

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:
Mobile Home Park/Firefly Estates; Pool Table -Tofflers & Kleeman's; Tobacco Retail Lic.- 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

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



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



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	Account 555
Class C utilities	Account 545

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.

Customer Charge: Single phase: \$~~11.00~~13.50 per month
 Three phase: \$~~15.00~~17.50 per month

Energy Charge: \$~~0.1100~~0.1328 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.

Public Service Commission of Wisconsin

NEW GLARUS LIGHT AND WATER WORKS

Residential Service – Optional Time-of-Day

Application: 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.

Customer Charge: Single-phase: ~~\$11.00~~13.50 per month.
 Three-phase: ~~\$15.00~~17.50 per month.

Energy Charge: On-peak: ~~\$0.157~~0.1803 per kilowatt-hour (kWh).
 Off-peak: ~~\$0.075~~0.0978 per 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.

Moving Provisions: 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.

Joint Residential/Commercial Customers: 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.

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: ~~\$14.00~~16.50 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.

Farm Customer: 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.

NEW GLARUS LIGHT AND WATER WORKS

General Service – Optional Time-of-Day

Application: 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.

Customer Charge: 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). Off-peak: \$0.07500.0995 per 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.

Moving Provisions: 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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RATE FILE

Sheet No. 2 of 2

Schedule No. Gs-2

Public Service Commission of Wisconsin

Amendment No.

NEW GLARUS LIGHT AND WATER WORKS

<p align="center">General Service – Optional Time-of-Day (continued)</p>

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:

NEW GLARUS LIGHT AND WATER WORKS

Small Power Time of Day Service

Application: 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.

Customer Charge: \$50.00 per month.

Distribution Demand Charge: ~~\$1.50~~2.50 per kW of distribution demand.

Demand Charge: ~~\$9.00~~13.00 per kW of on-peak billed demand.

Energy Charge: On-Peak: ~~\$0.0825~~0.0873 per kilowatt-hour (kWh)
Off-Peak: ~~\$0.0575~~0.0673 per 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.

(Continued on next page)

NEW GLARUS LIGHT AND WATER WORKS

Small Power Service (continued)

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

Primary Metering Discount: Customers metered on the primary side of the transformer shall be given a 2.00 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.

Transformer Ownership Discount: 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 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.

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

Determination of On-Peak Billed Demand: On-Peak Billed Demand shall be the On-Peak Maximum Measured Demand.

NEW GLARUS LIGHT AND WATER WORKS

Large Power Time-Of-Day Service

Application: 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.

Customer Charge: ~~\$100.00~~200.00 per month.

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

Demand Charge: ~~\$10.75~~15.00 per kW of on-peak billed demand.

Energy Charge: On-peak: ~~\$0.0725~~0.0847 per kilowatt-hour (kWh).
 Off-peak: ~~\$0.0541~~0.0597 per kWh.

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

Minimum Monthly Bill: 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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NEW GLARUS LIGHT AND WATER WORKS

Large Power Service Time-Of-Day (continued)

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

Primary Metering Discount: Customers metered on the primary side of the transformer shall be given a 2.00 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.

Transformer Ownership Discount: 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 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.

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

Determination of On-Peak Billed Demand: The On-Peak Billed Demand shall be the On-Peak Maximum Demand.

NEW GLARUS LIGHT AND WATER WORKS

Street Lighting Service

Application: 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:

<100 W LED	\$6.00 <u>7.00</u> per lamp per month
= >100 W LED	\$7.00 <u>8.00</u> per lamp per month
100 W HPS	\$7.45 <u>8.15</u> per lamp per month
250 W HPS	\$8.45 <u>9.20</u> per lamp per month
175 W MV	\$7.45 <u>8.15</u> per lamp per month

Ornamental:

<100 W LED	\$7.00 <u>7.75</u> per lamp per month
= > 100 W LED	\$8.00 <u>8.75</u> per lamp per month
150 W HPS*	\$4.35 <u>5.10</u> per lamp per month
150 W HPS	\$7.95 <u>9.20</u> per lamp per month
400 W HPS	\$9.20 <u>10.20</u> per lamp per month
100 W MH*	\$4.35 <u>5.10</u> per lamp per month
100 W MH	\$8.45 <u>8.70</u> per lamp per month
250 W MH	\$9.45 <u>9.95</u> per lamp per month

Pole charges:

Wood – Distribution Pole	\$2.00 <u>2.25</u> 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 <u>11.25</u> per pole per month
Concrete Pole*	\$4.25 <u>4.75</u> per pole per month
Concrete Pole	\$24.25 <u>25.00</u> per pole per month
Fiberglass Pole	\$4.50 <u>5.00</u> per pole per month
Steel Pole -	\$13.40 <u>14.50</u> per pole per month

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

Energy Charge: ~~\$0.0765~~0.0822 per kilowatt-hour (kWh).

