole prop this license period? Submit proof of co	rietor satisfied the resp	onsible bevera	ge server tra	aining requiremen	nt for	□ No
6. Is the applicant business indebted to a	ny wholesaler beyond	15 days for be	er or 30 day	s for liquor/wine?	Yes	No
7. Does the applicant business owe past	due municipal property	taxes, assess	ments, or ot	her fees?	···· Yes	No
Part C: Individual Information						
List the name, title, and phone number for eac Question 4: sole proprietor, all officers, director managers, and agent of a limited liability comp	rs, and agent of a corpora any, Attach additional she	tion or nonprofit ets if necessary.	organization,	all partners of a pa	rtnership, and all me	embers,
Include Form AB-1^0 for each person listed be Last Name	First Name	Cs must appoint	t an agent by Title	including Form AB-	101. Phone	
SINGH	SUNDER	P	AGE	NT	608-513	3-7080
KALR	SUR JI			•		
Part D: Attestation	tu .					
One of the following must sign and attest				<i>(C:</i>		
• sole proprietor • one general READ CAREFULLY BEFORE SIGNING: Unc I am acting solely on behalf of the applicant be rights and responsi ilitie conf r ed by the lic according to the law, including but not limited to any portion of a licensed premises during in revocation of this license. I understand that a understand that I may be prosecuted for submingly provides materially false information on	usiness and not on behalt ns (s), if granted, will no to, purchasing alcohol be nspection will be deemed ny license issued contrar itting false statements an	answered each of of any other income to be assimed to everages from star a refusal to allow y to Wis. Stat. Of affidavits in cold	dividual or enterior another individual or individual i	questions complete tity seeking the lice vidual or entity. I a d wholesalers. I ur Such refusal is a n hall be void under this application, ar	ense. Further, I agre gree to operate this nderstand that lack nisdemeanor and g penalty of state lav nd that any person v	agree that ee that the s business of access rounds for v. I further
Last Name SINGH	Fir	st Name SL	JNDE	EP	M.I.	
Title OWNER,	Sum.	deel Sin	A 1962	2 Damail	Phone 608-5	513-7080
Syndey 8	lingh	1	Date	_ 0	tacien e	
Part E: For Clerk Use Only					II.	
519124	se Number # 84-09		Date Lic	ense Granted	Date License Iss	ued
Signature of Clerk/Deputy Clerk				Date Provisional I	icense Issued (if a	oplicable)
B-200 (N. 03-24)		2				

Form		
Α	B-1	01

Alcohol Beverage Appointment of Age t

Date	

Agent Type (check one)				
Original (no fee)	☐ Successor (\$10 fee for m	u cipal licensees only)		
Part A: Business Informat				
Legal Business Name (individual	name if sole proprietor)	OBHA BAANI	. 1NC	
2. Business Trade Name or DBA				
3. Entity Type (check one)	Limited Liability Company	Corporation	☐ Nor	nprofit Organization
4. Alcohol Beverage Business Auth Municipal Retail Licens		5. If successor agent, provide Sta	te Permit or Mi	unicipal Retail License Number
Describe the reason for appointir	ng a successor agent, if successor	is checked above.		
Part B: Agent Information				
		2. First Name ピロND	EEP	3. M.I.
1. Last Name SINGH		SUND	EEP	5 Phone
1. Last Name SINGH 4. Email Sundeels;	ingth 1962 @ g.	mail. com	EEP	~
1. Last Name SINGH 4. Email Sundeeps; 6. Home Address 749 F	ingth 1962@g.	mail. com	EEP 593	5 Phone
4. Email Sundeeps; 6. Home Address 749 F 7. City VERONA	ingth 1962@g.	mail. com 8. State 8. State 9. Zip Code 53.	593	5. Phone 608-513-7080
1. Last Name SINGH 4. Email Sundeeps; 6. Home Address 749 F 7. City VERONA	ingth 1962@g.	mail. com 8. State 8. State 9. Zip Code 53.	593	5. Phone 608-513-7080
1. Last Name SINGH 4. Email Sundeels; 6. Home Address 749 F 7. City VERONE 11. Drivers License/State ID Number	ingth 1962@g.	mail. com 8. State 8. State 9. Zip Code 53.	593	5. Phone 608-513-7080
1. Last Name SINGH 4. Email SundeehS; 6. Home Address 749 F 7. City VERONE 11. Drivers License/State ID Number S Part C: Agent Questions	ingh 1962@ gr IARVEST LN 520-7806-20	8 State 9. Zip Code 53. 8. State 9. Zip Code 53. 90-05 12. Drivers Lice W.1.	593	5. Phone 608-513-7080
1. Last Name SINGH 4. Email SundeehS; 6. Home Address 749 F 7. City VERONE 11. Drivers License/State ID Number S Part C: Agent Questions 1. Have you satisfied the respo	Ingh 1962 @ g. IAR VEST LN The state of the	8. State 9. Zip Code 53. 8. State 9. Zip Code 53. 9. Zip Code 53. 12. Drivers Lice W.1.	593 ense/State ID S	5. Phone 60 3-5/3-708 6 2 State of Issuance

-1-

Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name SINGH	First Name SUNDEEP	M.I.
Title OWNEQ	Sunder Sind 1962 a zmail com 6	· 8-513-7080
Signature Sundech Singly	Date 05-09	1-2024

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, herby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

application may be required to loneit not more than \$1,000 if convicted.								
Last Name	NO	SINGH	First Name	SUNDE	EP	M.I.		
Signature	Bu	undeel Bina	M		Date 05-09-	2024		

Form		
Α	B-1	00

Date	
Date	

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

· sole proprietor

- all officers, directors, and agent of a corporation or nonprofit organization
 members and agent of a limited liability company
- · all partners of a partnership

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A	: Business Info	rmation									
1, Legal	Business Name (ind	lividual name if so	le proprietor)	SH	0131	AH	BAA	NI	, INC	. •	
2. Busin	ess Trade Name or [DBA S	HOBMA	BA	iUA						
	Type <i>(check one)</i> ole Proprietor	Partnershi	p 🗌 Lim	ited Liabili	ty Compa	iny	☐ Corporation		Nonprofit O	rganization	
Part B	: Individual Infe	ormation									
1. Last N	Sin	GH			irst Name	SL	INDEE	P		3. M.I.	
	onship to Business (Title)	5. Emai	umde	eh Ci	nch	19620	gm	6. Phone 6.	08-5/3- m	
270	Address 74	9 HAP	VEST	LN	J						
8. City	VEROI				9. State	10. 2	Zip Code 5359 Drivers License/Stat	3	11. Date of Bi	0-1962	
12. Drive	ers License/State ID	Number 85	vo-780	6-2	090-1	13. I	Drivers License/Star	te ID Stat	te of Issuance		
Part C	: Address Histo	NEW .									
	ou currently reside							20000	V	/es □ No	
	s to 1 above, how l							on?	Years	Months	
2. List i	n chronological ord	der all of your a	dresses within	n the last 5	years. A	ttach ac	Iditional sheets if	necessa	ary.		
	Address 1			City				State	Zip Code		
Previous	Address 2			City				State	Zip Code		
Previous	Address 3			City			_	State	Zip Code		
Previous	Address 4			City	City			State	Zip Code	Zip Code	
Previous	Address 5			City	City			State	Zip Code	Zip Code	
3. List a	all states and coun	ties you have liv	ed in as an ac	lult. Attach	addition	al sheet	s if necessary.	.1			
State	County	State	County		State	Count	у	State	County		
State	County	State	County		State	Count	у	State	County		
	1				<u> </u>						

Continued \rightarrow

Part D: Criminal History						
Have you ever been convicted of any offenses (exclud for violation of any federal, Wisconsin, or another state				Yes	No	
If yes to question 1, please list details of each conviction	on below. Attach addition	onal sheets as neede	ed.			
Law/Ordinance Violated	Location			Conviction [Date	
Penalty Imposed		Was sentence com	pleted?	Yes	☐ No	
Law/Ordinance Violated	Location			Conviction [Date	
Penalty Imposed	10	Was sentence com	pleted?	Yes	☐ No	
Law/Ordinance Violated	Location			Conviction [Date	
Penalty Imposed		Was sentence com	pleted?	Yes	☐ No	
beverages) for violation of any federal, Wisconsin, or a ordinances?				Yes	No No	
Port F. Attacketion						
Part E: Attestation						
READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.						
Signature Sunder Sinch		Date 6	25-04	- 202	54	

Form		
Δ	B-1	00

Date		

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

· sole proprietor

- all officers, directors, and agent of a corporation or nonprofit organization
 members and agent of a limited liability company
- · all partners of a partnership

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information								
1. Legal Business Name (individual name if sole proprietor)								
SHOBHA BAANI, INC								
2. Business Trade Name or DBA								
	SHOBHA	BAANI						
3. Entity Type (check one) Sole Proprietor								
Part B: Individual Infor	mation							
1. Last Name	1. Last Name 2. First Name 3. M.I.							
KAUR			Si	URZIT				
4. Relationship to Business (Tit	le)	5. Email				6. Phone		
OWNER		Surkaur	196600	mail.com		608-513-4958		
7. Home Address)				
749 Harvest	Lane							
8. City			9. State 10. Zip Code			11. Date of Birth		
Verona			WI	53593		12-08-1966		
12. Drivers License/State ID Nu				13. Drivers License/	State ID State	e of Issuance		
K600-7806	-6948-03			WI				
Part C: Address Histor	V							
Do you currently reside in	A		000000000000000000			Yes No		
, ,								
If yes to 1 above, how lor	ng have you contir	nuously lived in Wis	consin prior	to the date of applic	ation?	Years Months		
2. List in chronological orde	r all of your addre	sses within the last	5 years. Att	ach additional sheets	s if necessa	ıry.		
Previous Address 1	<u> </u>		City Sta			Zip Code		
			'					
Previous Address 2		Cit	City S			Zip Code		
			•			'		
Previous Address 3		Cit	y		State	Zip Code		
			•					
Previous Address 4		Cit	·V		State	Zip Code		
			,			p		
Previous Address 5		Cit	:V		State	Zip Code		
			•			,		
List all states and countie	s you have lived i	n as an adult. Attac	h additional	sheets if necessary.		I.		
State County	State Co	ounty	State	County	State	County		
		•				'		
State County	State Co	unty	State	County	State	County		

Continued \rightarrow

Part D: Criminal History			
Have you ever been convicted of any offenses (exclud for violation of any federal, Wisconsin, or another state			
If yes to question 1, please list details of each conviction	on below. Attach addition	nal sheets as needed.	
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	. Yes No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	. Yes No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	. Yes No
beverages) for violation of any federal, Wisconsin, or a ordinances?			Yes No
Part E: Attestation			
READ CAREFULLY BEFORE SIGNING: Under penal truthfully. I certify that I am not prohibited from participal beverage industry as a restricted investor. I understand under penalty of state law. I further understand that I may with this application, and that any person who knowingly to forfeit not more than \$1,000 if convicted.	ating in this business du d that any license issue y be prosecuted for subi	ue to any involvement in anothe ed contrary to Wis. Stat. Chapte mitting false statements and affic	r tier of the alcohol r 125 shall be void lavits in connection
Signature Swrit Kaulr		Date 05-09	- 24

24-10

Form AB-200

Alcohol Beverage License Application

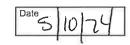
			_	
For	Munic	cipal Use Or	ııy	
Municipality	V.	NG		
icense Peri	<u>,</u> 24	-June	30	QS

License(s) Requested: (up to two boxes may	Fees					
☐ Class "A" Beer	Class "B" Beer \$	DO. License	Fees	\$ 600.		
☐ "Class A" Liquor \$ \$	Class B" Liquor	DO . Backgro	ound Check Fee			
☐ "Class A" Liquor (cider only) \$				\$		
☐ "Class C" Liquor (wine only) \$		Total Fe	es.	\$		
				4		
Part A: Premises/Business Information						
1. Legal Business Name (individual name if sole prop	orietorship)					
2. Business Trade Name or DBA						
Sportsmans						
3. FEIN	4. Wisconsin S	Seller's Permit Numb	er			
9019219164954	456	1031203 84	12-04			
5. Entity Type (check one)				c		
Sole Proprietor Partnership 6. State of Organization	Limited Liability Company 7. Date of Organization	Corporation	☐ Nonpro	fit Organization		
Wisconsin	01-2023 1/9/03		H07430			
9. Premises Address	1 1100		110 1930			
506 First St #357						
10. City New Glarus		11. State	12, Zip Code 5357 £			
13. County	14. Governing Municipality: City					
Calern	of New Glarus					
	17. Premises Email	18, V	Vebsite			
527-4665						
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. Patros, Ray, Ioung						
20. Mailing Address (if different from premises addres	es)					
21. City		22 State	22 Zin Codo			
21. Oily		22. State	23. Zip Code			
Part B: Questions						
Has the business (sole proprietorship, partner violating federal or state laws or local ordinar	ership, limited liability company, o nces? Exclude traffic offenses unl	r corporation) beer ess related to alco	n convicted of hol beverages.	Yes No		
If yes, list the details of violation below. Attac	h additional sheets if necessary.					
Law/Ordinance Violated	Location		Trial Date			
Penalty Imposed		Was sentence cor	npleted?	Yes No		
Law/Ordinance Violated	Location		Trial Date			
Penalty Imposed						
		Was sentence con	npleted?	Yes No		

Are charges for any offenses pending beverages.	against the busines	ss? Exclude traffic off	fenses unless	related to alco	ohol Yes	No.	
If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.							
Is the applicant business or any of its individuals or entities a restricted investigation of the restrict of the restric	stor with any intere	est in an alcohol beve	erage produc	ers, or other er or distribute	related or? Yes	No	
Is the applicant business owned by and If yes, provide the name(s) and FEIN(s).	other business entit	ty?	 Attach addition	al sheets as r	···· Yes	No No	
4a. Name of Business Entity		4b. Business E	Intity FEIN				
5. Have the partners, agent, or sole proprethis license period? Submit proof of colo.6. Is the applicant business indebted to a7. Does the applicant business owe past	mpletion ny wholesaler beyo	nd 15 days for beer	or 30 days for	liquor/wine?.	Yes	□ No ☑ No ☑ No	
Part C: Individual Information						Carrie	
List the name, title, and phone number for each Question 4: sole proprietor, all officers, director managers, and agent of a limited liability comp Include Form AB-100 for each person listed be	rs, and agent of a corp any. Attach additional	poration or nonprofit org sheets if necessary.	ganization, all pa	artners of a part	tnership, and all m		
Last Name	First Name	Tit		uing i uiii Ab-i	Phone		
	Cl		6		1 - 3		
Hook	Doth		Junes		608438	4665	
Part D: Attestation							
One of the following must sign and attest	to this application:						
	I partner of a partne	ership • one co	orporate office	r • one	member of an L	LC	
READ CAREFULLY BEFORE SIGNING: Und I am acting solely on behalf of the applicant burights and responsibilities conferred by the lice according to the law, including but not limited to any portion of a licensed premises during in revocation of this license. I understand that arunderstand that I may be prosecuted for submitingly provides materially false information on the	ler penalty of law, I ha usiness and not on be- ense(s), if granted, will to, purchasing alcohor ispection will be deem ny license issued con itting false statements	eve answered each of the half of any other indivi- ll not be assigned to are of the half o	dual or entity somether individually authorized whas pection. Such pter 125 shall bection with this section with this	eeking the licer if or entity. I ag iolesalers. I und refusal is a mi pe void under p application, and	nse. Further, I agreate this derstand that lack is demeaner and go benalty of state law in that any person was a constant.	ee that the s business of access rounds for w. I further	
Last Name		First Name			M.I.	+	
Hoof		2 cott					
Title	Email				Phone	11/1/	
Uwner			-		608438	4665	
Signature			Date 05	10/24			
Part E: For Clerk Use Only							
Date Application Was Filed With Clerk Licens	se Number 24-	10	Date License	Granted	Date License Iss	ued	
Signature of Clerk/Deputy Clerk 1210 Why 1300000			Dat	e Provisional Li	cense Issued (if a	pplicable)	
AB-200 (N. 03-24)		-2-	•				

Form **AB-100**

Alcohol Beverage Individual Questionnaire



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

- all officers, directors, and agent of a corporation or nonprofit organization
 members and agent of a limited liability company
- sole proprietorall partners of a partnership

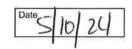
Your alco	ohol beverage ap	pplication	or rene	wal is not complet	te unti	I all requir	ed Individua	l Questionna	aires are	submitted.	
Part A	: Business Inf	formatio	n								
1, Legal	Business Name (ir	ndividual na	me if sol	e proprietor)							
		Hooke	ed Ov	Tap 11c							
2. Busine	ess Trade Name or	r DBA									
	5	ports	JJN<	>							
3. Entity	Type (check one)	1									
☐ Sc	ole Proprietor	☐ Par	tnership	Limited	Liabili	ty Compai	ту 🗆 С	Corporation		Nonprofit Org	ganization
Part B	: Individual In	formatio	n								
1. Last N					2. Fi	irst Name				3	3. M.I.
	Hook					Scoth					D
4. Relation	onship to Business	(Title)		5. Email					6	6. Phone	
	Owner									408 438	34665
7. Home											
	9002	count	ty (oad G							
8. City						9. State	10. Zip Cod			11. Date of Birt	
	MY	Hor	eb			16		572		10.27-9	· L
12. Drive	rs License/State IC	Number					13. Drivers	License/State	ID State	of Issuance	
	# 200 78	49	0	2			1 6	Sconsiv	`		
Part C:	Address Hist	tory									
1. Do yo	ou currently resid	le in Wisco	onsin? .						- 101 1030303	V Ye	es No
											TM
If yes	to 1 above, how	long have	e you co	ntinuously lived in	ı Wisc	onsin prio	r to the date	of application	n?	Years 32	Months
0 1:-4:-					1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1			
		rder all of	your ad	dresses within the		years. At	tach addition	al sheets if r			
Previous	Address 1				City				State	Zip Code	
Previous	Address 2				City				State	Zip Code	
											_
Previous	Address 3				City				State	Zip Code	
Previous	Address 4				City				State	Zip Code	
Previous	Address 5				City				State	Zip Code	
					1						
3. List a	ll states and cou	nties you h	nave live	ed in as an adult.	Attach	additional	sheets if ne	cessary.			
State	County	s	State	County		State	County		State	County	
11	Dane										
State	County	S	State	County		State	County	10	State	County	
						1					

Continued →

Part D. Criminal History			
Part D: Criminal History			
Have you ever been convicted of any offenses (exclude for violation of any federal, Wisconsin, or another state)			
If yes to question 1, please list details of each convicti	on below. Attach additi	onal sheets as needed.	
Law/Ordinance Violated	Location		Conviction Date
Kesisting	Dane		2012
Penalty Imposed		Was sentence completed?	Yes No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed			
		Was sentence completed?	. Yes No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	. Yes No
beverages) for violation of any federal, Wisconsin, or a ordinances?			Yes No
		-	
Part E: Attestation			
READ CAREFULLY BEFORE SIGNING: Under penal truthfully. I certify that I am not prohibited from participal beverage industry as a restricted investor. I understand under penalty of state law. I further understand that I may with this application, and that any person who knowing to forfeit not more than \$1,000 if convicted. Signature	ating in this business of I that any license issu I be prosecuted for sul	due to any involvement in anothe led contrary to Wis. Stat. Chapte omitting false statements and affic	r tier of the alcohol or 125 shall be void davits in connection
***************************************		1 001001	

Form AB-101

Alcohol Beverage Appointment of Agent



Agent Type (check one)			
original (no fee) Successor (\$10 fee for	municipal licer	sees only)	
		,,	
Part A: Business Information			
Legal Business Name (individual name if sole proprietor)			
Hooked On Tap IIc			
2. Business Trade Name or DBA			"
Sportsmans			
3. Entity Type (check one)	_		_
Limited Liability Compar	ny L	Corporation	Nonprofit Organization
Alcohol Beverage Business Authorization (check one) Municipal Retail License State Permit	5. If successo	r agent, provide Stat	e Permit or Municipal Retail License Number
6. Describe the reason for appointing a successor agent, if successor	or is checked ab	ove.	
,,			
Part B: Agent Information			
1. Last Name	2. First Name		3. M.I.
Hook	Scott		
4. Email			5. Phone
Secrets Darine.com			608 438 4665
6. Home Address			
6. Home Address 3002 county road G			
7. City	8. State	9. Zip Code	10. Age
Mt Horeb	WI	53572	32
11. Drivers License/State ID Number	*	12. Drivers Licer	nse/State ID State of Issuance
H200 7849 02		Wisco	nsin
		1 7,0	
Part C: Agent Questions			
Have you satisfied the responsible beverage server train Submit proof of completion. Holds Charles 1		nt?	Yes No
Have you completed Form AB-100, Alcohol Beverage Inc. Submit a completed Form AB-100 with this form.	dividual Quest	onnaire?	Yes No

Part D: Business Attestation							
READ CAREFULLY BEFORE SIGNING: I, the Undersigned , authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.							
Last Name		First Name			M.L.		
Hook		Scott					
Tial	Email	, , , , ,			Phone	\neg	
Owner					108 4384106	5	
Signature				Date		-	
				,			
Part E: Agent Attestation							
READ CAREFULLY BEFORE SIGNING: I, the nonprofit organization, or limited liability compon the premises for the above-named busine and affidavits in connection with this application application may be required to forfeit not more	pany and ass ess. I further on, and that a	ume full respo understand to any person wi	onsibility for the co nat I may be pros	onduct of all a ecuted for su	lcohol beverage activities bmitting false statemen	es ts	
Last Name		First Name			M.I	\neg	
Hook		So	#				
Signature			-C.L.	Date 5	0/24		
1/1				<u> </u>			

#24.20

Form

AB-200

Alcohol Beverage License Application

For Municipal Use Only						
Municipality .	NG					
July 1, 24	June 30,25					

					0	
_icense(s) Requested: (up to two boxes ma		4			Fees	
Class "A" Beer \$	Class "B" Beer .	\$ <u>1</u> (<u> </u>	License Fe	es	\$ 200 -
] "Class A" Liquor \$	☐ "Class B" Liquor	\$		Backgroun	d Check Fee	
"Class A" Liquor (cider only) \$	Reserve "Class B	3" Liquor \$		Publication	Fee	\$
Class C" Liquor (wine only) \$ 100.				Total Fees		\$
Part A: Premises/Business Informati Legal Business Name (individual name if sole p						
SUGAR RIVER AZZ		C.				
2. Business Trade Name or DBA						
3. FEIN		4. Wisconsin	Seller's Pe	rmit Number		
26-4304504		46	6-10	30130	081-0	2
5. Entity Type (check one) Sole Proprietor Partnership	Limited Liabilit					
6. State of Organization	7. Date of Organizat			rporation 8. Wisconsir	DFI Registration	fit Organization on Number
WISCONSIN	2/1	7/200	9		0843	
Premises Address Poo Ray Roll	An ST.					
0. City				11. State	12. Zip Code	
NEW GLARUS,	14 Courseins Musici			W I	535	<u> </u>
GREEN	14. Governing Munici	GLARUS	lown	Village	15. Aldermani	DISTRICT
6. Premises Phone	17. Premises Email			18. Web	site	
608-527-5000 9. Premises Description - Describe the building of	WWW. Su	garriver	ાય્ય .	COM SJC	Jarrive.	PIZZZ. COM
are kept. Describe all rooms within the building	, including living quarter	rs. Authorized al	cohol beve	rage activitie	s and storage o	f records may occur
only on the premises described in this applicat	DING SEATIN	ري وي الم	naisneets Au A	TTACHE	D PAT 10	OFFERIAL
ADDITIONAL SERTING	FOR 80. BE	ER & WINE	ARE	STOREO	IN A SE	ARATE
7. Mailing Address (if different from premises address	A REACH-IN (COOLER	BEHINA	COUNTE	R. A Win	L COOLER
NIA	12 - 14	net of 4	SERVI	er war	STATION	/•
1. City			Ĭ	22. State	23. Zip Code	
Same Part B: Questions	<u></u>					
. Has the business (sole proprietorship, part	nership, limited liabili	itv company. o	r corporat	ion) been c	onvicted of	
violating federal or state laws or local ordin	nances? Exclude traffi	c offenses unl	ess relate	d to alcohol	beverages.	Yes WNo
If yes, list the details of violation below. Atta aw/Ordinance Violated		if necessary.		1-	10.	
AM STAIRING FISIALEU	Location			[ri	al Date	
enalty Imposed			Was sent	ence compl	eted?	Yes No
aw/Ordinance Violated	Location			Tri	al Date	
enalty Imposed		Т				
,,			Was sent	ence compl	eted?	Yes No

beverages.	g against the business? Exclude traffi	ic offenses unless related to alco	ohol Yes No
If yes, describe the nature and status	of pending charges using the space	below. Attach additional sheets	as needed.
Is the applicant business or any of its individuals or entities a restricted invit lf yes, provide the name of the restriction.	estor with any interest in an alcohol	beverage producer or distribute	related or? Yes No
Is the applicant business owned by an If yes, provide the name(s) and FEIN(
4a. Name of Business Entity	4b. Busine	ess Entity FEIN	
Have the partners, agent, or sole prop this license period? Submit proof of co	ompletion		······································
6. Is the applicant business indebted to			010
7. Does the applicant business owe past Part C: Individual Information	. due municipai property taxes, asses	ssments, or other rees?	Yes YNO
List the name, title, and phone number for each	ch person or entity holding the following r	positions in the applicant business of	r huningsoon listed in Bort R
Question 4: sole proprietor, all officers, director managers, and agent of a limited liability com	ors, and agent of a corporation or nonprof pany. Attach additional sheets if necessar	it organization, all partners of a part ry.	inership, and all members,
Include Form AB-100 for each person listed b Last Name	First Name	Int an agent by including Form AB-1 Title	01. Phone
DIPPEN-WATTERGOW	A EBRA		
W		ONNER MANAGENG MEMBER	
Part D: Attestation			
One of the following must sign and attest		ne corporate officer • one	member of an LLC
One of the following must sign and attest	al partner of a partnership der penalty of law, I have answered each cusiness and not on behalf of any other i cense(s), if granted, will not be assigned if to, purchasing alcohol beverages from inspection will be deemed a refusal to all any license issued contrary to Wis. Stat. initting false statements and affidavits in o	h of the above questions completel ndividual or entity seeking the licer to another individual or entity. I ag state authorized wholesalers. I undow inspection. Such refusal is a mi Chapter 125 shall be void under pronnection with this application, and	y and truthfully. I agree that hase. Further, I agree that the ree to operate this business derstand that lack of access isdemeanor and grounds for benalty of state law. I further that any person who know-
One of the following must sign and attest	al partner of a partnership der penalty of law, I have answered each usiness and not on behalf of any other is bense(s), if granted, will not be assigned to, purchasing alcohol beverages from a nspection will be deemed a refusal to all any license issued contrary to Wis. Stat. nitting false statements and affidavits in this application may be required to forfe	h of the above questions completel ndividual or entity seeking the licer to another individual or entity. I ag state authorized wholesalers. I undow inspection. Such refusal is a michapter 125 shall be void under pronnection with this application, and it not more than \$1,000 if convicted	y and truthfully. I agree that hase. Further, I agree that the ree to operate this business derstand that lack of access isdemeanor and grounds for benalty of state law. I further that any person who know-
One of the following must sign and attest	al partner of a partnership der penalty of law, I have answered each business and not on behalf of any other it cense(s), if granted, will not be assigned if to, purchasing alcohol beverages from inspection will be deemed a refusal to all any license issued contrary to Wis. Stat. In hitting false statements and affidavits in this application may be required to forfe	n of the above questions completel ndividual or entity seeking the licer to another individual or entity. I ag state authorized wholesalers. I undowninspection. Such refusal is a mi Chapter 125 shall be void under peronnection with this application, and it not more than \$1,000 if convicted.	y and truthfully. I agree that he see. Further, I agree that the tree to operate this business derstand that lack of access isdemeanor and grounds for benalty of state law. I further d that any person who knowd. M.I. M.I.
One of the following must sign and attest	al partner of a partnership der penalty of law, I have answered each cusiness and not on behalf of any other incense(s), if granted, will not be assigned if to, purchasing alcohol beverages from inspection will be deemed a refusal to all any license issued contrary to Wis. Stat. In hitting false statements and affidavits in this application may be required to forfe	n of the above questions completel ndividual or entity seeking the licer to another individual or entity. I ag state authorized wholesalers. I undow inspection. Such refusal is a mi Chapter 125 shall be void under pronnection with this application, and it not more than \$1,000 if convicted	y and truthfully. I agree that the ree to operate this business derstand that lack of access isdemeanor and grounds for benalty of state law. I further d that any person who knowd.
One of the following must sign and attest	al partner of a partnership der penalty of law, I have answered each cusiness and not on behalf of any other incense(s), if granted, will not be assigned if to, purchasing alcohol beverages from inspection will be deemed a refusal to all any license issued contrary to Wis. Stat. In hitting false statements and affidavits in this application may be required to forfe	n of the above questions completel ndividual or entity seeking the licer to another individual or entity. I ag state authorized wholesalers. I undow inspection. Such refusal is a mi Chapter 125 shall be void under pronnection with this application, and it not more than \$1,000 if convicted	y and truthfully. I agree that he see. Further, I agree that the tree to operate this business derstand that lack of access isdemeanor and grounds for benalty of state law. I further d that any person who knowd. M.I. M.I.
One of the following must sign and attest	al partner of a partnership der penalty of law, I have answered each pusiness and not on behalf of any other is tense(s), if granted, will not be assigned if to, purchasing alcohol beverages from aspection will be deemed a refusal to all any license issued contrary to Wis. Stat. In a policense issued contrary to this application may be required to forfe this application may be required to forfe the statements and afficients. Email	n of the above questions completel ndividual or entity seeking the licer to another individual or entity. I ag state authorized wholesalers. I undow inspection. Such refusal is a mi Chapter 125 shall be void under peronnection with this application, and it not more than \$1,000 if convicted	y and truthfully. I agree that the ree to operate this business derstand that lack of access isdemeanor and grounds for benalty of state law. I further d that any person who knowd.
One of the following must sign and attest	al partner of a partnership der penalty of law, I have answered each cusiness and not on behalf of any other incense(s), if granted, will not be assigned if to, purchasing alcohol beverages from inspection will be deemed a refusal to all any license issued contrary to Wis. Stat. In hitting false statements and affidavits in this application may be required to forfe	n of the above questions completel ndividual or entity seeking the licer to another individual or entity. I ag state authorized wholesalers. I undow inspection. Such refusal is a mi Chapter 125 shall be void under pronnection with this application, and it not more than \$1,000 if convicted	y and truthfully. I agree that the ree to operate this business derstand that lack of access isdemeanor and grounds for benalty of state law. I further that any person who knowd.

Beer and Wine Serving Policy

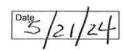
As a Restaurant that sells alcoholic beverages, we are committed to sensible, socially responsible consumption of beer liquor and wine. We want our customers to enjoy in moderation, but if a customer shows signs of drinking too much, a manager should become informed immediately.

Employees who serve customers must abide by the restaurant's policies on beer/wine service:

- 1. We will not serve beer/wine to an intoxicated person.
- 2. We will not knowingly serve a person alcoholic beverages to a person under the legal drinking age. It is our policy to card anyone who appears to be under 25 years old.
- 3. We offer non alcoholic alternatives such as soda, mocktails, coffee, tea or water.
- 4. If a customer shows signs of drinking too much, the bartender politely states they have probably had enough. Offers alternatives.
- 5. If the customer gets agitated, the manager is called into the discussion.
- 6. Once the manager is involved, and the situation does not get calmer, the police will be called.

Form AB-101

Alcohol Beverage Appointment of Agent

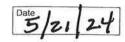


Agent Type (check one)			
Original (no fee) Successor (\$10 fee for	municipal licer	sees only)	
•			
Part A: Business Information			
Legal Business Name (individual name if sole proprietor)			
SUGAR RITER PIZZA CI	D LLC	~	
2. Business Trade Name or DBA			
3. Entity Type (check one) Limited Liability Compar	ny] Corporation	Nonprofit Organization
4. Alcohol Beverage Business Authorization (check one) Municipal Retail License State Permit	5. If successo	r agent, provide State Permi	t or Municipal Retail License Number
6. Describe the reason for appointing a successor agent, if successor	or is checked ab	ove.	
Part B: Agent Information 1. Last Name	2 First Name	2Δ	3. M.I.
4. Email	_4)5Q	CH .	5. Phone
deb@ Sugarriver DIZZa. Com	1		608-61A.0374
6. Home Address			
NB146 MARTY PO.			
7. City	8. State	9. Zip Code	10. Age
7. City NEW GLARUS	8. State	9. Zip Code 53574	10. Age
	8. State	9. Zip Code 53574 12. Drivers License/State	100
7. City NEW GLARUS 11. Drivers License/State ID Number 0153-1765-8585-04	8. State	53574	e ID State of Issuance
	8. State	53574 12. Drivers License/Stat	e ID State of Issuance
D153-1765-8585-06	8. State	53574 12. Drivers License/Stat	e ID State of Issuance
Part C: Agent Questions 1. Have you satisfied the responsible beverage server train		53574 12. Drivers License/State WISCONSI	e ID State of Issuance
Part C: Agent Questions 1. Have you satisfied the responsible beverage server train	ing requireme	53574 12. Drivers License/State WISCONSI	e ID State of Issuance

Part D: Business Attestation			
READ CAREFULLY BEFORE SIGNING: I, the corporation, nonprofit organization, or limited li beverage activities on such premises. I certify to on behalf of the entity. If I am appointing a succ I understand that I may be prosecuted for submany person who knowingly provides materially faif convicted.	ability company with full author that I am authorized by the abovensor agent, I rescind all previoniting false statements and affic	ity and control of the prove-named entity to authous agent appointments dayits in connection with	emises and of all alcohol orize this individual to act for this premises. Further, this application, and that
Last Name	First Name		I M.L.
DIPPEN-WATTERSON	DEBRA		P
	mail		Phone
	deba sugarriver P		608-669-037
Signature	very sugarriver p	Date	PO-667-03/
		Duto	
(Sual Marine	S//		
Part E: Agent Attestation			
READ CAREFULLY BEFORE SIGNING: I, the	Agent, herby accept this appoin	tment as agent for the a	bove-named corporation,
nonprofit organization, or limited liability compar on the premises for the above-named business	iy and assume full responsibility	/ for the conduct of all a	bmitting false statements
and affidavits in connection with this application.	and that any person who know	ingly prosecuted for su ingly provides materiall	v false information on this
application may be required to forfeit not more the	han \$1,000 if convicted.	mg.y provided material	y raise information on this
ast Name	First Name		T M.L
^ -	T il de rialino		IVI.I.
Signature		Dete	
/ \ X // X		0.5 21	1
your you allus		00 / 41	124

Form **AB-100**

Alcohol Beverage Individual Questionnaire



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

- all officers, directors, and agent of a corporation or nonprofit organization
 members and agent of a limited liability company
- sole proprietorall partners of a partnership