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

EFFECTIVE:

PSCW AUTHORIZATION:

RATE FILE

Sheet No. 2 of 2

Public Service Commission of Wisconsin

Schedule No. Ms-1

Amendment No. _____

NEW GLARUS LIGHT AND WATER WORKS

Street Lighting Service

Prompt Payment of Bills: Same as Rg-1.

Note:

MV = Mercury Vapor

MH = Metal Halide

HPS = High Pressure Sodium

EFFECTIVE:

PSCW AUTHORIZATION:

Public Service Commission of Wisconsin

NEW GLARUS LIGHT AND WATER WORKS

Security Lighting Service

Application: 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:

Investment charge:

175 M MV	\$ 11.60 12.50 per lamp per month
100 W HPS	\$ 11.60 12.50 per lamp per month
250 W HPS	\$ 14.70 15.70 per lamp per month
< 100 W LED	\$ 10.00 11.00 per lamp per month

Prompt Payment of Bills: Same as Rg-1.

Note: MV = Mercury Vapor
HPS = High Pressure Sodium
LED = Light Emitting Diode

NEW GLARUS LIGHT AND WATER WORKS

Other Charges and Billing Provisions

Budget Payment Plan: 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.

Reconnection Billing: 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.

Reconnection of a Seasonal Customer's Service: 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: \$ _____.

Apartment and Rental Units Separately Metered: \$ _____ per unit metered.

Subdividers and Residential Developers: \$ _____ per unit.

General Service: (Including Multi-Unit Dwellings If Billed on One Meter): \$ _____.

Power Service: \$ _____ per kW (Cp-1), \$ _____ per kW (Cp-2), of average billed demand.

Street Lighting: \$ _____.

NEW GLARUS LIGHT AND WATER WORKS

Commitment to 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	3.0% of the total electric bill not to exceed \$1.20 <u>1.14</u>
Rg-2 Residential Optional TOD Service	3.0% of the total electric bill not to exceed \$1.20 <u>1.14</u>
Gs-1 General Service	3.0% of the total electric bill not to exceed \$2.30
Gs-2 General Service Optional TOD	3.0% of the total electric bill not to exceed \$2.30
Cp-1 Small Power Service	3.0% of the total electric bill not to exceed \$10.00
Cp-2 Large Power Service	3.0% of the total electric bill not to exceed \$35.00
Ms-1 Street Lighting Service	No Charge
Ms-2 Security Lighting Service	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	Totals
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 Expense--Account # 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 Service--Financed 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

Part 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 Total Sales of Water at Current Rates:	26.38%	

Water Utility Cash Flow Analysis - Projected 2024-2035

Village of New Glarus, WI

	Budget	Projected										
	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	\$29,970
Other Income	\$16,000	\$16,160	\$16,322	\$16,485	\$16,650	\$16,816	\$16,984	\$17,324	\$17,670	\$18,024	\$18,384	\$18,752
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	\$48,722
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	\$450,176
PILOT Payment	\$98,000	\$98,980	\$99,970	\$100,970	\$101,979	\$102,999	\$104,029	\$105,069	\$106,120	\$107,181	\$108,253	\$109,336
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	\$468,816
Debt Service												
Existing Debt P&I	\$116,022	\$98,356	\$95,731	\$82,275	\$80,025	\$82,700	\$50,750	\$0	\$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	\$435,490
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	\$435,490
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	\$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	\$2,996,979
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	\$33,326
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	\$3,030,305
"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

Year	Water				
	Increase	Water Vol. Charge ¹	Water User Charge ²	Utility Bill (Monthly)	Change Over Prior Year
		<u>Tiered</u>	<u>Serv. + PFP</u>		
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 Change over planning 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

Utility Name	County	Utility Class	Min Quart Bill (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	C	36.00	71.88	107.76	125.70	148.13	428.40	12/1/2020
City of Evansville Water and Light	Rock	C	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	C	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	C	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	C	24.75	39.95	55.15	62.75	72.25	208.05	3/14/2023
Brodhead Water And Light Commission	Rock	C	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

Jeff Sturdevant
Chief of Police
 sturdevant@newglaruspolice.com



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

"America's Little Switzerland"

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 1st	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.