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires

Part	A: Business Inform	ation							-
1. Leg	al Business Name (individ	ual name if s	sole proprietor)						
	SUGAR	RIVER	PIZZA CD.	LLI	_				
2. Bus	iness Trade Name or DBA	_							
	ty Type (check one)		_/						
	Sole Proprietor	Partnersh	nip Limite	d Liability C	ompa	ny 🗌 Corpora	ation	Nonprofit Org	anization
	B: Individual Inform	nation							
1. Last	1000			2. First N				3	. M.I.
D	PEW - WATTE tionship to Business (Title	ERSON			BR	A		A	۷.
			5. Email				6	. Phone	27.
OW	N <i>ER MAN 46.</i> N 8146 MAR	6 mane	see de	00,500	UY	A iverpizza. (com 6	×8-669	0379
7. HOITI	Address	-1 D-		٠ ،		1.00			
8. City	NOITE MAK	AP RE) .	10.0		140 7: 0 1	1.	. =	
S. Only	NEW GLAP	4T S			tate	10. Zip Code	120	1. Date of Birth	•
12. Driv	vers License/State ID Num	her		U	s I	53.57 d	P	315/5	5
λ	153-1765-8		76					or issuance	
	1123-1 103-0	202	00			WISCO	U 21 ~		
Do-t (D. Addus a 1884								
	: Address History								
	C: Address History you currently reside in V	Visconsin?						P Ye	s No
1. Do y	you currently reside in V								s No
1. Do y								···· PYe Years SB	
1. Do y If ye	you currently reside in \underset	have you o	continuously lived	in Wisconsi	n prior	r to the date of appl	ication?	Years SB	
1. Doy If ye 2. List	you currently reside in V	have you o	continuously lived	in Wisconsi	n prior	r to the date of appl	ication?	Years SB	
1. Do y If ye 2. List Previous	you currently reside in Ves to 1 above, how long in chronological order as Address 1	have you o	continuously lived	in Wisconsi e last 5 yea	n prior	r to the date of appl tach additional shee	ication? ets if necessary	Years 56 /. Zip Code	Months
If ye If ye List Previous	you currently reside in vest to 1 above, how long in chronological order a	have you o	continuously lived	in Wisconsi e last 5 yea	n prior	r to the date of appl	ication? ets if necessary	Years SB	Months
If ye If ye List Previous	es to 1 above, how long in chronological order as Address 1	have you o	continuously lived	in Wisconsi le last 5 yea City	n prior	r to the date of appl tach additional shee	ication?ets if necessary State	Years 58 /. Zip Code 535	Months
I. Do y If ye List Previous	es to 1 above, how long in chronological order as Address 1	have you o	continuously lived	in Wisconsi le last 5 yea City	n prior	r to the date of appl tach additional shee	ication?ets if necessary State	Years 58 /. Zip Code 535	Months
If ye If ye List Previous	you currently reside in Nes to 1 above, how long in chronological order as Address 1 8146 MACTY s Address 2	have you o	continuously lived	e last 5 year City City	n prior	r to the date of appl tach additional shee	ication? ets if necessary State W I State	Zip Code Zip Code	Months
If ye If ye List Previous	you currently reside in Nes to 1 above, how long in chronological order as Address 1 8146 MACTY s Address 2	have you o	continuously lived	e last 5 year City City	n prior	r to the date of appl tach additional shee	ication? ets if necessary State W I State	Zip Code Zip Code	Months
If ye If ye List Previous Previous Previous	you currently reside in Nes to 1 above, how long in chronological order as Address 1 BIHO MACTY S Address 2 s Address 3 s Address 4	have you o	continuously lived	in Wisconsi e last 5 yea City City City City	n prior	r to the date of appl tach additional shee	ication? ets if necessary State V State State	Years Zip Code S35 Zip Code Zip Code	Months
If ye If ye List Previous Previous	in chronological order as Address 1 Address 2 Address 3	have you o	continuously lived	in Wisconsi e last 5 yea City City City City	n prior	r to the date of appl tach additional shee	ication? ets if necessary State V State State	Years Zip Code S35 Zip Code Zip Code	Months
If ye If ye List Previous Previous Previous	you currently reside in Nes to 1 above, how long in chronological order as Address 1 BIHO MACTY S Address 2 s Address 3 s Address 4	have you o	continuously lived	e last 5 year City City City City	n prior	r to the date of appl tach additional shee	ication?	Zip Code Zip Code Zip Code	Months
If ye If ye List Previous Previous Previous	s to 1 above, how long in chronological order as Address 1 BIHO MACTY S Address 2 S Address 3 S Address 4 S Address 5	have you d	continuously lived	in Wisconsi e last 5 yea City City City City City City	n prior	r to the date of appl tach additional shee	ication? ets if necessary State State State State State	Zip Code Zip Code Zip Code	Months
If ye If ye List Previous Previous Previous	syou currently reside in Nes to 1 above, how long in chronological order as Address 1 BILL MACTY S Address 2 S Address 3 S Address 4 S Address 5 all states and counties y	have you deall of your a	continuously lived ddresses within th	in Wisconsi e last 5 yea City City City City City City Attach add	rs. Att	r to the date of applicant additional sheets if necessar	ication? ets if necessary State State State State State	Zip Code Zip Code Zip Code Zip Code	Months
If ye If ye List Previous Previous Previous List a tate	s to 1 above, how long in chronological order as Address 1 BILL MACTY S Address 2 S Address 3 S Address 4 S Address 5 all states and counties y	you have lives	ddresses within the ved in as an adult.	in Wisconsi e last 5 yea City City City City City Stack add	rs. Att	r to the date of appletach additional sheets.	ication?	Zip Code Zip Code Zip Code	Months
If ye If ye List Previous Previous Previous Irevious	syou currently reside in Nes to 1 above, how long in chronological order as Address 1 BILL MACTY S Address 2 S Address 3 S Address 4 S Address 5 all states and counties y	have you deall of your a	continuously lived ddresses within th	in Wisconsi e last 5 yea City City City City City Stack add	rs. Att	r to the date of applicant additional sheets if necessar	ication? ets if necessary State State State State State	Zip Code Zip Code Zip Code Zip Code	Months

Continued \rightarrow

Part D: Criminal History					
Have you ever been convicted of any offenses (excluding traffic offenses unl	ess related	to alcohol heverages	:1	
for violation of any federal, Wisconsin, or another	er state's laws or of any coun	ty or munici	pal ordinances?	". ½ Yes	☐ No
If yes to question 1, please list details of each co	onviction below. Attach additi	onal sheets	as needed.		
Law/Ordinance Violated	Location			Conviction	Date
Penalty Imposed Day 1 - FINE + ASSESS MA	GREEN CO	•		3-18-	10
Penalty Imposed		10/22 2221			
Law/Ordinance Violated		vvas sente	nce completed?	Yes	No
Law/Ordinance Violated	Location			Conviction I	Date
Penalty Imposed					
		Was sente	nce completed?	🗌 Yes	☐ No
Law/Ordinance Violated	Location			Conviction I	Date
D 16 1					
Penalty Imposed		Was sente	nce completed?	Yes	□No
2. Are charges for any offenses currently pending a					NO
If yes to question 2, describe nature and status a sheets as needed.		•			
Part E: Attestation	14				
READ CAREFULLY BEFORE SIGNING: Under particular truthfully. I certify that I am not prohibited from particular period investor. I under under penalty of state law. I further understand that with this application, and that any person who know to forfeit not more than \$1,000 if convicted.	stand that any license issue I may be prosecuted for sub-	de to any inved contrary factors	Olvement in anothe o Wis. Stat. Chapte statements and afficion on this application	er tier of the a er 125 shall b davits in conn on may be re	alcohol e void
Gun Juanus			5/21/24		

#24-22

Form AB-200

Alcohol Beverage License Application

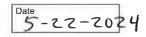
For	Municip	al Use	Only	
Municipality	V,	N	6	
Licepse Perio	Ů4-6	Tune	30	,25

					muy 1 Oc 1-	ر می در می سی
License(s) Requested: (up to two boxes may be	e checked)				Fees	* .
☐ Class "A" Beer \$	Class "B" Beer .	\$		License Fe	ees	\$ 500.
"Class A" Liquor \$ 500.	"Class B" Liquor	\$			d Check Fee	\$
Class A" Liquor (cider only) \$	Reserve "Class B"	Liquor \$		Publication		\$
☐ "Class C" Liquor (wine only) \$						
				Total Fees		\$
Part A: Premises/Business Information						
1. Legal Business Name (individual name if sole propri						
2 Business Trade Name or DRA	iver Sho	pp.e				
3 FEIN		4. Wisconsin				
93-2865774		456	-/03/	51145	7-04	
5. Entity Type <i>(check one)</i> Sole Proprietor Partnership [X Limited Liability	Company		orporation	□ Nonoroi	fit Organization
Wisconsin	Date of Organization 10-30 - 2	023	. 2023	SIL	19522	
9. Premises Address 108 5 th Avev					. 1000	
10. City				11. State	12. Zip Code	
New Glarus				WI	535	5 74
13. County Over	4. Governing Municip of: WeW		Town	X Village	15. Aldermanio	District
16. Premises Phone	7. Premises Email			18. Web	site	0.451 - 0.4.4
	Sarahe suga					
 Premises Description - Describe the building or bu are kept. Describe all rooms within the building, incoming only on the premises described in this application. 	cluding living quarters Attach a map or diag	s. Authorized al ram and additi	cohol beve onal sheet	erage activitie s if necessary	s and storage of	f records may occur
Retail Snop on First F	loor of 1	08 51	h Au	enue	New G	planus WI
Storage in basemen	nt					1
20. Mailing Address (if different from premises address)					
5495 Charles Hahn	Drive					
21. City Sun Prairie				22. State	23. Zip Code 53 590	**
Part B: Questions						
Has the business (sole proprietorship, partners violating federal or state laws or local ordinance)	ship, limited liabilit ces? Exclude traffic	y company, c offenses un	r corpora ess relate	ition) been c	onvicted of beverages.	☐ Yes X No
If yes, list the details of violation below. Attach	additional sheets i	f necessary.				/ \
Law/Ordinance Violated	Location			Tri	al Date	
Penalty Imposed			Was sen	tence comp	eted?	Yes No
Law/Ordinance Violated	Location			Tri	al Date	
Penalty Imposed			Was sen	tence comp	eted?	Yes No

Are charges for any offenses pending a beverages.	against the business	er Exclude trailic	offenses unle	ess related to aic	ohol Tyes	X No
If yes, describe the nature and status of	of pending charges u	ising the space b	elow. Attach	additional sheets	as needed.	
	66					
Is the applicant business or any of its individuals or entities a restricted invelif yes, provide the name of the restrict.	stor with any interes	st in an alcohol b	everage prod	lucer or distribut	related for? Yes "	√ No
4. Is the applicant business owned by and If yes, provide the name(s) and FEIN(s	other business entity) of the business en	r?tity owners belov	v. Attach addi	tional sheets as i	Yes	N₀
4a. Name of Business Entity		4b. Busines	s Entity FEIN			
5. Have the partners, agent, or sole propr	ietor satisfied the re	sponsible bevera	ige server tra	ining requiremen	nt for	
this license period? Submit proof of cor 6. Is the applicant business indebted to an	mpletion	IN DIO	gress	of taki	ng. Tyes	☐ No
					· · · · · · · · · · · · · · · · · · ·	No No
7. Does the applicant business owe past	due municipai prope	rty taxes, assess	sments, or oth	er fees?	Yes	No
Part C: Individual Information						
List the name, title, and phone number for each Question 4: sole proprietor, all officers, director managers, and agent of a limited liability comparation.	s, and agent of a corpo	oration or nonprofit	organization, a	oplicant business o	or businesses listed tnership, and all me	n Part B, mbers,
Include Form AB-100 for each person listed bel	low. Corporations and	LLCs must appoin	t an agent by i	ncluding Form AB-	101.	
Last Name	First Name		Title		Phone	
Reed	Sarah		OWVEY	7	608-209	-6097
Part D: Attestation						
One of the following must sign and attest	to this application: I partner of a partne	rship • one	e corporate o	fficer • one	member of an LL	С
One of the following must sign and attest to sole proprietor one general READ CAREFULLY BEFORE SIGNING: Und I am acting solely on behalf of the applicant burights and responsibilities conferred by the lice	I partner of a partner er penalty of law, I hav usiness and not on bel ense(s), if granted, will	ve answered each nalf of any other in not be assigned to	of the above q dividual or enti another indiv	uestions complete ty seeking the lice dual or entity. I ac	ly and truthfully. I a nse. Further, I agree gree to operate this	gree that that the business
One of the following must sign and attest to sole proprietor one general READ CAREFULLY BEFORE SIGNING: Und I am acting solely on behalf of the applicant but	I partner of a partner of a partner of law, I have usiness and not on behanse(s), if granted, will to, purchasing alcohol spection will be deement its of large and the large and large an	re answered each nalf of any other in not be assigned to beverages from sed a refusal to allo rary to Wis. Stat. (and affidavits in co	of the above q dividual or ention another indivitate authorized winspection. S Chapter 125 shonnection with t	uestions complete ty seeking the lice idual or entity. I ag I wholesalers. I un Buch refusal is a m all be void under I his application, an	ly and truthfully. I a nse. Further, I agree gree to operate this derstand that lack of isdemeanor and grepenally of state law d that any person w	gree that that the business of access ounds for I further
One of the following must sign and attest to sole proprietor • one general READ CAREFULLY BEFORE SIGNING: Und I am acting solely on behalf of the applicant burights and responsibilities conferred by the lice according to the law, including but not limited to any portion of a licensed premises during in revocation of this license. I understand that a understand that I may be prosecuted for submit	I partner of a partner or per penalty of law, I have usiness and not on better sets, if granted, will to, purchasing alcohol spection will be deemed by license issued contituing false statements his application may be	ve answered each nalf of any other in not be assigned to be verages from set a refusal to allowary to Wis. Stat. (and affidavits in correquired to forfeit First Name	of the above q dividual or enti- o another indivi- tate authorized w inspection. S Chapter 125 shonnection with to not more than	uestions complete ty seeking the licer idual or entity. I ag I wholesalers. I un Such refusal is a m all be void under in his application, an \$1,000 if convicte	ly and truthfully. I a nse. Further, I agree gree to operate this iderstand that lack disdemeanor and greenalty of state law d that any person wid.	gree that that the business of access ounds for I further
One of the following must sign and attest to sole proprietor • one general READ CAREFULLY BEFORE SIGNING: Und I am acting solely on behalf of the applicant burights and responsibilities conferred by the lice according to the law, including but not limited to any portion of a licensed premises during in revocation of this license. I understand that are understand that I may be prosecuted for submitingly provides materially false information on the Last Name	I partner of a partner or per penalty of law, I have usiness and not on better sets, if granted, will to, purchasing alcohol spection will be deemed by license issued contituing false statements his application may be	ve answered each nalf of any other in not be assigned to be verages from set a refusal to allowary to Wis. Stat. (and affidavits in correquired to forfeit First Name	of the above q dividual or enti- o another indivi- tate authorized w inspection. S Chapter 125 shonnection with to not more than	uestions complete ty seeking the licer idual or entity. I ag I wholesalers. I un Such refusal is a m all be void under in his application, an \$1,000 if convicte	ly and truthfully. I a nse. Further, I agree gree to operate this iderstand that lack disdemeanor and greenalty of state law d that any person wid.	gree that the that the business of access ounds for I further ho know-
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One of the following must sign and attest to sole proprietor • one general READ CAREFULLY BEFORE SIGNING: Und I am acting solely on behalf of the applicant burights and responsibilities conferred by the lice according to the law, including but not limited to any portion of a licensed premises during in revocation of this license. I understand that are understand that I may be prosecuted for submitingly provides materially false information on the Last Name	I partner of a partner or per penalty of law, I have usiness and not on better sets, if granted, will to, purchasing alcohol spection will be deemed by license issued contituing false statements his application may be	ve answered each nalf of any other in not be assigned to be verages from set a refusal to allowary to Wis. Stat. (and affidavits in correquired to forfeit First Name	of the above q dividual or enti- o another indivi- tate authorized w inspection. S Chapter 125 shonnection with to not more than	uestions complete ty seeking the licer idual or entity. I ag I wholesalers. I un Such refusal is a m all be void under in his application, an \$1,000 if convicte	ly and truthfully. I a nse. Further, I agree gree to operate this iderstand that lack disdemeanor and greenalty of state law d that any person wid.	gree that the that the business of access ounds for I further ho know-
One of the following must sign and attest to sole proprietor one general READ CAREFULLY BEFORE SIGNING: Und I am acting solely on behalf of the applicant burights and responsibilities conferred by the lice according to the law, including but not limited to any portion of a licensed premises during in revocation of this license. I understand that are understand that I may be prosecuted for submitingly provides materially false information on the last Name Title OUVE Signature Part F: For Clerk Use Only	I partner of a partner er penalty of law, I have usiness and not on better exectly if granted, will to, purchasing alcohol spection will be deemed by license issued contituing false statements his application may be the statement of the stateme	re answered each nalf of any other innot be assigned to be verages from sed a refusal to allowary to Wis. Stat. Cand affidavits in correquired to forfeit. First Name Sav Al	of the above q dividual or enti- o another indivi- tate authorized w inspection. S Chapter 125 shonnection with to not more than	uestions complete ty seeking the licer idual or entity. I ag I wholesalers. I un Such refusal is a m all be void under in his application, an \$1,000 if convicte	ly and truthfully. I a nse. Further, I agree gree to operate this iderstand that lack disdemeanor and greenalty of state law d that any person wid.	gree that the that the business of access ounds for I further ho know-
One of the following must sign and attest to sole proprietor one general READ CAREFULLY BEFORE SIGNING: Und I am acting solely on behalf of the applicant burights and responsibilities conferred by the lice according to the law, including but not limited to any portion of a licensed premises during in revocation of this license. I understand that are understand that I may be prosecuted for submitingly provides materially false information on the last Name Title OUVE Signature Part F: For Clerk Use Only	I partner of a partner er penalty of law, I have usiness and not on better exectly if granted, will to, purchasing alcohol spection will be deemed by license issued contituing false statements his application may be the statement of the stateme	re answered each nalf of any other innot be assigned to be verages from sed a refusal to allowary to Wis. Stat. Cand affidavits in correquired to forfeit. First Name Sav Al	of the above q dividual or entiple another individual or entiple a	uestions complete ty seeking the licer idual or entity. I ag I wholesalers. I un Such refusal is a m all be void under in his application, an \$1,000 if convicte	ly and truthfully. I a nse. Further, I agree gree to operate this iderstand that lack disdemeanor and greenalty of state law d that any person wid.	gree that the that the business of access ounds for I further tho know-
One of the following must sign and attest to sole proprietor • one general READ CAREFULLY BEFORE SIGNING: Und I am acting solely on behalf of the applicant burights and responsibilities conferred by the lice according to the law, including but not limited to any portion of a licensed premises during in revocation of this license. I understand that are understand that I may be prosecuted for submittingly provides materially false information on the last Name Title OUVE Signature Part F: For Clerk Use Only	I partner of a partner or per penalty of law, I have usiness and not on better sets, if granted, will to, purchasing alcohol spection will be deemed by license issued contituing false statements his application may be	re answered each nalf of any other innot be assigned to be verages from sed a refusal to allowary to Wis. Stat. Cand affidavits in correquired to forfeit. First Name Sav Al	of the above q dividual or entiple another individual or entiple a	uestions complete ty seeking the lice idual or entity. I ag the wholesalers. I un such refusal is a m all be void under this application, an \$1,000 if convicte	ly and truthfully. I a nse. Further, I agree gree to operate this iderstand that lack o isdemeanor and gn penalty of state law d that any person w d. Phone (908-2	gree that e that the business of access ounds for I further ho know-

Form AB-101

Alcohol Beverage Appointment of Agent



Agent Type (check one)				
☑ Original (no fee) ☐ Successor (\$10 fee for m	nunicipal licens	ees only)		
A condition (no too)	Tamoipai moono	,		
Part A: Business Information				
Legal Business Name (individual name if sole proprietor)				
52 Snope LIC				
2. Business Trade Name or DBA	_			
2. Business Trade Name or DBA Sugar Liver 3. Entity Type (check one)	Juopp.	e		
3. Entity Type (check one) Limited Liability Compan	у 🗆	Corporation	Nonprofit Organi	zation
4. Alcohol Beverage Business Authorization (check one)	5. If successor	agent, provide State P	ermit or Municipal Retail	License Number
Municipal Retail License State Permit				
6. Describe the reason for appointing a successor agent, if successor	r is checked abo	ve.		
Part B: Agent Information				
1. Last Name	2. First Name	-,		3. M.I.
Reed		barah		M
4. Email Savah & Sugarriver Shopper 6. Home Address 5495 Charles Hahr	e. (oM		5. Phone 608 - 20	9-6092
6. Home Address	-			
5495 Charles Hahr	n Vi	ve		
7. City C D	8. State	9. Zip Code	10. Age	11
son trave	WI	53590	4	7
11. Drivers License/State ID Number		12. Drivers License	e/State ID State of Issuan	ce
12300-7938-0568-04		IN 150	onsin	
*			-	
Part C: Agent Questions				
Have you satisfied the responsible beverage server training Submit proof of completion.		rogress of	taking	Yes No
Have you completed Form AB-100, Alcohol Beverage Ind. Submit a completed Form AB-100 with this form.			X	Yes No
3. Have you been a Wisconsin resident for at least 90 contin	nuous davs?			Yes No
See instructions for exceptions.	idodo dayo.			7 1es - 140

-1-

Part D: Business Attestation			
READ CAREFULLY BEFORE SIGNING: I, the Undersign corporation, nonprofit organization, or limited liability combeverage activities on such premises. I certify that I am a on behalf of the entity. If I am appointing a successor age I understand that I may be prosecuted for submitting false any person who knowingly provides materially false inform if convicted.	npany with full authority and cor authorized by the above-named on the rescind all previous agent a estatements and affidavits in co- ation on this application may be	ntrol of the premises and entity to authorize this ind ppointments for this preminection with this applicate required to forfeit not more	of all alcohol lividual to act ises. Further, tion, and that a than \$1,000
Last Name Rech	First Name Sayah		M.I.
Title Owner Sara	First Name Savah he sugarriarsto	Phone 408-769	-6092
Signature SM 200	9	Date 5-22-202	Y
Part E: Agent Attestation			
READ CAREFULLY BEFORE SIGNING: I, the Agent , her nonprofit organization, or limited liability company and asson the premises for the above-named business. I further and affidavits in connection with this application, and that application may be required to forfeit not more than \$1,000.	sume full responsibility for the co understand that I may be prose any person who knowingly provi	enduct of all alcohol bevera ecuted for submitting false	age activities e statements
Last Name Ree d	First Name Sarah		M.I.
Signature Sun Jul		Date 5-22-2074	4

Form **AB-100**

Alcohol Beverage Individual Questionnaire

Date					Т	-
5-	2	2-	7	Ĝ	2	4
	_					1

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

- all officers, directors, and agent of a corporation or nonprofit organization
- sole proprietorall partners of a partnership
- · members and agent of a limited liability company

Toul alcohol beverage application or renewal is not complete	e unti	i ali requir	ea inaivi	dual Questionna	aires are	e submitted.	
Part A: Business Information							
Legal Business Name (individual name if sole proprietor)							
SR Shoppe LLC							
2. Business Trade Name or DBA							
Sugar River Sh	OPF	ne					
3. Entity Type (check one)	50		_				
Sole Proprietor Partnership Limited L	₋iabili	ty Compar	ny [Corporation		Nonprofit Org	ganization
Part B: Individual Information							
1. Last Name	2 Fi	irst Name			11		3. M.I.
Red		. ot Hairio	Savo	ah			Λ.Λ
4. Relationship to Business (Title) 5. Email			Outre	701		6. Phone	101
Duner Savah	Q 5	Veaco	Jev St	woppe. con	a	408-200	1-6092
7. Home Address)	10101	ooppe. (or		uv Lv	1 0012
5495 (Marles Hahn	(Drive					
8. City Sun Prairie		9. State	10. Zip	Code		11. Date of Birt	
		W		53590		02/28/	1980
12. Drivers License/State ID Number			13. Dri	vers License/State	ID State	of Issuance	
R300-7938-0568-04			L	uis (onsir	1		
Part C: Address History							
1. Do you currently reside in Wisconsin?						X Ye	s No
If you had a harry have been harry h						Years	Months
If yes to 1 above, how long have you continuously lived in	VVISC	onsin prioi	r to the d	ate of application	n?	15	8
2. List in chronological order all of your addresses within the	last 5	years. Att	ach addi	tional sheets if r	necessa		
Drovious Address 4	-				State	Zip Code	
Same address last 5	yτ	ars					
Previous Address 2	City				State	Zip Code	
Previous Address 3	City				State	Zip Code	
Previous Address 4	City				State	Zip Code	
Previous Address 5	City				State	Zip Code	
3. List all states and counties you have lived in as an adult. A	ttach	additional	sheets i	f necessary.			
State County State County		State	County		State	County	
1L Warren WI Columbia							
State County State County		State	County		State	County	
mo Butler Im pane							

 $Continued \rightarrow$

Have you ever been convicted of any offenses (e for violation of any federal, Wisconsin, or another			
	excluding traffic offens r state's laws or of any	es unless related to alcohol beve county or municipal ordinances	erages)
If yes to question 1, please list details of each col			
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence complete	d? Yes No
Law/Ordinance Violated	Location	I	Conviction Date
Penalty Imposed		Was sentence completed	1? Yes No
Law/Ordinance Violated	Location	- W	Conviction Date
Penalty Imposed		Was sentence completed	d? ☐ Yes ☐ No
ordinances?			/ \
Part E: Attestation			

24-19

Form AB-200

Alcohol Beverage License Application

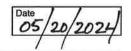
For Municipal Use Only				
Municip	ality V. NG			
License	1,24-June 30, 25			

License(s) Requested: (up to two boxes may be checked)			Fees				
☐ Class "A" Beer \$	Class "B" Beer	\$		License Fees		\$500	
☑ "Class A" Liquor	∃ "Class B" Liquor	\$		Backgrou	nd Check Fee	\$	
Glass A" Liquor (cider only) \$	Reserve "Class B"	Liquor \$		Publicatio	n Fee	\$	
Class C" Liquor (wine only) \$				Total Fee	s	\$	
D. A.A. Brancia as/Duninasa Information							
Part A: Premises/Business Information							
1. Legal Business Name (individual name if sole prop	nietorsnip)						
Sheri Weix							
2. Business Trade Name or DBA							
The Bramble Patch		4. Wisconsin S	Callar's Da	omit Numbo			
3. FEIN		4. Wisconsin 3					
47-2727959		456-10	240294	197-03			
5. Entity Type (check one)					□ Noner	fit Organia	otion
Sole Proprietor Partnership	Limited Liability			orporation	☐ Nonpro		auon
6. State of Organization	7. Date of Organizatio	on		1	in DFI Registrati	on Number	
MT	16:			N	IA		
9. Premises Address							
102 5th Avenue				44 04-4-	12. Zip Code		
10. City				11. State WI	53574		
New Glarus	44 Cavamina Musiain	olihu 🗀 Oita				c Dietrict	
	14. Governing Municipal of: NEW GLAR	_	∐ Iown	village	15. Adelman	O DISTITUTE	
Green 16. Premises Phone	17. Premises Email	(05		18. We	heito		
10,110,110		+ah@ou+1	ook a			tah aon	,
(608) 527-4878	TheBramblePa						
Premises Description - Describe the building or lare kept. Describe all rooms within the building, in only on the premises described in this application.	including living quarters	s. Authorized al	cohol beve	erage activiti	es and storage of	and related of records m	ay occur
Retail sales floor for displ	ay, sales & m	minor sto	orage;	kitche	en for ma:	in stor	age;
side workroom for incoming a	lcohol storag	ge. Reco	rds ke	pt in ι	ınlocked,		
employee-accessible file in	side workroom	n.					
20. Mailing Address (if different from premises address	ss)						
PO Box 33							
21. City				22. State	23. Zip Code		
NEW GLARUS				WI	53574		
Part B: Questions							
1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. Yes No							
If yes, list the details of violation below. Attac	ch additional sheets i	f necessary.					
Law/Ordinance Violated	Location			- 1	rial Date		
Penalty Imposed							
Penalty Imposed			Was ser	ntence com	pleted?	☐ Yes	☐ No
Law/Ordinance Violated	Location				rial Date		
Penalty Imposed							_
renally imposed			Was ser	ntence com	pleted?	Yes	☐ No

Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol Yes beverages. If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.						
ii yes, describe the nature and status o	n periuling changes	using the space b	GIOW. Attach	additional Silvets	as needed.	
Is the applicant business or any of its individuals or entities a restricted investif yes, provide the name of the restrict.	stor with any intere	st in an alcohol b	everage pro	ducer or distribut		∕es 🗹 No
Is the applicant business owned by and If yes, provide the name(s) and FEIN(s Aa. Name of Business Entity		ntity owners below		itional sheets as		res 🔽 No
Ta. Name of Business Entity		45. Busines	is citity i cit			
5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion						
Part C: Individual Information						
List the name, title, and phone number for each Question 4: sole proprietor, all officers, director managers, and agent of a limited liability compa	s, and agent of a com any. Attach additional	oration or nonprofit sheets if necessary	organization,	all partners of a par	tnership, and a	
Include Form AB-100 for each person listed be		d LLCs must appoin		including Form AB-	1	
Last Name	First Name		Title		Phone	
Weix	Sheri		Owner		(608) 5	558-8367
Part D: Attestation	N					
One of the following must sign and attest	to this application:	-				
sole proprietor one genera	I partner of a partne	ership • on	e corporate o	officer • one	member of	an LLC
READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.						
Last Name		First Name				M.I.
Weix		Sheri				
Title	Email				Phone	
Owner	TheB	ramblePatcl		k.com	(608) 55	58-8367
Signature Sheri Wy C	Sheri 1	W.	Date	05/2	0/24	
Part E: For Clerk Use Only	27.41	7			12	
5/21/24 #2	ie Number 14 - 19		Date Lie	cense Granted	Date Licens	
Signature of Clerk/Deputy Clerk			"	Date Provisional I	icense Issued	(if applicable)

Form AB-101

Alcohol Beverage Appointment of Agent



Agent Type (check one)			
✓ Original (no fee)	unicipal licens	sees only)	
Part A: Business Information			
Legal Business Name (individual name if sole proprietor)			
Sheri Weix			
2. Business Trade Name or DBA			
The Bramble Patch			
3. Entity Type (check one) Limited Liability Company		Corporation	onprofit Organization
4. Alcohol Beverage Business Authorization (check one) Municipal Retail License State Permit	5. If successor	agent, provide State Permit or N	funicipal Retail License Number
6. Describe the reason for appointing a successor agent, if successor	is checked abo	ove.	-
o. Describe the reason for appointing a successor agent, it successor	io oriconca abi	,,,,	
Part B: Agent Information			
	2. First Name		3. M.I.
Weix	Sheri		
4. Email			5. Phone
TheBramblePatch@outlook.com			(608) 558-8367
6. Home Address			
213 2nd Street			
7. City	8. State	9. Zip Code	10. Age
New Glarus	WI	53574	56
11. Drivers License/State ID Number	77	12. Drivers License/State ID	
W200-7906-6604-00		WI	orace or roodurios
W200-7900-0004-00			
Part C: Agent Questions			
Have you satisfied the responsible beverage server training Submit proof of completion.	g requiremer	nt?	Yes No
Have you completed Form AB-100, Alcohol Beverage Indi Submit a completed Form AB-100 with this form.	vidual Questi	onnaire?	
Have you been a Wisconsin resident for at least 90 continu See instructions for exceptions.	uous days?		Yes No

Part D: Business Attestation			
READ CAREFULLY BEFORE SIGNING: I, the corporation, nonprofit organization, or limited beverage activities on such premises. I certified on behalf of the entity. If I am appointing a sure I understand that I may be prosecuted for sulany person who knowingly provides materially if convicted.	liability company with full that I am authorized by to ccessor agent, I rescind a pmitting false statements a	l authority and control of the the above-named entity to Il previous agent appointme and affidavits in connection	ne premises and of all alcohol authorize this individual to act ents for this premises. Further, with this application, and that
Last Name	First Name		M.I.
Weix	Sheri		
Title	Email		Phone
Owner	TheBramblePatch	@outlook.com	(608) 558-8367
Signature Shari Wx Sh	eri UX	Date	05/20/24
Part E: Agent Attestation			
READ CAREFULLY BEFORE SIGNING: I, the nonprofit organization, or limited liability compon the premises for the above-named busine and affidavits in connection with this application application may be required to forfeit not more	any and assume full responses. I further understand to bon, and that any person wi	onsibility for the conduct of hat I may be prosecuted fo	all alcohol beverage activities or submitting false statements
Last Name	First Name		M.I.
Weix	Sher	L	
Signature Sheri WY	1,345	Date 05	/20/24



Wisconsin Responsible Beverage Seller/Server Training

SHERI WEIX

has met all training requirements and successfully completed the above course and/or exam.

Certification Number: SL164561

Date of Completion: 06/09/2022

Kelly Bailey

Authorized Signature

This certificate represents the successful completion of an approved Wisconsin Department of Revenue Responsible Beverage Server Course in compliance with secs. 125.04(5)(a)5., 125.17(6), and 134.66(2m), Wis. Stats. Present this certificate to your local municipal clerk's office to receive your Operator's or Retail license.

Form AB-100

Alcohol Beverage Individual Questionnaire

Date	
05/	20/2024

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

- all officers, directors, and agent of a corporation or nonprofit organization
 members and agent of a limited liability company
- sole proprietorall partners of a partnership

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A	: Business Info	rmation							
1. Legal	Business Name (ind	lividual name if sol	e proprietor)						
Sher	ri Weix								
2. Busine	ess Trade Name or D	OBA							
The	Bramble Pa	tch							
3. Entity	Type (check one)			-					
✓ So	ole Proprietor	Partnership	Limited L	.iabilit	y Compar	ny 🗌 Corpo	ration	Nonprofit (Organization
Part B	: Individual Info	ormation							
1. Last N	lame			2. Fi	rst Name				3. M.I.
Weiz	x			s	heri				
4. Relation	onship to Business (Title)	5. Email					6. Phone	
Owne	er		TheBra	mble	Patch	outlook.co	m	(608)	558-8367
7. Home	Address								
213	2nd Street								
8. City					9. State	10. Zip Code		11. Date of E	3irth
New	Glarus				WI	53574		08/24	/66
12. Drive	rs License/State ID I	Number				13. Drivers Licer	se/State ID Sta	te of Issuance	•
W200	0-7906-6804	-00				WI			
Part C	: Address Histo) rv							
		-							Yes No
1. Do yo	ou currerilly reside	FIII VVISCONSIIT .					_	- V	Yes No
If yes	to 1 above, how l	ong have you co	ntinuously lived in	Wisc	onsin prio	to the date of ap	plication?	. Years	Months
								23	2
2. List ir	n chronological ord	der all of your ad	dresses within the	last 5	years. Att	tach additional sh	eets if necess	ary.	
Previous	Address 1			City			State	Zip Code	;
Previous	Address 2			City			State	Zip Code	1
Previous	Address 3			City			State	Zip Code	:
Previous	Address 4			City			State	Zip Code	e
Previous	Address 5			City			State	Zip Code	е
2 Linta	Il states and savet	tion you have the	ed in as an adult. A	Hook	addition=	shoots if passes	201		
				Mach					
State	County	State	County		State	County	State	County	
WI	GREEN	WI	DANE		CA	ALAMEDA	WI		'HON
State	County	State	County		State	County	State	County	
MI	ONEIDA	WI	LINCOLN						+

-1-

Part D: Criminal History				
Have you ever been convicted of any offenses (exclud for violation of any federal, Wisconsin, or another state	ing traffic offenses unl 's laws or of any coun	ess related to alcohol beverages) ty or municipal ordinances?	Yes	☑ No
If yes to question 1, please list details of each conviction	on below. Attach addition	onal sheets as needed.		
Law/Ordinance Violated	Location		Conviction D	ate
Penalty Imposed		Was sentence completed?	. Tyes	☐ No
Law/Ordinance Violated	Location		Conviction D	ate
Penalty Imposed		Was sentence completed?	. Yes	☐ No
Law/Ordinance Violated	Location		Conviction Da	ate
Penalty Imposed		Was sentence completed?	. Yes	☐ No
beverages) for violation of any federal, Wisconsin, or a ordinances?			, 🗌 Yes	₩ No
B 4 F 4 W 4 W		.,		
Part E: Attestation				
READ CAREFULLY BEFORE SIGNING: Under penalt truthfully. I certify that I am not prohibited from participa beverage industry as a restricted investor. I understand under penalty of state law. I further understand that I may with this application, and that any person who knowingly to forfeit not more than \$1,000 if convicted.	ting in this business of that any license issu be prosecuted for sub	lue to any involvement in another ed contrary to Wis. Stat. Chapter omitting false statements and affid alse information on this application	r tier of the a r 125 shall be avits in conn	Icohol e void ection
Signature Sheri Wx Sheri	ux	Date 05/20	/2024	

Form

AB-200

Alcohol Beverage License Application

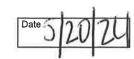
For	Munici	pal Use (Only	
Municipality	V.	Ne)	
License Perio	24-	Ju	ru 30	,2