Jeff Sturdevant
Chief of Police
sturdevant@newglaruspolice.com



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

"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) pdl

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.

Amanda Parsons
Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant: Amanda Parsons

Address of Applicant: W12245 Tucker Rd
Monticello, WI 53570

Is application new or renewal? new 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: Blanchardville Co-op

STATE OF WISCONSIN
GREEN COUNTY

Amanda Parsons, being the undersigned states that (s)he is the
(Print Name)

person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

Amanda Parsons
Signature of Applicant

APPLICATION FOR OPERATOR'S LICENSE
BACKGROUND INFORMATION

NAME: Amanda Lanse Parsons
First Middle Last

ADDRESS: W 295 Tucker Road

CITY/STATE/ZIP: Monticello, WI 53570

PHONE NUMBER: 608 292 0178

DATE OF BIRTH: 08/19/1981 DRIVER LICENSE #: P6250128179900

Previous Address (less than 5 years): W 13 Lake St #2 Pardeeville, WI 53594

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? YES / NO

If yes, list convictions:
Date of such conviction 2023
Name of Court: Columbia
Nature of offense: Battery 23

Have you ever been convicted of any Alcohol Related Offenses? YES / NO

(i.e: OWI; Absolute Sobriety, Underage Drinking, Open Intoxicants, Procuring)
If yes, list convictions:
Date of such conviction: _____
Name of Court: _____
Nature of offense: _____

Have you been convicted of violating any license law or ordinance regulating the sale of Fermented malt beverages or intoxicating liquors? YES / NO

Nature of Violation _____

Are you currently under investigation, or pending charges, for a Felony, Misdemeanor offense, or Municipal violation? YES / NO

If yes, explain: _____

Has any license, (Driver's license, Bartender's license, etc.) issued to you ever been suspended, revoked or denied, due to an alcohol or drug related offense or incident? YES / NO

If yes, explain: _____

Having read and answered all of the above statements and questions, I hereby consent to investigation of such facts, and certify that all information provided on the application and the background information is true and correct to the best of my knowledge. I understand that providing false information or failing to disclose information may be grounds for denial of this operator's license as well as denial of the right to apply for a license for a six month period. I understand that the license fee is non-refundable.

Signed: Amanda Parsons

POLICE ADMINISTRATION'S REPORT TO Public Safety / Village Board

TRAFFIC NCIC CIB LOCAL CCAP/WCCA

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 Sturdevant DATE: 5-31-24
N24-01849

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: _____
[Only renewals have right to hearing] (date)

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 to the Circuit Court pursuant to § 125.12(2)(d), Wis. Stats., for review.



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



Expiration Date
05/05/2026



Certificate #
WI-00624949

Official Signature

This certificate is non-transferable and 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.

24-13

Form AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	V. NG.
License Period	July 1, 24, - June 30, 25

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

- Class "A" Beer \$ 500. Class "B" Beer \$ _____
 - "Class A" Liquor \$ 500. "Class B" Liquor \$ _____
 - "Class A" Liquor (cider only) \$ _____ Reserve "Class B" Liquor \$ _____
 - "Class C" Liquor (wine only) \$ _____
- cigarette's #100.*

Fees	
License Fees	\$ <u>1100.00</u>
Background Check Fee	\$ _____
Publication Fee	\$ _____
Total Fees	\$ _____