Was sentence completed? Yes No	License(s) Requested: (up to two boxes may be checked)			Fees		
□ **Class A** Liquor (cider only) \$ □ Reserve **Class B** Liquor \$ □ **Total Fees \$ □ **To		The state of the s		License Fe	es	\$
Class C Liquor (wine only) \$	☐ "Class A" Liquor	¶ "Class B" Liquor \$ 💆	500.	Backgroun	d Check Fee	\$
Part A: Premises/Business Information 1. Legal Business Name (individual name it sole proprietorship) W NGO LUC	Class A" Liquor (cider only) \$	☐ Reserve "Class B" Liquor \$_		Publication	Fee	\$
1. Legal Business Name (individual name if sole proprietorship) Nu NGO LLC Susiness Trade Name or DB LLC A. Wisconsin Seller's Permit Number Lace	Glass C" Liquor (wine only) \$		-	Total Fees		\$
1. Legal Business Name (individual name if sole proprietorship) Nu NGO LLC Susiness Trade Name or DB LLC A. Wisconsin Seller's Permit Number Lace			0.			
Susiness Trade Name or DBA FUB AND CRILL						
A. Wisconsin Seller's Permit Number A. Wisconsin Del Registration Nonprofit Organization	HUNGO LLC	prietorsnip)				
4. Wisconsin Seller's Permit Number Selective Sole Proprietor Partnership Par	2. Business Trade Name or DBA TOFFUERS Puß A	NO GRILL				
Sole Proprietor Partnership Partnershi	3. FEIN	4. Wisconsin			952-D	2
8. Wisconsin DFI Registration Number 10. City 11. State 12. Zip Code 13. Coupts, 14. Governing Municipality: City Town Philage 15. Aidermanic District 16. Premises Phone 17. Premises Email 19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a may or diagram and additional sheets if necessary. 15. AFT BAR. DETEROK FORCH PATTERS 16. Premises Phone 17. Premises Email 18. Webster 18. Webster 18. Webster 18. Webster 19. Conn 19. Premises Produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a may or diagram and additional sheets if necessary. 19. Letter 19. Describe all rooms within the building. Including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach among or diagram and additional sheets if necessary. 19. Letter						
9. Premises Address 700 - Str. Ave. Neur 10. City New Gradus 11. State 12. Zip Code UT 13. South 14. Governing Municipality: City Town Pillage 15. Aldermanic District of: New Gradus 16. Premises Phone 17. Premises Email Stere & Fofflers. con 19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. APTIN BAR ARCA, DENTING ROOM - ASTATES AND GROUND LEWEL, DUTSTON BAR. DETSTON FAICHD RATES 20. Mailing Address (if different from premises address) Part B: Questions 1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. Yes No 14. Bay Sentence completed? Yes No 15. Law/Ordinance Violated Location Trial Date Penalty Imposed						
9. Premises Address 10. City			8			n Number
13. County	9. Premises Address 200 - 5+ AVE HI					
16. Premises Phone 17. Premises Email 17. Premises Email 18. Website 19. Con 19. Co	NEW GLARUS			WI	12. Zip Code	574
16. Premises Phone 17. Premises Email 18. Website 19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including lijving quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. 18. Website 19. Premises Email 18. Website 19. Consumed, and related records are kept. Describe the building, including lijving quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. 10. The premises described in this application. Attach a map or diagram and additional sheets if necessary. 10. The premises described in this application. Attach a map or diagram and additional sheets if necessary. 11. The premises described in this application. Attach a map or diagram and additional sheets if necessary. 12. State 13. Very 23. Zip Code 14. State 23. Zip Code 15. Very 23. Zip Code 15. Very 23. Zip Code 15. Very 23. Zip Code 16. Very 25. State 17. Premises Email 18. Website 18. Very 25. State and storage of records may occur only only on the premise and storage of records may occur only on the premises and storage of records may occur only only on the premises and storage of records may occur only on the premises and storage of records		14. Governing Municipality: City of: المالك	√ □ Town -	Pillage	15. Aldermanio	: District
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. MASIN BAR ANCA, DENTING ROOM - USTATIAS AND GROWND LEVEL, DUTSTOC BAR. DESTOC FOICED PATES 20. Mailling Address (if different from premises address) Part B: Questions 1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. Yes In yes, list the details of violation below. Attach additional sheets if necessary. Law/Ordinance Violated Location Trial Date Penalty Imposed Penalty Imposed Penalty Imposed Penalty Imposed		17. Premises Email		18. Web	site ff	<u></u>
are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. MAFIN BAR ARCA, DINFING ROOM - USTATES AND GROWND LEVEL, DUTSTOK BAR., DUTSTOK FOLCHO PATES 20. Mailing Address (if different from premises address) 21. City Part B: Questions 1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. If yes, list the details of violation below. Attach additional sheets if necessary. Law/Ordinance Violated Location Trial Date Penalty Imposed Penalty Imposed Penalty Imposed Penalty Imposed				-		
20. Mailing Address (if different from premises address) 21. City 22. State 23. Zip Code 25. J y Part B: Questions 1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. Yes If yes, list the details of violation below. Attach additional sheets if necessary. Law/Ordinance Violated Penalty Imposed Was sentence completed? Yes No Law/Ordinance Violated Location Trial Date	are kept. Describe all rooms within the building, i only on the premises described in this application	including living quarters. Authorized a n. Attach a map or diagram and addit	alcohol bevera ional sheets if	age activities f necessary.	and storage of	records may occur
21. City Value Grapus 22. State 23. Zip Code 23. Zip Code 23. Zip Code 24. State 23. Zip Code 24. State 24. Zip Code 25. State 25. Zip Code 25. Zi	DUTSTOE BAR. QUISTOE	FOICED PATES				
Part B: Questions 1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. Yes Involutional sheets if necessary. Law/Ordinance Violated Location Trial Date Penalty Imposed Was sentence completed?	20. Mailing Address (if different from premises address	(Martine				
Part B: Questions 1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. Yes Involutional sheets if necessary. Law/Ordinance Violated Location Trial Date Penalty Imposed Was sentence completed?	21. City	rees outicas	2.	2 State	23 Zin Code	
1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. If yes, list the details of violation below. Attach additional sheets if necessary. Law/Ordinance Violated Location Trial Date Penalty Imposed Location Trial Date Penalty Imposed	Now GLARUS				323	74
violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. If yes, list the details of violation below. Attach additional sheets if necessary. Law/Ordinance Violated	Part B: Questions					
Law/Ordinance Violated Penalty Imposed Was sentence completed? Yes No Law/Ordinance Violated Location Trial Date Penalty Imposed	Has the business (sole proprietorship, partner violating federal or state laws or local ordinal.)	ership, limited liability company, onces? Exclude traffic offenses un	or corporatio lless related	on) been co to alcohol	onvicted of beverages.	Yes No
Penalty Imposed Was sentence completed? Yes No Law/Ordinance Violated Location Trial Date	If yes, list the details of violation below. Attac	ch additional sheets if necessary.				
Was sentence completed? Yes No Law/Ordinance Violated Location Trial Date Penalty Imposed	Law/Ordinance Violated	Location		Tria	al Date	
Penalty Imposed	Penalty Imposed	•	Was senter	nce compl	eted?	☐ Yes ☐ No
· ·	Law/Ordinance Violated	Location		Tria	al Date	
	Penalty Imposed	Į.	Was senter	nce comple	eted?	Yes No

beverages.	against the business? Ex	clude traffic offenses	unless related to a	alcohol Yes	No		
If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.							
Is the applicant business or any of its individuals or entities a restricted investif yes, provide the name of the restrict.	stor with any interest in a	an alcohol beverage	producer or distrib		1 000		
4. Is the applicant business owned by and If yes, provide the name(s) and FEIN(s					1 200		
4a. Name of Business Entity		4b. Business Entity F	EIN				
5. Have the partners, agent, or sole propri this license period? Submit proof of cor	etor satisfied the respon	sible beverage serve	r training requireme	ent for 200	8] No		
6. Is the applicant business indebted to ar	•	-	-	(-	ONC		
7. Does the applicant business owe past of	due municipal property ta	ıxes, assessments, c	or other fees?	Yes	No		
Part C: Individual Information							
List the name, title, and phone number for each Question 4: sole proprietor, all officers, directors managers, and agent of a limited liability compa	s, and agent of a corporation	n or nonprofit organizat	the applicant business on, all partners of a p	s or businesses listed in artnership, and all memb	Part B, pers,		
Include Form AB-100 for each person listed bel		must appoint an agen	by including Form Al				
Last Name	First Name	Title	5.792	Phone	- Charton		
BOODED.	Correce	LED L	DUDING OSCIOLO				
LONGO	STEPHEN	PROF	PRICTOR	608-527-	2492		
Part D: Attestation							
One of the following must sign and attest t	o this application:						
	o this application: partner of a partnership	one corpora	ite officer • o	ne member of an LLC			
	partner of a partnership er penalty of law, I have and siness and not on behalf of nse(s), if granted, will not be to, purchasing alcohol beve spection will be deemed and by license issued contrary to ting false statements and a	swered each of the abo f any other individual o be assigned to another erages from state author refusal to allow inspect o Wis. Stat. Chapter 1: affidavits in connection	ove questions comple r entity seeking the li individual or entity. I prized wholesalers. I ion. Such refusal is a 25 shall be void unde with this application,	etely and truthfully. I agree to cense. Further, I agree to agree to operate this but understand that lack of a misdemeanor and grouter penalty of state law. I and that any person who	ee that hat the siness access nds for further		
• sole proprietor • one general READ CAREFULLY BEFORE SIGNING: Understand I am acting solely on behalf of the applicant burights and responsibilities conferred by the lice according to the law, including but not limited to any portion of a licensed premises during in revocation of this license. I understand that are understand that I may be prosecuted for submittingly provides materially false information on the Last Name	partner of a partnership er penalty of law, I have an siness and not on behalf or nse(s), if granted, will not be to, purchasing alcohol bever spection will be deemed a relating false statements and a nis application may be required.	swered each of the about any other individual of any other individual of the assigned to another arages from state author argues to allow inspect of Wis. Stat. Chapter 1: affidavits in connection wired to forfeit not more	ove questions comple r entity seeking the li individual or entity. I prized wholesalers. I ion. Such refusal is a 25 shall be void unde with this application,	etely and truthfully. I agree to cense. Further, I agree to agree to operate this but understand that lack of a misdemeanor and grouter penalty of state law. I and that any person who	ee that hat the siness access nds for further		
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• sole proprietor • one general READ CAREFULLY BEFORE SIGNING: Under I am acting solely on behalf of the applicant burights and responsibilities conferred by the lice according to the law, including but not limited to any portion of a licensed premises during in revocation of this license. I understand that are understand that I may be prosecuted for submittingly provides materially false information on the Last Name	partner of a partnership er penalty of law, I have an isiness and not on behalf or nse(s), if granted, will not be to, purchasing alcohol beverspection will be deemed a ray license issued contrary titing false statements and an is application may be required.	swered each of the about any other individual of any other individual of the assigned to another arages from state author argues to allow inspect of Wis. Stat. Chapter 1: affidavits in connection wired to forfeit not more	ove questions completed in entity seeking the lindividual or entity. I prized wholesalers. I con. Such refusal is a 25 shall be void under with this application, a than \$1,000 if conviduals.	etely and truthfully. I agree to cense. Further, I agree to agree to operate this buunderstand that lack of a misdemeanor and grouper penalty of state law. I and that any person who cited. Phone DB - S - C - C - C - C - C - C - C - C - C	ee that hat the siness access nds for further		
• sole proprietor • one general READ CAREFULLY BEFORE SIGNING: Under I am acting solely on behalf of the applicant burights and responsibilities conferred by the lice according to the law, including but not limited to any portion of a licensed premises during in revocation of this license. I understand that are understand that I may be prosecuted for submittingly provides materially false information on the last Name. Title Roffer Signature Part E: For Clerk Use Only	partner of a partnership er penalty of law, I have an siness and not on behalf or nse(s), if granted, will not b to, purchasing alcohol beve spection will be deemed a r y license issued contrary t ting false statements and a nis application may be requ First Email	swered each of the above fany other individual of the assigned to another erages from state author refusal to allow inspect to Wis. Stat. Chapter 1: affidavits in connection lifed to forfeit not more Name	ove questions completed rentity seeking the list individual or entity. I prized wholesalers. Such refusal is a 25 shall be void under with this application, a than \$1,000 if convices.	etely and truthfully. I agree to cense. Further, I agree to agree to operate this buunderstand that lack of a misdemeanor and grouper penalty of state law. I and that any person who cited. Phone DB - S - C - C - C - C - C - C - C - C - C	ee that hat the siness access nds for further		
• sole proprietor • one general READ CAREFULLY BEFORE SIGNING: Under I am acting solely on behalf of the applicant burights and responsibilities conferred by the lice according to the law, including but not limited to any portion of a licensed premises during in revocation of this license. I understand that are understand that I may be prosecuted for submitingly provides materially false information on the last Name Title Part E: For Clerk Use Only Date Application Was Filed With Clerk License Signature	partner of a partnership er penalty of law, I have an isiness and not on behalf or nse(s), if granted, will not be to, purchasing alcohol beve- spection will be deemed a r by license issued contrary to tting false statements and a nis application may be required. First	swered each of the above assigned to another erages from state author refusal to allow inspect to Wis. Stat. Chapter 1: affidavits in connection uired to forfeit not more Name	eve questions completed rentity seeking the like individual or entity. I prized wholesalers. I sion. Such refusal is a 25 shall be void under with this application, at than \$1,000 if conviduals.	etely and truthfully. I agree to cense. Further, I agree to agree to operate this buunderstand that lack of a misdemeanor and grouper penalty of state law. I and that any person who cited. Phone Date License Issued	ee that hat the isiness access nds for further know-		
• sole proprietor • one general READ CAREFULLY BEFORE SIGNING: Understand I am acting solely on behalf of the applicant burights and responsibilities conferred by the lice according to the law, including but not limited to any portion of a licensed premises during in revocation of this license. I understand that are understand that I may be prosecuted for submittingly provides materially false information on the last Name Title Plophaterope Signature Part E: For Clerk Use Only	partner of a partnership er penalty of law, I have ansiness and not on behalf of nse(s), if granted, will not be to, purchasing alcohol beve spection will be deemed a re ny license issued contrary to titing false statements and a nis application may be requested. First Email Steve	swered each of the above assigned to another erages from state author refusal to allow inspect to Wis. Stat. Chapter 1: affidavits in connection uired to forfeit not more Name	eve questions completed rentity seeking the like individual or entity. I prized wholesalers. I sion. Such refusal is a 25 shall be void under with this application, at than \$1,000 if conviduals.	etely and truthfully. I agree to cense. Further, I agree to agree to operate this but understand that lack of a misdemeanor and grouter penalty of state law. I and that any person who cted. M.I. Phone 608 57 - 24	ee that hat the isiness access nds for further know-		

Form AB-101

Alcohol Beverage Appointment of Agent



Agent Type (check one)		
	municipal licensees only)	
A		
B. (A. B.)		
Part A: Business Information		
Legal Business Name (individual name if sole proprietor)		
HUNBO LLC		
2. Business Trade Name or DBA	ND GRILL	
3. Entity Type (check one)	ny Corporation No	onprofit Organization
4. Alcohol, Beverage Business Authorization (check one)	5. If successor agent, provide State Permit or M	lunicipal Retail License Number
Municipal Retail License		
6. Describe the reason for appointing a successor agent, if successor	or is checked above	
Part B: Agent Information		
1. Last Name	2. First Name	3. M.I
LONGO	STEPHEN	J
4. Email Steve & Lofflers. C	**	5. Phone 608-527-248
6. Home Address POB	0x 763	
7. City New GLARUS	8. State 9. Zip Code 53574	10. Age
11. Drivers License/State ID Number 1520 - 7906 - 9053 - 02	2 12. Drivers License/State ID	State of Issuance
Part C: Agent Questions		
Have you satisfied the responsible beverage server training Submit proof of completion.	ing requirement?	Yes No
Have you completed Form AB-100, Alcohol Beverage Inc. Submit a completed Form AB-100 with this form.	dividual Questionnaire?	Yes No
Have you been a Wisconsin resident for at least 90 contil See instructions for exceptions.	nuous days?	Yes No

 $Continued \rightarrow$

Part D: Business Attestation					
READ CAREFULLY BEFORE SIGNING: I, the Undersign corporation, nonprofit organization, or limited liability combeverage activities on such premises. I certify that I am a on behalf of the entity. If I am appointing a successor age I understand that I may be prosecuted for submitting false any person who knowingly provides materially false inform if convicted.	npany with full authority and cor authorized by the above-named nt, I rescind all previous agent a e statements and affidavits in co	ntrol of the premises and of entity to authorize this indip ppointments for this preminection with this applicat	of all alcohol vidual to act ses. Further, ion, and that		
Title POSTENSIA	First Name TEPHEN		M.I.		
100/LLEIN JIE	ver toffle	Phone Phone Date 5-17-6	527-249		
Signature Sur /		Date 5-17-0	2024		
Part E: Agent Attestation					
READ CAREFULLY BEFORE SIGNING: I, the Agent , herby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.					
Last Name	First Name SEPHEN		M.I. <u></u>		

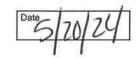
Date 5-20-2024

Signature

5 59

Form AB-100

Alcohol Beverage Individual Questionnaire



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

· sole proprietor

- all officers, directors, and agent of a corporation or nonprofit organization
- · all partners of a partnership
- · members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted. **Part A: Business Information** 1. Legal Business Name (individual name if sole proprietor) N60 2. Business Trade Name or DBA 3. Entity Type (check one, ☐ Sole Proprietor Partnership Limited Liability Company Corporation Nonprofit Organization Part B: Individual Information 1. Last Name 3. M.I. 2. First Name TEP HEN 6. Phone . Cam 7. Home Address 10. Zip Code 8. City 9. State 11. Date of Birth /JE 2-13-12. Drivers License/State ID Number 13. Drivers License/State ID State of Issuance 520 - 7906-9053-02 4) IS CONSTIV Part C: Address History No Years Months If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application? 2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary. Previous Address 1 City State Zip Code Previous Address 2 City State Zip Code Previous Address 3 Zip Code City State Previous Address 4 City State Zip Code Previous Address 5 City State Zip Code 3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary. State County State County State State County County

Continued →

WI

State

DANE

State

County

County

State

County

State

County

Part D: Criminal History					
Have you ever been convicted of any offenses (exclud for violation of any federal, Wisconsin, or another state)					∑ R₀
If yes to question 1, please list details of each conviction	on below. Attach additi	onal sheets a	s needed.		
Law/Ordinance Violated	Location			Conviction I	Date
Penalty Imposed		Was senter	ice completed?.	Yes	☐ No
Law/Ordinance Violated	Location			Conviction I	Date
Penalty Imposed		Was senten	ce completed?	Yes	☐ No
Law/Ordinance Violated	Location			Conviction [Date
Penalty Imposed	***	Was senten	ce completed?	Yes	☐ No
Are charges for any offenses currently pending against beverages) for violation of any federal, Wisconsin, or a ordinances?	nother state's laws or	any county or	municipal	Yes	1
Part E: Attestation					
	4 6 1 1		7 db = -1		
READ CAREFULLY BEFORE SIGNING: Under penal truthfully. I certify that I am not prohibited from participal beverage industry as a restricted investor. I understand under penalty of state law. I further understand that I may with this application, and that any person who knowingly to forfeit not more than \$1,000 if convicted.	iting in this business of I that any license issu I be prosecuted for sul	due to any inv ued contrary t bmitting false	olvement in ano o Wis. Stat. Cha statements and a	other tier of the apter 125 shall affidavits in con	alcohol be void nection
Signature St			Date QUOS .	5-17-2	024



Village of New Glarus

319 Second Street
PO Box 399
New Glarus WI 53574
(608)527-2510
www.newglarusvillage.com

MOBILE HOME PARK LICENSE

Village of New Glarus
County of Green

NO: 24MH1

WHEREAS, The person hereinafter mentioned has applied for a license for the purpose hereinafter mentioned and has paid the Treasurer the sum of \$25.00 DOLLARS.

NOW THEREFORE, <u>FIREFLY ESTATES</u> located at 501 14th Avenue, New Glarus WI 53574 is hereby licensed to <u>operate a Mobile Home Court</u> for a term <u>beginning July 1, 2024</u> expiring <u>June 30, 2025</u>.

(Corporate Seal)

Given under my hand and the corporate seal of the

VILLAGE OF NEW GLARUS

County of GREEN State of Wisconsin,
this 19th day of June, 2024

Deputy Clerk

RENEWAL

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, 2024 and ending June 30, 2025.

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:

FIREFLY KS	TATES			
501 1474	AUENUS,	NAW GLARUS	, WI	53574

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

Dated: 4-11-2024

Signed:_

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, 2024 and ending June 30, 2025.

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.

Nam	e and Ad	dress of Esta	ablishmen	t: KLEEMAN	NS 7	BAR + GRILL
116	571+	AVE	Now	GLARUS.	41	53574
		submitted herew	vith, showing	the payment of the	e sum of	\$
	Dated:	3-19-24		Signed:	M_	_

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, 2024 and ending June 30, 2025.

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 Esta	blishment: JOHLERS PUB AND C	RIL
200-5+1 AVENUE	NEW GLARUS, WI	
A receipt is submitted herewi payment of this license.	ith, showing the payment of the sum of \$ to the treasurer, in	n
Dated:	Signed:	

Form CTV-100

Cigarette, Tobacco, and Electronic Vaping Device Retail License Application

FC	R CLE	RKS ON	LY
Municipality	V.	NX	1
License Perio	24-	Ju	L30,25

Part A: Premises/Busines	s Informati	on			****	
1. Legal Business Name (individual	I name if sole p	proprietor)		10174414		
Blanchardville Coop	Oil Assoc	ciation				
2. Eusiness Trade Name or DBA	27-7-500		****			
3. FEIN			4. Wisconsin Se			
39-0169230			456-00004	/4886-02		
5. Entity Type (check one) Sole Proprietor	☐ Pa	artnership	☐ Lim	ited Liability	y Company	CO-OP)
6. State of Organization		7. Date of Organiza	ition		8. Wisconsin DFI Regist	
Wisconsin		06/01/1935			B00434	5
9. Premises Address (do not use P	О Вох)					· · · · · · · · · · · · · · · · · · ·
1401 Highway 69						
10. City				11. State	12. Zip Code	
New Glarus	14 Caussias	Mi-ith 🗖 👵		WI	53574	
13. County Green	of: New	Municipality: Cit	y 🗌 Town (∠ Village	15. Aldermanic District	
16. Mailing Address (if different from				-		
To Manning Float 550 (If afficient from	n premises au	11000)				
17. City				18. State	19. Zip Code	
20. Premises Phone		21. Premises Email			22. Website	
608-527-2112		NGCS@BI	Come Area	la como a co	. Inna Bla.	reland v. Necocy. Co
23. Premises Description - Describe Describe all rooms including liv records. Cigarettes, tobacco pr Attach a floor plan if possible.	ing quarters, if	used, for the sales a	ind/or storage of o	igarettes, to	bacco products, and elect	ronic vaping devices and
Dort P. Oventiene						
Part B: Questions	Abla by the	- IKO (-E(-11 46 - 4			
What products will be sold at Cigarettes	this busines:	s location? (check Tobacco			☑ Electronic	Vaping Devices
2. How will cigarettes, tobacco, Over the counter	and/or electr	onic vaping device		ck all that a	apply)	
3. Is the applicant business own	ned by anothe	er business entity?				Yes 🗹 No
If yes, provide the name and CTV-101 for all of the parent	FEIN of the	parent company be	elow, identify pa			
3a. Name of Parent Compan	y:					
3b. FEIN of Parent Company						
						- Incomplete Control

Part C: Individual Information An Individual Questionnaire, Form CTV-101, must be completed and attached to this application for each person involved in the applicant business and any parent company indicated in Part B. Such persons include: sole proprietor, all officers and agents of a corporation, all partners of a partnership, and all members and agents of a limited liability company List the full name, title, and phone number for each person below. Attach additional sheets if necessary, Last Name First Name Title Phone IFINMER 15-429-0750 Part D: Attestation One of the following must sign and attest to this application: · one general partner of a partnership one corporate officer · one managing member of an LLC **READ CAREFULLY BEFORE SIGNING:** I understand and agree to the following: · I will only purchase cigarettes, tobacco, and vapor products from distributors, jobbers, or subjobbers permitted by the Wisconsin Department of Revenue, unless I also hold the proper distributor's permit and pay all applicable excise taxes. · I will not purchase or exchange products from another retailer, including transferring existing stock to a new owner. · I will provide tobacco sales training that has been approved by the Wisconsin Department of Health Services to my employees. (https://witobaccocheck.org). I will not sell single cigarettes. · I will not sell, give, or otherwise provide cigarettes, tobacco, or any nicotine products to minors. · I will keep product invoices on the licensed premises for two years and ensure the records are available for inspection by law enforcement. Failure to comply with this will result in criminal penalties, including loss of inventory. · I will not sell cigarettes or roll-your-own (RYO) tobacco products unless listed on the Wisconsin Department of Justice's directory of certified tobacco manufacturers and brands. Further, under penalty provided by law, I state that this application has been truthfully answered to the best of my knowledge. I agree 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 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000. Signature Date 05/08/2024 Name (Last, First, M.I.) Steinmetz, Gery E. Title **Email** Phone General Manager gerys@blanchardvillecoop.com (608) 523-4294

Date application was filed with clerk	Date license issued	Date license expires	License number
icense fees	Signature of Clerk/Deputy Cle	erk	# 24-05

DEPARTMENT OF HEALTH SERVICES

Division of Public F-22559 (Rev.01/2020)

olic Healt

EMPLOYEE TRAINING ACKNOWLEDGEMENT LEGAL RESTRICTION ON TOBACCO SALES TO MINORS

Use of form: This is a required form. Personally identifiable information on this form is collected to determine compliance with the statutes and will only be used for that purpose.

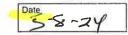
Instructions: Sign form and retain on premises in personnel file.

mst	ructions: Signiform and retain on premises in personner me		
Emp	loyee - Name (print)		Driver's License Number
Gery	Steinmetz		5353-2856-3102-01
Addı	ess	City, State, Zip	
Onlin	e	Statewide, WI	
Hom	e Telephone	Date of Birth (Day, Mo	nth. Year)
	715-429-0750	03-22-	1963
Store	e Name		Store Number (if applicable)
Wisc	onsin Bartending		
Nan	ne - Supervisor		
Loo	knowledge (Choose one):		
X	I have successfully completed a responsible beverage so to curriculum guidelines specified by the technical college approved by the department or the educational approval	system board or a cor	mparable training course that is
	I have received training from my employer on complianc	e with Wis. Stat. § 134	.66.
I fur	ther acknowledge:		
A	I understand that federal law prohibits selling tobacco procomply with these restrictions may result in a citation.	oducts to any person ur	nder the age of 21. Failure to
	653	5	
	SIGNATURE	- Employee	
	5 - 16 - 5 Date S	Dray igned	
	65		
	SIGNATURE -	- Supervisor	
	5-16-	2024	

Date Signed

Form CTV-102

Cigarette, Tobacco, and Electronic Vaping Device Appointment of Agent



Agent Type (check one):	Original Change					
Part A: Agent Informa	tion					
1, Last Name		2. First Name				3. M.I.
Steinmetz		Gery				E
4. Email			5	5. Phone		
gerys@blanchardvi	llecoop.com	4		(608) 5	23-4294	
6. Home Address				***		·
4154 330th St.						
7. City			8	3. State	9. Zip Code	
Boyd				WI	54726	
10. Date of Birth	11. Drivers License/State ID Number		12. Driv	ers License	e/State ID State	of Issuance
03/22/1963	S353-2856-3102-01		WI			
Part B: Questions		4				
	orm CTV-101, Cigarette, Tobacco, and	Electronic Vaning Device	e Licer	nea - Indiv	idual	
	a completed Form CTV-101 with this f					es 🕝 No
2. If this is a change of ag	ent, please describe the reason for the	e agent change. Attach a	adition	ai sneets	it necessary.	
Part C: Business Info	The state of the s					
	vidual name if sole proprietor)					
	op Oil Association					
2. Business Trade Name or D	BA					
				-6		
3. Entity Type (check one)	Limited Liebility Comment	П с	. A	(Co	\sim	
	Limited Liability Company	☐ Corpora	ition	(00	7)	
4. Premises Address		14				
1401 Highway 69				2.	T	
5. City New Glarus			6	5. State	7. Zip Code 53574	
New Grarus				WI	535/4	
Part D: Attestations						
READ CAREFULLY BEFOR	RE SIGNING: I, the Licensee, authorize the	ahove-named individual to	act for t	the above-	named corporati	on or limited
liability company with full au	thority and control of the premises and of all	business relative to cigaret	tes, toba	acco produ	cts, and/or elect	ronic vaping
devices conducted therein.	I certify that I am authorized by the entity to all previous agent appointments for this pre	authorize this individual to	act on I	behalf of th	e entity. If I am a	appointing a
statements and affidavits in	connection with this application, and that	any person who knowingly	u iliai i i y provid	may be pro les materia	illy false informa	mitting raise
application may be required	to forfeit not more than \$1,000 if convicted				•	
Signature of Licensee (officer,	member, or authorized signatory)			Date		
550	05/08/2024					
Name of Person Signing fool	Name of Person Signing fooLicensee Title					
Gery Steinmetz	The state of the s		G	General	Manager	
READ CAREFULLY BEFOR	RE SIGNING: I, the Agent, herby accept thi	s appointment as agent for t	the abov	ve-named o	corporation or lin	nited liability
devices conducted on the pr	esponsibility for the conduct of all business remises for the above-named business. I fu	relative to sales of cigarette	es, toba	icco produc	cts, and/or electr	onic vaping
and affidavits in connection	with this form, and that any person who kn	owingly provides materially	false inf	formation o	in this form may	be required
to forfeit not more than \$1,0	00 If convicted.			4		
Signature of AgenI				Date		
CTV-102 (R. 4-24)				2.8	-2020	
					the state of the s	artment of Revenue



Form CTV-101

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

Part A: Business Informati	on				1	,×		
Legal Business Name (individual in the control of the control	name if sole	proprietor)						
Blanchardville Coo	p Oil .	Association						
2. Business Trade Name or DBA								
3. Entity Type (check one)						3 11-4 11-4 11-4 11-4 11-4		Can
Sole Proprietor		Partnership		Lim	ited Liability Cor	npany		COUP Corporation

Co-0p								
Part B: Individual Informat	ion			-				
1. Name (Last)				ne (First)				3. Name (M.I.)
Steinmetz			Ger	У				E
4. Relationship to Business (Title)			5. Em				6. Phone	
General Manager			Ger	ys@bla	nchardvill	ecoop.co	(608)	523-4294
7. Home Address	S							
4154 330th St.								
8. City				9. State	10. Zip Code		11. Date of	
Boyd				WI	54726		03/22	/19823
12. Drivers License/State ID Number 13. Drivers License/State ID State of Issuance					е			
s353-2856-3102-01								
					I			
Part C: Individual's Addres								
List in chronological order all of	your addre	sses within the last	5 yea	ars. Attach	additional sheet	ts if necessary.		
Previous Address 1			City			State	Zip Cod	e
4154 33016 57			Bin >			<u> </u>	54	1212
Previous Address 2			City	1		State	Zip Cod	
				,				
Previous Address 3		70	City			State	Zip Cod	е
								22
Previous Address 4			City			State	Zip Cod	e
Previous Address 5			City State			Zip Cod	le	
1 1911040 / 1851050 5			,					
Previous Address 6			City			State	Zip Cod	le
Previous Address o			Olty			O.a.o	2.5 000	.0
If applicable, list all states and c	ounties yo	u have lived in as a	ın adu					
State County	State	County		State	County	State	County	
WI Ohippening								
State County	State	County		State	County	State	County	

 $\textit{Continued} \rightarrow$

Part D: Individual's Criminal Hist	tory		25			=::=::::
Have you ever been convicted of an Wisconsin, or another state's laws, or	ny offenses (other than traffic of or of any county or municipal o	fenses) for vio	lation of any	federal,	Yes	✓ No
If yes to question 1, please list details	s of each conviction below:					
Law/Ordinance Violated	Location			Trial Date		
Penalty Imposed	······································	Was	sentence co	mpleted? [Yes	☐ No
Law/Ordinance Violated	Location			Trial Date		
Penalty Imposed		Was	sentence co	mpleted? [Yes	☐ No
Law/Ordinance Violated	Location			Trial Date		
Penalty Imposed	1	Was	sentence co	mpleted?	Yes	☐ No
Are charges for any offenses currentl federal, Wisconsin, or another state's	y pending against you (other the laws or any county or municipal	an traffic offens al ordinances?	ses) for viola	tion of any] Yes	No.
If yes to question 2, describe nature	and status of pending charges	using the space	ce below. Att	ach additional she	ets as n	eeded.
Part E: Attestation by Individual	- 11 231-12 (12					
READ CAREFULLY BEFORE SIGNIN connection with this application, and the rette, electronic vaping devices, and to I declare under penalties of the law that complete to the best of my knowledge at	at any person who knowingly pr Dbacco products retail license r at I have examined this informa	ovides materia nav be require	ally false info ed to forfeit n	rmation on an appl lot more than \$1.0	ication fo	or ciga-
Signature S.S.	1		Date	5-8-2024		
<i>.</i> /.						
Part F: Licensing Authority Appro	val					
I hereby certify that I have checked mun this individual qualifies to serve in the re	icipal and state criminal records eported role with the above-nan	s. To the best o ned business.	f my knowled	lge, with the availal	ble inforr	mation,
Name of Local Official		Title				
Signature of Local Official		-L	Date			

24-03

Form CTV-100

Cigarette, Tobacco, and Electronic Vaping Device Retail License Application

FOR CLERKS ONLY

Municipality

V. NG

License Period

License

Dort & December (Duciness Information
Part A: Premises/Business Information
1. Legal Business Name (individual name if sole proprietor) SHOBHA BAANI, INC
2. Business Trade Name or DBA
99-9-7-20 117
3. FEIN 4. Wisconsin Seller's Permit Number
87-3625260 456-10317 44625-04
5. Entity Type (check one) Sole Proprietor Partnership Limited Liability Company Corporation
6. State of Organization 7. Date of Organization 8. Wisconsin DFI Registration Number
W.1. 11-18-21 5.137872
9. Premises Address (do not use PO Box) 619 STATE HWY 69
10. City NEW GLARUS 11. State W.1. 12. Zip Code 53574
13. County 14. Governing Municipality: City Town Village of: 15. Aldermanic District
16. Mailing Address (if different from premises address) P.O. BOX 164, 106+k PVE
17. City NEW GLARUS 18. State W.1. 19. Zip Code 53574
20. Premises Phone 608-527-2266 Sunded Ringh 1962 Demail 22. Website
23. Premises Description - Describe the building or buildings where cigarettes, tobacco products, and electronic vaping devices are to be sold and stored. Describe all rooms including living quarters, if used, for the sales and/or storage of cigarettes, tobacco products, and electronic vaping devices and records. Cigarettes, tobacco products, and electronic vaping devices may be sold and stored ONLY on the premises described in this application. Attach a floor plan if possible.
Soldat Counter Stored OFFICE and Same storely
Part B: Questions
1. What products will be sold at this business location? (check all that apply) Cigarettes Tobacco Products Electronic Vaping Devices
2. How will cigarettes, tobacco, and/or electronic vaping devices be sold? (check all that apply) Over the counter Uending machine
3. Is the applicant business owned by another business entity?
If yes, provide the name and FEIN of the parent company below, identify parent company members in Part C, and attach Form CTV-101 for all of the parent company's members, partners, or officers.
3a. Name of Parent Company:
3b. FEIN of Parent Company:

Part C: Individual Information

An Individual Questionnaire, Form CTV-101, must be completed and attached to this application for each person involved in the applicant business and any parent company indicated in Part B. Such persons include: sole proprietor, all officers and agents of a corporation, all partners of a partnership, and all members and agents of a limited liability company.

List the full name, title, and phone number for each person below. Attach additional sheets if necessary.

Last Name		First Name	Title	Phone
PH	SINGH	SUNDEEP	OWNER	608-513-7080
	1 4 0 11			

	-	A 44 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
Part	D:	Attestation	

One of the following must sign and attest to this application:

sole proprietor
 one general partner of a partnership

· one corporate officer

• one managing member of an LLC

READ CAREFULLY BEFORE SIGNING:

Lunderstand and agree to the following:

- I will only purchase cigarettes, tobacco, and vapor products from distributors, jobbers, or subjobbers permitted by the Wisconsin Department of Revenue, unless I also hold the proper distributor's permit and pay all applicable excise taxes.
- I will not purchase or exchange products from another retailer, including transferring existing stock to a new owner.
- I will provide tobacco sales training that has been approved by the Wisconsin Department of Health Services to my employees. (https://witobaccocheck.org).
- I will not sell single cigarettes.
- · I will not sell, give, or otherwise provide cigarettes, tobacco, or any nicotine products to minors.
- I will keep product invoices on the licensed premises for two years and ensure the records are available for inspection by law enforcement. Failure to comply with this will result in criminal penalties, including loss of inventory.
- I will not sell cigarettes or roll-your-own (RYO) tobacco products unless listed on the Wisconsin Department of Justice's directory of certified tobacco manufacturers and brands.