Part A: Premises/Business Information

1. Legal Business Name (Individual name if sole proprietorship) <u>Blanchardville Coop Oil Association</u>			
2. Business Trade Name or DBA _____			
3. FEIN <u>39-0169230</u>		4. Wisconsin Seller's Permit Number <u>456-000047486-02</u>	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> <u>COOP</u> Corporation <input type="checkbox"/> Nonprofit Organization			
6. State of Organization <u>WI</u>		7. Date of Organization <u>06/01/1935</u>	8. Wisconsin DFI Registration Number <u>B004345</u>
9. Premises Address <u>1401 Highway 69</u>			
10. City <u>New Glarus</u>		11. State <u>WI</u>	12. Zip Code <u>53574</u>
13. County <u>Green</u>	14. Governing Municipality: <input type="checkbox"/> City <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village of: <u>New Glarus</u>		15. Aldermanic District
16. Premises Phone <u>(608) 527-2112</u>	17. Premises Email <u>ngcs@blanchardvillecoop.com</u>	18. Website <u>www.blanchardvillecoop.</u>	
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. <u>Convenience Store</u>			
20. Mailing Address (if different from premises address)			
21. City		22. State	23. Zip Code

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. Attach additional sheets if necessary.

Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. 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 charges using the space below. Attach additional sheets as needed.

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? Yes No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity	4b. Business Entity FEIN
-----------------------------	--------------------------

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? Yes No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? Yes No

Part C: Individual Information

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 below. Corporations and LLCs must appoint an agent by including Form AB-101.


Last Name	First Name	Title	Phone
Erickson	Dave	President	(608) 206-1873
Stangeland	Steve	Secretary	(608) 214-0446

Part D: Attestation

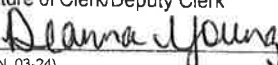
One of the following must sign and attest to this application:

- sole proprietor
- one general partner of a partnership
- one corporate officer
- one 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.
Steinemtz	Gery	E
Title	Email	Phone
General Manager	Gerys@blanchardvillecoop.com	(608) 523-4294
Signature	Date	
	05/08/24	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
5-16-24	#24-13		
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	
			

Alcohol Beverage Appointment of Agent

Date
05/08/2024

Agent Type (check one)

- Original (no fee) Successor (\$10 fee for municipal licensees only)

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)

Blanchardville Coop Oil Association

2. Business Trade Name or DBA

3. Entity Type (check one)

Limited Liability Company

Corporation (CO-OP)

Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)

Municipal Retail License State Permit

5. If successor agent, provide State Permit or Municipal Retail License Number

6. Describe the reason for appointing a successor agent, if successor is checked above.

Part B: Agent Information

1. Last Name Steinmetz	2. First Name Gery	3. M.I. E
4. Email gerys@blanchardvillecoop.com		5. Phone (608) 523-4294
6. Home Address 4154 330th St.		
7. City Boyd	8. State WI	9. Zip Code 54726
10. Age 61		
11. Drivers License/State ID Number S353-2856-3102-01		12. Drivers License/State ID State of Issuance WI


Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? Yes No
Submit proof of completion.
2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire*? Yes No
Submit a completed Form AB-100 with this form.
3. Have you been a Wisconsin resident for at least 90 continuous days? Yes No
See instructions for exceptions.

Continued →


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 Steinmetz	First Name Gery	M.I. E
Title General Manager	Email gerys@blanchardvillecoop.com	Phone (608) 523-4294
Signature 	Date 05/08/24	

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby 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 Steinmetz	First Name Gery	M.I. E
Signature 	Date 05/08/24	



Certificate

RESPONSIBLE BEVERAGE SERVER

awarded to

Gery Steinmetz

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.

www.Wisconsin-Bartending.com
Training Provider

05/16/2024
Training Date

Alcohol Beverage Individual Questionnaire

Date
5-8-24

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

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- 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) Blanchardville Coop Oil Association	
2. Business Trade Name or DBA 	
3. Entity Type (check one)	
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> ^{Co-op} Corporation <input type="checkbox"/> Nonprofit Organization	

Part B: Individual Information		
1. Last Name Steinmetz	2. First Name Gery	3. M.I. E
4. Relationship to Business (Title) General Manager	5. Email gerys@blanchardvillecoop.com	6. Phone (608) 523-4294
7. Home Address 4154 330th St.		
8. City Boyd	9. State WI	10. Zip Code 54726
		11. Date of Birth 03/22/63
12. Drivers License/State ID Number S353-2856-3102-01		13. Drivers License/State ID State of Issuance WI