Further, under penalty provided by law, I state that this application has been truthfully answered to the best of my knowledge. I agree 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 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

false information on this applica	ation may be required to	torreit not more than \$1,000.	
Signature Sundeel	. Singl	Date 05-	09-2024
Name (Last, First, M.I.) S)No	AH, BUNDA	EEP	
Title OWNER	Ema Su	andeel Singh 1962 b	29mil.com
Part E: For Clerk Use Only			
Date application was filed with clerk 5/9/24	Date license issued	Date license expires	License number # 24-03
License fees	Signature of Clerk/Deputy (Clerk Joung	

Form		
CT	1/_1	เกว

Cigarette, Tobacco, and Electronic Vaping Device Appointment of Agent

Agent Type (check one):	
1. Last Name SINGH 2. First Name SUNDEEP 3. M.I.	
4. Email Sunder Singh 1962 Quancil. Com 608-513-7080	
6. Home Address 749 HARVEST LN	
7. City VERONA 8. State 9. Zip Code W.1 53593	
10. Date of Birth 3-10-1962 11. Drivers License/State ID Number 3-10-1962 12. Drivers License/State ID State of Issuance w.l.	
Part B: Questions	
1. Have you completed Form CTV-101, Cigarette, Tobacco, and Electronic Vaping Device License - Individual Questionnaire? Submit a completed Form CTV-101 with this form. 2. If this is a change of agent, please describe the reason for the agent change. Attach additional sheets if necessary.	0
Part C: Business Information I. Legal Business Name (individual name if sole proprietor)	
SHOBHA BAANI, INC	
2. Business Trade Name or DBA SHEBHA BAAHI	
3. Entity Type (check one)	
A Promises Address	_
G19 STATE HWY69	
5. City NEW GLARUS 6. State W. 1. 53574	
Part D: Attestations	
READ CAREFULLY BEFORE SIGNING: I, the Licensee, authorize the above-named individual to act for the above-named corporation or limited liability company with full authority and control of the premises and of all business relative to cigarettes, tobacco products, and/or electronic vaping devices conducted therein. I certify that I am authorized by the entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.	
Signature of Licensee (officer, member, or authorized signatory) Symplech Singh Date 05-09-2021	1
Name of Person Signing for Licensee SUNDEEP SINGH Title 05-09-2024	owr
READ CAREFULLY BEFORE SIGNING: I, the Agent, herby accept this appointment as agent for the above-named corporation or limited liability company and assume full responsibility for the conduct of all business relative to sales of cigarettes, tobacco products, and/or electronic vaping devices conducted on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this form, and that any person who knowingly provides materially false information on this form may be required to forfeit not more than \$1,000 if convicted.	
Signature of Agent Sunder Sing Date 05-09-20 LK	

Form CTV-102 Instructions

Appointment of Agent

Who must complete Form CTV-102?

Wisconsin law requires corporations and limited liability companies (LLCs) to appoint an agent that takes responsibility for the licensed premises.

Submit this form with CTV-100 to appoint an agent while applying for a license, or as a standalone document to report a change in appointed agent.

Where do I submit Form CTV-102?

Form CTV-102, Appointment of Agent, must be submitted to the clerk of the municipality in which the business or organization is located.

Specific Instructions

Date:

Date you are preparing this form using the format MM/DD/YYYY.

Agent Type:

Select original appointment if you are appointing an agent with your license application (Form CTV-100). Select change if you are reporting a change of agent mid-licensing period.

Part A: Agent Information

Provide all requested personal information for the appointed individual.

Part B: Agent Questions

- · These questions should be answered by the appointed individual.
- Question 1: Submit a completed Form CTV-101, Individual Questionnaire, with this form.
- Question 2: Describe the reason why the business entity must appoint a new agent.
 - Examples include: the previous agent is no longer an employee of the entity, the previous agent is no longer eligible to be an agent of the premises, the previous agent was not responsive to business needs.

Part C: Licensee Information

- · Box 1: Enter the legal business name.
- Box 2: Enter the trade name or "doing business as" name, if different than the name in box 1.
- Box 3: Check one entity type in to indicate how the business is legally organized.

Note: This business information must match the information on the license application (Form CTV-100) or license certificate if reporting a change of agent during the license period.

Part D: Attestations

- An authorized representative of the licensee should read the first attestation carefully and sign to acknowledge the appointment of this agent.
- If the business in Part C is a corporation, the attestation must be signed by an authorized corporate officer or director.
- If the business in Part C is an LLC, the attestation must be signed by an authorized LLC member (i.e., managing member).
- · The agent should read the second attestation carefully and sign to accept the appointment.
- · An authorized representative of the licensee may appoint themselves as the agent by signing both attestation sections.

Part E: Licensing Authority Approval

This section is for use by the appropriate municipal official to attest to the qualifications of the individual.

- 1	Date		
	Date		

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

Legal Business Name (individual name	of sole proprietor) SH	TOBHA	BAANI	. INC	
2, Business Trade Name or DBA	<u> </u>	tami		<i>) </i>	,
3. Entity Type (check one)		, -			
☐ Sole Proprietor	☐ Partnership	Lim	ted Liability Compa	any	Corporation
Part B: Individual Information 1. Name (Last)		2. Name (First)			2 Name (MI)
SINGH		2. Name (First)	Sund <i>ee</i>	P	3. Name (M.I.)
4. Relationship to Business (Title)		5. Email	. 10		6. Phone 608-513-7
7. Home Address 749 HAQVES	_	swinder &	ing/ Road 191	see gmo	(11.4000
B. City VERONA		9. State	10. Zip Code 53 .	593	11. Date of Birth 03-10-1962
12. Drivers License/State ID Number 9 520 - 7866 -	2090-05		13. Drivers License/s	State ID State	e of Issuance
			_		
Part C: Individual's Address His	story			31	Burgarian Company
tak ta abasas lastrat and a sur of		E Attack	additional abanta if	nooccoon,	
List in chronological order all of your a	iddresses within the last	5 years. Attach	additional sneets if	necessary.	

List in o	chronological order all o	of your addr	esses within the la	ast 5 ye	ars. Attac	ch additional shee	ets if necessary.	
Previous Address 1				City	City			Zip Code
Previous Address 2				City	City			Zip Code
Previous Address 3				City	City			Zip Code
Previous Address 4				City	City			Zip Code
Previous	Previous Address 5				City			Zip Code
Previous Address 6				City	City			Zip Code
If applic	cable, list all states and	counties ye	ou have lived in as	an adı	ult. Attach	additional sheets	s if necessary.	
State	County	State	County		State	County	State	County
State	County	State	County		State	County	State	County

 $Continued \rightarrow$

Part D: Individual's Criminal Histo	ry		
Have you ever been convicted of any Wisconsin, or another state's laws, or			
If yes to question 1, please list details of	of each conviction below:		
Law/Ordinance Violated	Location		Trial Date
Penalty Imposed	is, ist eggs-bile	Was sentence co	mpleted? Yes No
Law/Ordinance Violated	Location	neffre	Trial Date
Penalty Imposed		Was sentence co	mpleted? Yes No
Law/Ordinance Violated	Location		Trial Date
Penalty Imposed		Was sentence co	mpleted? Yes No
Are charges for any offenses currently federal, Wisconsin, or another state's light federal.			
If yes to question 2, describe nature a	nd status of pending charges using the	he space below. At	tach additional sheets as needed.
Part E: Attestation by Individual			
READ CAREFULLY BEFORE SIGNING connection with this application, and that rette, electronic vaping devices, and told I declare under penalties of the law that complete to the best of my knowledge and the complete to the section of t	t any person who knowingly provides bacco products retail license may be t I have examined this information an nd belief.	materially false info required to forfeit	ormation on an application for ciganot more than \$1,000 if convicted.
Signature Sundech Siv	M	Date	05-09-2024
Part F: Licensing Authority Appro	cipal and state criminal records. To the	e best of my knowle	edge, with the available information,
this individual qualifies to serve in the re	ported role with the above-named bu	siness.	
Name of Local Official	Title		
Signature of Local Official		Date	

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

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

and Brands" at www.doj.state.wi.us/dls/tobacco-directory may be sold in Wisconsin?

through vending machine

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

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

-	2_			
5	a	ν	е	
_			۰	





Cigarette, Tobacco, and Electronic Vaping Device Retail License Application

FOR CLERKS ONLY						
Aunicipa	ality					
icense	Period					

Part A: Premises/Business Informat			
1. Legal Business Name (individual name if sole HBT EWERP'S&	The Control of the Co		
2. Business Trade Name or DBA	brill		
3. FEIN 97-2258838	4. Wisconsin Se	ller's Permit	Number 794027-04
5. Entity Type (check one)			h-n
Sole Proprietor P		ited Liability	
1W 1	7. Date of Organization		8. Wisconsin DFI Registration Number H0700/3
9. Premises Address (do not use PO Box) 406 20 Street	_		
10. City New Glarus		11. State	12. Zip Code 53574
	Municipality: City Town [Village	15. Aldermanic District
16. Mailing Address (if different from premises ad PO BO × 143	dress)		
17. City New Glans		18. State	19. Zip Code
20. Premises Phone	21. Premises Email	•	22. Website
608-527-2218	1 offhaus puband gnile		
Describe all rooms including living quarters, if	fused, for the sales and/or storage of c	igarettes, tob	electronic vaping devices are to be sold and stored. pacco products, and electronic vaping devices and NLY on the premises described in this application.
Attach a floor plan if possible.	10/4+0d Al /10/2 21	ed ctro	of Now Many W
Attach a floor plan if possible. The premises is 53574 and include	do the first state	211 8	na (a na ht
53574 WKA INCIWA	NC MICTITAL TOOK	.cow v	Jasena C
Part B: Questions			
1. What products will be sold at this business	s location? (check all that apply)		1.11
Cigarettes	☐ Tobacco Products		ズ Electronic Vaping Devices
2. How will cigarettes, tobacco, and/or electr	onic vaping devices be sold? (che	ck all that a	pply)
Over the counter	☐ Vending machine		
3. Is the applicant business owned by anoth			
If yes, provide the name and FEIN of the p CTV-101 for all of the parent company's n	parent company below, identify pa nembers, partners, or officers.	rent compa	ny members in Part C, and attach Form
3a. Name of Parent Company:			
2h FEIN of December Common and			

Part C: Individual Information An Individual Questionnaire, Form CTV-101, must be completed and attached to this application for each person involved in the applicant business and any parent company indicated in Part B. Such persons include: sole proprietor, all officers and agents of a corporation, all partners of a partnership, and all members and agents of a limited liability company. List the full name, title, and phone number for each person below. Attach additional sheets if necessary. Last Name First Name Owner/President 408-214-1518 Terman Part D: Attestation One of the following must sign and attest to this application: sole proprietor · one general partner of a partnership · one corporate officer · one managing member of an LLC **READ CAREFULLY BEFORE SIGNING:** I understand and agree to the following: · I will only purchase cigarettes, tobacco, and vapor products from distributors, jobbers, or subjobbers permitted by the Wisconsin Department of Revenue, unless I also hold the proper distributor's permit and pay all applicable excise taxes. I will not purchase or exchange products from another retailer, including transferring existing stock to a new owner. · I will provide tobacco sales training that has been approved by the Wisconsin Department of Health Services to my employees. (https://witobaccocheck.org). I will not sell single cigarettes. · I will not sell, give, or otherwise provide cigarettes, tobacco, or any nicotine products to minors. · I will keep product invoices on the licensed premises for two years and ensure the records are available for inspection by law enforcement. Failure to comply with this will result in criminal penalties, including loss of inventory. · I will not sell cigarettes or roll-your-own (RYO) tobacco products unless listed on the Wisconsin Department of Justice's directory of certified tobacco manufacturers and brands. Further, under penalty provided by law, I state that this application has been truthfully answered to the best of my knowledge. I agree 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 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000. Signature 5-14-74 Title antierse amail war Part E: For Clerk Use Only Date application was filed with clerk Date license issued , Date license expires License number License fees Signature of Clerk/Deputy Clerk leanna

Save

Print

Clear

Form CTV-102

Cigarette, Tobacco, and Electronic Vaping Device Appointment of Agent

35/14/24

Agent Type (check one): Original Change			
Part A: Agent Information			
1. Last Name 2. F	irst Name		3. M.I.
4. Email anticrs@gnail.com		5. Phone	1
6. Home Address 4 State Rd 69			
7. City New Glans		8. State	9. Zip Code 53574
10. Date of Birth 01-01-1974 11. Drivers License/State ID Number 10-01-01-1974 11. Drivers License/State ID Number)6 12. Dr	ivers License	e/State ID State of Issuance
Part B: Questions			
 Have you completed Form CTV-101, Cigarette, Tobacco, and Elec Questionnaire? Submit a completed Form CTV-101 with this form. 			idual ∷ X Yes □ No
2. If this is a change of agent, please describe the reason for the age			
and the second of the second o	me onango. Attaon addition	nar sneets	i iicocasary.
Part C: Business Information			
Legal Business Name (individual name if sole proprietor)			
HBT Enterphses UC			
2. Business Trade Name or DBA			
OH Haus Pub ? bnll			
3. Entity Type (check one)	- ₩		
Limited Liability Company	Corporation		
4. Premises Address 406 2nd Street			
5. City New Glans		6. State	7. Zip Code 53574
10 Etc Odd his		701	20379
Part D: Attestations			
READ CAREFULLY BEFORE SIGNING: I, the Licensee, authorize the about liability company with full authority and control of the premises and of all busing devices conducted therein. I certify that I am authorized by the entity to authorize successor agent, I rescind all previous agent appointments for this premises statements and affidavits in connection with this application, and that any application may be required to forfeit not more than \$1,000 if convicted.	ness relative to cigarettes, tob orize this individual to act on s. Further, I understand that I	bacco product behalf of the may be pros	cts, and/or electronic vaping e entity. If I am appointing a secuted for submitting false
Signature of Licensee (officer, member, or authorized signatory)		Date	
Name of Person Signing for Licensee		Title	
READ CAREFULLY BEFORE SIGNING: I, the Agent, herby accept this approximation and assume full responsibility for the conduct of all business relatively devices conducted on the premises for the above-named business. I further and affidavits in connection with this form, and that any person who knowing to forfeit not more than \$1,000 if convicted.	ive to sales of cigarettes, tob understand that I may be pro ily provides materially false in	acco produc secuted for nformation on	ts, and/or electronic vaping submitting false statements
Signature of Agent	1	Date	1 21/

Save

Print

Clear

5-/4-24

Form CTV-101

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

	: Business Informa								
1. Legal	Business Name (individua	•							
H		nses	LleC						
2. Busine	ess Trade Name or DBA' DH HAUS Pu	bil	snill			X			
3. Entity	Type (check one)								
	Sole Proprietor		Partnership		_ Li	mited Liability Co	ompany	X c	orporation
Part B:	: Individual Informa	tion							
	erman			2. No	me (First)	r			3. Name (M.I.)
4. Relation	onship to Business (Title)	ent		5. Er	mail. Mtiers	segmail.	um	6. Phone	1-1518
		e Ro	69			<u> </u>		//	-
8. City	ew Glanus			9. State 10. Zip Code 11. Date 01-0			11. Date of E	974	
D.	rs License/State ID Numb		- 1				nse/State ID State	e of Issuance	
	055-0127-4	1501-	06			W/			
Part C	Individual's Addre	ee Hietor	· · · · · · · · · · · · · · · · · · ·						
	ronological order all of			t 5 vo	are Attac	a additional shoc	oto if no cooperati		
	Address 1	your addit	sses within the las		ars. Allac	- additional snee		7. 0. 1	
1000	Windlache	Stro1:	-	New Glans			State W/	Zip Code	ป
Previous	Address 2	SIL		City			State	Zip Code	7
							1	1	
Previous	Address 3			City				Zip Code	
Previous	Address 4			City			State	Zip Code	
Previous	Address 5			City			State	Zip Code	
				City			Otate	Zip Code	
Previous Address 6				City			State	Zip Code	
If applica	able, list all states and o	ounties yo	u have lived in as a	ın adı	ılt. Attach	additional sheets	s if necessary.		
State	County	State	County		State	County	State	County	
WI	Green	W)	Dane						
State	County	State	County		State	County	State	County	

Continued →

Part D: Individual's Criminal History					
Have you ever been convicted of any offense: Wisconsin, or another state's laws, or of any of	s (other than traffic offe county or municipal ord	nses) for violation of inances?	of any federal,	M No	
If yes to question 1, please list details of each	conviction below:				
Law/Ordinance Violated	Location		Trial Date		
Penalty Imposed		Was senter	nce completed? Yes	☐ No	
Law/Ordinance Violated	Location	*	Trial Date		
Penalty Imposed		Was senter	nce completed? Yes	☐ No	
Law/Ordinance Violated	Location		,Trial Date		
Penalty Imposed		Was senter	nce completed? Yes	☐ No	
Are charges for any offenses currently pending federal, Wisconsin, or another state's laws or a	against you (other than	traffic offenses) for ordinances?	r violation of any	⋈ No	
If yes to question 2, describe nature and statu	s of pending charges u	sing the space belo	ow. Attach additional sheets as n	eeded.	
	R				
Part E: Attestation by Individual					
READ CAREFULLY BEFORE SIGNING: I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on an application for cigarette, electronic vaping devices, and tobacco products retail license may be required to forfeit not more than \$1,000 if convicted. I declare under penalties of the law that I have examined this information and, to the best of my knowledge, it is true, correct, and complete to the best of my knowledge and belief.					
Ambu Tierman			Date 5-14-24		
•					
Part F: Licensing Authority Approval					
I hereby certify that I have checked municipal and this individual qualifies to serve in the reported ro	state criminal records. Ie with the above-name	To the best of my kr d business.	nowledge, with the available inform	mation,	
Name of Local Official		Title			
Signature of Local Official			Date		

24-02

Form CTV-100

Cigarette, Tobacco, and Electronic Vaping Device Retail License Application

FOR CLERKS ONLY					
Municipality V	NG				
License Period July 1, 24	June 30, 25				

Part A: Premises/Busines	ss Informati	ion				
1. Legal Business Name (individua	al name if sole p	proprietor)				
Rusty Raven LLC						
2. Business Trade Name or DBA						
Rusty Raven						
3. FEIN			4. Wisconsin Se	ller's Permit	Number	
82-0930494			456-10293	54950-02	2	
5. Entity Type (check one)						
Sole Proprietor	Pa	artnership	✓ Lim	ited Liability	/ Company	Corporation
6. State of Organization		7. Date of Organiza	ation		8. Wisconsin DFI Registrati	on Number
Wisconsin		03/24/2017			R067368	
9. Premises Address (do not use P	O Box)					
500 1st St						
10. City				11. State	12. Zip Code	
New Glarus				WI	53574	
13. County	14. Governing	Municipality: 🗌 Cit	y 🗌 Town 🛚	✓ Village	15. Aldermanic District	
GREEN	-	Glarus				
16. Mailing Address (if different from	m premises add	fress)				
PO BOX 1018						
17. City				18. State	19. Zip Code	
New Glarus				WI	53574	
20. Premises Phone		21. Premises Email			22. Website	
(608) 636-2023		rustyravenn			rustyraven.com	
 Premises Description - Describ Describe all rooms including liv records. Cigarettes, tobacco pr Attach a floor plan if possible. 	ving quarters, if	used, for the sales a	and/or storage of o	cigarettes, tol	bacco products, and electron	ic vaping devices and
The premises include premise address.	de the 1s	t floor reta	il store a	nd backr	coom of the buildi	ng at

Part B: Questions						
What products will be sold at	t this business	s location? (check	all that apply)			
☐ Cigarettes	. 1110 1100111000	✓ Tobacco	,		✓ Electronic Va	ping Devices
2. How will cigarettes, tobacco,	and/or electro	onic vaning device	s he sold? (che	ck all that a	innly)	
✓ Over the counter		☐ Vending		ok all that e	ippiy)	
3. Is the applicant business own	ned by anothe	er business entity?				☐ Yes ☑ No
If yes, provide the name and CTV-101 for all of the parent	FEIN of the p company's m	parent company be nembers, partners,	elow, identify pa or officers.	rent compa	ny members in Part C, an	d attach Form
3a. Name of Parent Compan	ıy:					
3b. FEIN of Parent Company						

Part C: Individual Information

An Individual Questionnaire, Form CTV-101, must be completed and attached to this application for each person involved in the applicant business and any parent company indicated in Part B. Such persons include: sole proprietor, all officers and agents of a corporation, all partners of a partnership, and all members and agents of a limited liability company.