Part C: Address History			
1. Do you currently reside in Wisconsin? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?			
Years 61	Months 1		
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.			
Previous Address 1 4154 330th St ADORE	City Boyd	State WI	Zip Code 54726
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. Attach additional sheets if necessary.			
State WI	County Chippewa	State	County
State	County	State	County

Continued -->

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? Yes No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? Yes No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

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 	Date 05/08/2024
--	--------------------

24-12

Form AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	V. NG
License Period	July 1, 24 - June 30, 25

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

- Class "A" Beer \$ _____
- Class "B" Beer \$ _____
- "Class A" Liquor \$ 500.
- "Class B" Liquor \$ _____
- "Class A" Liquor (cider only) \$ _____
- Reserve "Class B" Liquor \$ _____
- "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ <u>500.00</u>
Background Check Fee	\$ _____
Publication Fee	\$ _____
Total Fees	\$ _____

Part A: Premises/Business Information			
1. Legal Business Name (individual name if sole proprietorship) Brenda's Blumenladen LLC			
2. Business Trade Name or DBA			
3. FEIN 46-4112140		4. Wisconsin Seller's Permit Number 456-1028266294-02	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization			
6. State of Organization WI		7. Date of Organization 11-15-2013	8. Wisconsin DFI Registration Number B076447
9. Premises Address 17 6th Ave			
10. City New Glarus		11. State WI	12. Zip Code 53574
13. County Green		14. Governing Municipality: <input type="checkbox"/> City <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village of: New Glarus	15. Aldermanic District
16. Premises Phone (608) 527-2230		17. Premises Email brendasblumenladen@gmail.com	18. Website brendasblumenladen.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. Brenda's Blumenladen/Railroad St. Boutique located at 17 6th Ave/18 7th Ave, New Glarus, WI 53574 including both buildings, walkway between both buildings and store room above the Railroad St. Boutique.			
20. Mailing Address (if different from premises address) PO Box 5			
21. City New Glarus		22. State WI	23. Zip Code 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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list the details of violation below. Attach additional sheets if necessary.		
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages. Yes No

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

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? Yes No

If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity	4b. Business Entity FEIN
-----------------------------	--------------------------

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? Yes No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? Yes No

Part C: Individual Information

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 below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
Siegenthaler	Brenda	Owner/Member	(608) 524-2230

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 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 Siegenthaler	First Name Brenda	M.I.
Title Owner/Member	Email brendasblumenladen@gmail.com	Phone (608) 527-2230
Signature <i>Brenda Siegenthaler</i>	Date 04/11/24	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 5/16/24	License Number #24-12	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk <i>Deanna Young</i>		Date Provisional License Issued (if applicable)	

Alcohol Beverage Appointment of Agent

Date 5/13/24

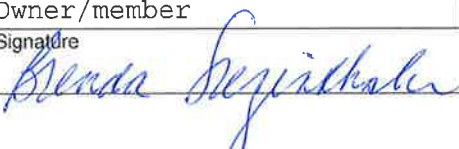
Agent Type <i>(check one)</i>	
<input checked="" type="checkbox"/> Original (no fee)	<input type="checkbox"/> Successor (\$10 fee for municipal licensees only)

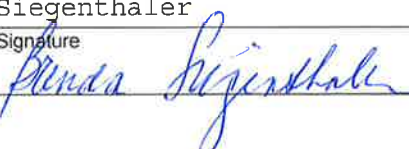
Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor) Brenda's Blumenladen LLC	
2. Business Trade Name or DBA	
3. Entity Type <i>(check one)</i> <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	
4. Alcohol Beverage Business Authorization <i>(check one)</i> <input type="checkbox"/> Municipal Retail License <input checked="" type="checkbox"/> State Permit	5. If successor agent, provide State Permit or Municipal Retail License Number
6. Describe the reason for appointing a successor agent, if successor is checked above.	