List the full name, title, and phone number for each person below. Attach additional sheets if necessary.

Howland	Owner/Operator	(600) 626 AE0E
		(608) 636-4585
Schultz	Owner/CFO	(608) 501-7998
Van Hove	Owner/Director	(507) 259-4327

Part D: A	ttestation
-----------	------------

One of the following must sign and attest to this application:

sole proprietor

- one general partner of a partnership
- one corporate officer
- · one managing member of an LLC

READ CAREFULLY BEFORE SIGNING:

I understand and agree to the following:

- I will only purchase cigarettes, tobacco, and vapor products from distributors, jobbers, or subjobbers permitted by the Wisconsin Department of Revenue, unless I also hold the proper distributor's permit and pay all applicable excise taxes.
- · I will not purchase or exchange products from another retailer, including transferring existing stock to a new owner.
- I will provide tobacco sales training that has been approved by the Wisconsin Department of Health Services to my employees. (https://witobaccocheck.org).
- I will not sell single cigarettes.
- · I will not sell, give, or otherwise provide cigarettes, tobacco, or any nicotine products to minors.
- I will keep product invoices on the licensed premises for two years and ensure the records are available for inspection by law enforcement. Failure to comply with this will result in criminal penalties, including loss of inventory.
- I will not sell cigarettes or roll-your-own (RYO) tobacco products unless listed on the Wisconsin Department of Justice's directory
 of certified tobacco manufacturers and brands.

Further, under penalty provided by law, I state that this application has been truthfully answered to the best of my knowledge. I agree 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 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

			¥ .,555.	
Signature	/		Date MA -	7 - //
Mr. M	m		IVUT	7, 2024
Name (Last, First, M.I.)	-1			
Schultz &	Instiann	J		
Title Owner/CFO		Email KJSchuHz99C	smilton	Phone 608-501-7998
Part E: For Clerk Use Only				
Date application was filed with clerk	Date license issued	Date license	expires	License number

Date application was filed with clerk	Date license issued	Date license expires	License number	
License fees	Signature of Clerk/Deputy Clerk		10100	
	Dearna young	<u>. </u>		

Form CTV-102	Cigarette, Tobacco, and Appointme	Electronic Vapingent of Agent	J Devic	Date	
Agent Type (check	one): Original Change				
Part A: Agent Inf					
1. Last Name	omation	2. First Name			3. M.I.
Houland		Jointhan			J. 1VI.I.
4. Email		- any new	5. Phone		l
Custucan	renna egmail. com			636-4	585
6. Home Address	lenna egmail. com		[400	ן שב ט	700
1105 5	the Ave				
7. City			8. State	9. Zip Code	
New Gla	(N)		WI	535	4
10. Date of Birth 5-31-19')	11. Drivers License/State ID Number		rivers Licenso	e/State ID State	of Issuance
		11 00			
Part B: Question	S				
	ted Form CTV-101, <i>Cigarette, Tobacco, and</i> ubmit a completed Form CTV-101 with this f				es No
	of agent, please describe the reason for the				
Part C: Business					
0 1 0	e (individual name if sole proprietor) GUM L L L L L L L L L L L L L				
3. Entity Type (check o	ne)				
	Limited Liability Company	Corporation			
4. Premises Address					
	st St				
5. City			6. State	7. Zip Code	
New Glar.	15		WI	53570)
Part D: Attestation	ns				
READ CAREFULLY I liability company with devices conducted th successor agent, I re- statements and affida	BEFORE SIGNING: I, the Licensee, authorize the full authority and control of the premises and of all erein. I certify that I am authorized by the entity to scind all previous agent appointments for this prerivits in connection with this application, and that quired to forfeit not more than \$1,000 if convicted.	business relative to cigarettes, to authorize this individual to act of mises. Further, I understand that any person who knowingly prov	bacco produ n behalf of th I may be pro	cts, and/or electr e entity. If I am a secuted for subr	onic vaping ppointing a nitting false
Signature of Licensee	officer, member, or authorized signatory)		Date		
1//	-/ (4-5	18-24	
Name of Person Signin	g for Licensee		Title	- /	
Jon	Hovan		0W1	er	
company and assume devices conducted or	BEFORE SIGNING: I, the Agent, herby accept this e full responsibility for the conduct of all business the premises for the above-named business. I fur ection with this form, and that any person who kno	relative to sales of cigarettes, to rther understand that I may be pr	ove-named of bacco productosecuted for	orporation or limits, and/or electrical	onic vaping statements

Signature of Agent

CTV-102 (N. 2-24)

Date 4-28-27
Wisconsin Department of Revenue

Date		
Date		

Part A: Business Information

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

Legal Business Name (individual name if sole proprietor)						
Rusty Raven LLC						
2. Business Trade Name or DBA						
Rusty Raven						
3. Entity Type (check one)						
Sole Proprietor Partnership		X Lim	nited Liability Company	,	☐ Corporation	
Part B: Individual Information		***				
1. Name (Last)	2. Nan	ne (First)				3. Name (M.I.)
tovland		Jonat	han			T
4. Relationship to Business (Title)	5. Ema	ail			6. Phone	
owner loperator rustyrav			han rennge gmail.ce	om	608-63	36-4585
7. Home Address						
1105 5th St						
8. City		9. State	10. Zip Code		11. Date of E	
New Glarus		WI	53574	al I	05/31	1974
12. Drivers License/State ID Number			13. Drivers License/Stat	e ID Stat	e of Issuance	
H145-4:387-4191-05			ω			
Part C: Individual's Address History						
List in chronological order all of your addresses within the	last 5 yea	rs. Attach	additional sheets if ne	cessary.		
Previous Address 1	City	00 17	44	State	Zip Code	
N6693 West Point Rd	1			WI	533	570
Previous Address 2	City			State	Zip Code	
Previous Address 3	City			State	Zip Code	

City

City

City

State

WI

State

County

County

Green

If applicable, list all states and counties you have lived in as an adult. Attach additional sheets if necessary.

County

County

Dane

Rock

State

WI

WI

State

Continued \rightarrow

Previous Address 4

Previous Address 5

Previous Address 6

County

County

Olmsto

La Crosse

State

State

MN

W

State

State

State

State

State

Zip Code

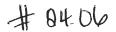
Zip Code

Zip Code

County

County

Part D: Individual's Criminal History				
Have you ever been convicted of any offenses Wisconsin, or another state's laws, or of any of				
If yes to question 1, please list details of each of	conviction below:			
Law/Ordinance Violated	Location		Trial Date	
Penalty Imposed		Was sentence completed? Yes No		
Law/Ordinance Violated	Location		Trial Date	
Penalty Imposed		Was sentence co	mpleted? Yes No	
Law/Ordinance Violated	Location		Trial Date	
Penalty Imposed		Was sentence co	mpleted? Yes No	
Are charges for any offenses currently pending federal, Wisconsin, or another state's laws or a	against you (other than traffic ny county or municipal ordinar	offenses) for violat	ion of any	
If yes to question 2, describe nature and status	s of pending charges using the	e space below. Att	ach additional sheets as needed.	
Part E: Attestation by Individual				
READ CAREFULLY BEFORE SIGNING: I unde	erstand that I may be prosecu	ted for submitting	false statements and affidavits in	
connection with this application, and that any per rette, electronic vaping devices, and tobacco pro	son who knowingly provides m	naterially false info	mation on an application for ciga-	
I declare under penalties of the law that I have e complete to the best of my knowledge and belief.	xamined this information and,	to the best of my	knowledge, it is true, correct, and	
Signature		Date	1-18-24	
	17.			
Part F: Licensing Authority Approval				
I hereby certify that I have checked municipal and this individual qualifies to serve in the reported ro	state criminal records. To the le with the above-named busing	pest of my knowled	ge, with the available information,	
Name of Local Official	Title			
Signature of Local Official		Date		
4/10	No. 2 - Application of the second	L		



Cigarette, Tobacco, and Electronic Vaping Device Retail License Application

FOR CLERKS ONLY				
Municipa	ility V. NG			
License	1,24-June 30,25			

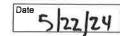
Part A: Premises/Busines	s Informati	ion				
1, Legal Business Name (individua	al name if sole p	proprietor)				
Hooked On Tap LLC						
2, Business Trade Name or DBA						
Sportsmans Reloaded						
3. FEIN			4. Wisconsin Se	eller's Permit	Number	
92-1964954 456-103120384				03842-04	1	
5. Entity Type (check one)						
Sole Proprietor	Pa	artnership		ited Liability		
6. State of Organization		7. Date of Organiza	ation		8. Wisconsin DFI Registration Number	
Wisconsin		02/02/2023			1 11074304	
9. Premises Address (do not use F	О Вох)				, , ,	
506 First St						
10. City		14		11. State	12. Zip Code	
New Glarus				WI	53574	
13. County	14. Governing	Municipality: City	y 🔲 Town	✓ Village	15. Aldermanic District	
Green	of: New	Glarus				
16. Mailing Address (if different from	m premises add	iress)				
P O Box 357						
17. City			1	18. State	19. Zip Code	
New Glarus				MI	53574	
20. Premises Phone		21. Premises Email			22. Website	
(608) 527-4665		secrets5@li	ve.com		sportsmansng.com	
Describe all rooms including liv	ring quarters, if	used, for the sales a	nd/or storage of	cigarettes, tol	electronic vaping devices are to be sold and stor bacco products, and electronic vaping devices a NLY on the premises described in this applicati	
Part B: Questions						
What products will be sold at Cigarettes	this business	location? (check a	11.37		✓ Electronic Vaping Devices	
How will cigarettes, tobacco, Over the counter	and/or electro	onic vaping device	•	ck all that a	ipply)	
3. Is the applicant business own	ned by anothe	r business entity?			Yes 🗹 N	
If yes, provide the name and CTV-101 for all of the parent	FEIN of the p company's m	arent company be embers, partners,	low, identify pa or officers.	rent compa	ny members in Part C, and attach Form	
3a. Name of Parent Compan	y:					
3b. FEIN of Parent Company						

Part C: Individual Information An Individual Questionnaire, Form CTV-101, must be completed and attached to this application for each person involved in the applicant business and any parent company indicated in Part B. Such persons include: sole proprietor, all officers and agents of a corporation, all partners of a partnership, and all members and agents of a limited liability company. List the full name, title, and phone number for each person below. Attach additional sheets if necessary. Last Name First Name Title Phone Hook Scott Owner 6084384665 Part D: Attestation One of the following must sign and attest to this application: sole proprietor · one general partner of a partnership · one corporate officer · one managing member of an LLC **READ CAREFULLY BEFORE SIGNING:** I understand and agree to the following: · I will only purchase cigarettes, tobacco, and vapor products from distributors, jobbers, or subjobbers permitted by the Wisconsin Department of Revenue, unless I also hold the proper distributor's permit and pay all applicable excise taxes. I will not purchase or exchange products from another retailer, including transferring existing stock to a new owner. • I will provide tobacco sales training that has been approved by the Wisconsin Department of Health Services to my employees. (https://witobaccocheck.org). · I will not sell single cigarettes. I will not sell, give, or otherwise provide cigarettes, tobacco, or any nicotine products to minors. · I will keep product invoices on the licensed premises for two years and ensure the records are available for inspection by law enforcement. Failure to comply with this will result in criminal penalties, including loss of inventory. I will not sell cigarettes or roll-your-own (RYO) tobacco products unless listed on the Wisconsin Department of Justice's directory of certified tobacco manufacturers and brands. Further, under penalty provided by law, I state that this application has been truthfully answered to the best of my knowledge. I agree 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 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000. Signature Date 5/22/24 Name (Last, First/ Hook, Scott Title **Email** Phone Owner secrets5@live.com (608) 438-4665 Part E: For Clerk Use Only Date application was filed with clerk Date license issued Date license expires License number 5.22-24 対 24-DL License fees Signature of Clerk/Deputy Clerk **\$ 100.** lama Illa

Cigarette, Tobacco, and Electronic Vaping Device Appointment of Agent

Date	-	1	
	5	22	24

Agent Type (check one):			
Part A: Agent Information			
1. Last Name	2, First Name		3. M.I.
4. Email Secrets 5@live.com	- SCOTY	5. Phone	54384665
6. Home Address 9002 country road G 7. City who Horeb		7 9 5	
7. City mt Horeb		8. State	9. Zip Code 53572
10. Date of Birth 11. Drivers License/State ID Number 10-27-91 1200 1849 1487 02		12. Drivers Licens	se/State ID State of Issuance
Part B: Questions			
Have you completed Form CTV-101, Cigarette, Tobacco, and Questionnaire? Submit a completed Form CTV-101 with this If this is a change of agent, please describe the reason for the complete of the co	s form	*(#)* <u>*(#)</u> * #)* * * * *	No
	· ·		,
Part C: Business Information			
Legal Business Name (individual name if sole proprietor)			
Hooked On Tap LLC 2. Business Trade Name or DBA			
Sportmans			
3. Entity Type (check one)	_		
4. Premises Address	☐ Corpora	tion	
506 first st. 5. City Wew Glarus		6. State	7. Zip Code
Wew Glarus		WI	53574)
Part D: Attestations			
READ CAREFULLY BEFORE SIGNING: I, the Licensee, authorize the liability company with full authority and control of the premises and of a devices conducted therein. I certify that I am authorized by the entity successor agent, I rescind all previous agent appointments for this prestatements and affidavits in connection with this application, and the application may be required to forfeit not more than \$1,000 if convicted.	all business relative to cigarett to authorize this individual to remises. Further, I understand at any person who knowingly	es, tobacco produ act on behalf of th that I may be pro	ucts, and/or electronic vaping ne entity. If I am appointing a posecuted for submitting false
Signature of Licensee (officer, member, or authorized signatory)		Date	
Name of Person Signing for Licensee うしみ みのと		Title	
READ CAREFULLY BEFORE SIGNING: I, the Agent, herby accept the company and assume full responsibility for the conduct of all business devices conducted on the premises for the above-named business. It and affidavits in connection with this form, and that any person who keep to forfeit not more than \$1,000 if convicted.	s relative to sales of cigarette further understand that I may	es, tobacco produ- be prosecuted for	cts, and/or electronic vaping submitting false statements
Signature of Agent Hask		Date 5/2	2.124
TV-102 (N. 2-24)			Wisconsin Department of Revenue



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

Part A: Business Information					0.3 (w) 1				1 Teach 1 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1		
1. Lega	Business Name (individua	I name if so	le proprietor)								
	Hooked On Ta	CH									
2. Busir	900 HISTON - WI										
	Sportsmans										
3. Entity	Type (check one)			-	\						
	Sole Proprietor		Partnership		<u>[</u>])Li	imited	d Liability Compan	у		Corporation	
					- Jan						
Part B	: Individual Informa	ition									
1. Name (Last)			2. Na	2. Name (First)					3. Name (M.I.)		
1	ook				Scot	Ţ					
4. Relati	onship to Business (Title)			5. En	nail	1			6. Phone		
0	wher			Se	welst	M	ive.com	608 4384665			
	Address		^						9.0	JO 46 W	
8	= 9002 count	troad	G								
8. City		0			9. State	10). Zip Code		11. Date of I	Birth	
1/	H Hovels				WI		53572		10-27.	7)	
12. Drive	ers License/State ID Numb	er			13. Drivers License/State ID State of Is						
	112m 7849 11	27 02		Wisc							
	quan lotti	01				-	70.56				
Part C	· Individual's Addro	ee Hietor	D.1								
							- P - 12				
		your addr	esses within the las	st 5 ye	ars. Attac	h add	ditional sheets if ne	ecessary.			
2. Business Trade Name or DBA 3. Entity Type (check one) Sole Proprietor Partnership Part B: Individual Information 1. Name (Last) 4. Relationship to Business (Title) Owner 7. Home Address 8. City MH Horch 12. Drivers License/State ID Number 12. Drivers License/State ID Number List in chronological order all of your addresses within the last in chronological order all of your addresses within the last in chronological orders 1 Previous Address 3 Previous Address 4 Previous Address 6 If applicable, list all states and counties you have lived in ast State County State County State County State County			City			State	Zip Code				
		ame-									
Previous	Address 2			City				State	Zip Code		
Previous	Address 3			City				State	Zip Code		
Previous	Address 4			City				State	Zip Code		
Previous	Address 5			City				State	Zip Code		
		-							4.4		
Previous	Address 6			City				State	Zip Code		
If applica	able, list all states and c	ounties yo	u have lived in as a	an adu	lt. Attach	addit	tional sheets if nec	essary.	1		
State		State	County		State	Cou	nty	State	County		
MIT	Oane										
State	County	State	County		State	Cou	nty	State	County		

Continued \rightarrow

Part D: Individual's Criminal Histor	ry								
Have you ever been convicted of any of Wisconsin, or another state's laws, or another state.									
If yes to question 1, please list details o	f each conviction below:		~						
Resisting Artest	Isting Artest Location Dane								
Penalty Imposed		Was sentence	completed? Yes No						
Law/Ordinance Violated	Location		Trial Date						
Penalty Imposed		Was sentence	completed? Yes No						
Law/Ordinance Violated	Location		Trial Date						
Penalty Imposed		Was sentence	completed? Yes No						
2. Are charges for any offenses currently pending against you (other than traffic offenses) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances?									
If yes to question 2, describe nature an	nd status of pending charges us	ing the enace below	Attach additional sheets as needed						
×									
Part E: Attestation by Individual									
READ CAREFULLY BEFORE SIGNING: I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on an application for cigarette, electronic vaping devices, and tobacco products retail license may be required to forfeit not more than \$1,000 if convicted. I declare under penalties of the law that I have examined this information and, to the best of my knowledge, it is true, correct, and complete to the best of my knowledge and belief.									
Signature Hak		D	ate 5/22/24						
0									
Part F: Licensing Authority Approval									
I hereby certify that I have checked municithis individual qualifies to serve in the rep			vledge, with the available information,						
Name of Local Official		Title	£						
Signature of Local Official		D	ate						