Part B: Agent Information			
1. Last Name Siegenthaler	2. First Name Brenda	3. M.I.	
4. Email brendasblumenladen@gmail.com		5. Phone (608) 527-2230	
6. Home Address 7965 Ritschard Rd			
7. City New Glarus	8. State WI	9. Zip Code 53574	10. Age 64
11. Drivers License/State ID Number S253-0725-9763-02		12. Drivers License/State ID State of Issuance WI	

Part C: Agent Questions	
1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you completed Form AB-100, <i>Alcohol Beverage Individual Questionnaire</i> ? Submit a completed Form AB-100 with this form.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you been a Wisconsin resident for at least 90 continuous days? See instructions for exceptions.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Continued →

Part D: Business Attestation			
<p>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.</p>			
Last Name Siegenthaler		First Name Brenda	
M.I.			
Title Owner/member	Email brendasblumenladen@gmail.com	Phone (608) 527-2230	
Signature 		Date 5/13/24	

Part E: Agent Attestation			
<p>READ CAREFULLY BEFORE SIGNING: I, the Agent, hereby 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.</p>			
Last Name Siegenthaler		First Name Brenda	
M.I.			
Signature 		Date 5/13/24	



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: SL94503

Alcohol Beverage Individual Questionnaire

Date: 5/16/24

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
- 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) Brenda's Blumenladen LLC	
2. Business Trade Name or DBA	
3. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	

Part B: Individual Information				
1. Last Name Siegenthaler	2. First Name Brenda	3. M.I.		
4. Relationship to Business (Title) Owner	5. Email brendasblumenladen@gmail.com	6. Phone (608) 527-2230		
7. Home Address 7965 Ritschard Rd				
8. City New Glarus	9. State WI	10. Zip Code 53574	11. Date of Birth 07/23/59	
12. Drivers License/State ID Number S253-0725-9763-02		13. Drivers License/State ID State of Issuance WI		

Part C: Address History					
1. Do you currently reside in Wisconsin? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?			Years 48	Months	
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.					
Previous Address 1 <u>- Same</u>	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		
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.					
State <u>WI</u>	County <u>Green</u>	State	County	State	County
State	County	State	County	State	County

Continued →

Part D: Criminal History		
1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.		
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.		

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 <i>Brenda Siegenthaler</i>	Date 05/16/2024

#2408

Form AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	V. NG
License Period	July 1, 24 - June 30, 25

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

- Class "A" Beer \$ 500. Class "B" Beer \$ _____
- "Class A" Liquor \$ 500. "Class B" Liquor \$ _____
- "Class A" Liquor (cider only) \$ _____ Reserve "Class B" Liquor \$ _____
- "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$
Background Check Fee	\$
Publication Fee	\$
Total Fees	\$

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) Burresons Market Inc.		
2. Business Trade Name or DBA Rays Market		
3. FEIN 81-2782657	4. Wisconsin Seller's Permit Number 456-1029314112-02	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization		
6. State of Organization Wi.	7. Date of Organization 8-2016	8. Wisconsin DFI Registration Number
9. Premises Address 600 Highway 69 P.O. Box 424, New Glarus		
10. City New Glarus	11. State Wi	12. Zip Code 53574
13. County Green	14. Governing Municipality: <input type="checkbox"/> City <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village of: New Glarus	15. Aldermanic District
16. Premises Phone 608 527-2914	17. Premises Email dburreson@tds.net	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 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. 12,000 sqft building located at 600 St. Hwy 69. Alcohol is displayed at the southeast corner of building. All records are located NW corner of building in storage area. All liquor sales are off premise.		
20. Mailing Address (if different from premises address)		
21. City	22. State	23. Zip Code

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. Attach additional sheets if necessary.

Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages. Yes No

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

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? Yes No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity
Burreson's Market Inc.

4b. Business Entity FEIN
81-2782657

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? Yes No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? Yes No

Part C: Individual Information

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 below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
Burreson	Darin	Owner	608 558-1662

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 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 Burreson		First Name Darin		M.I. L
Title Owner		Email dburreson@tds.net	Phone 608 558-1662	
Signature 			Date 4-24-24	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 5/9/24	License Number # 24-08	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk 		Date Provisional License Issued (if applicable)	

**Alcohol Beverage
Appointment of Agent**

Date

Agent Type (check one)

Original (no fee) Successor (\$10 fee for municipal licensees only)

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)
Burreson's Market Inc.

2. Business Trade Name or DBA
Roy's MARKET

3. Entity Type (check one)
 Limited Liability Company Corporation Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)
 Municipal Retail License State Permit

5. If successor agent, provide State Permit or Municipal Retail License Number

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@tds.net** 5. Phone **608-558-1662**

6. Home Address
216 S. Pinckney st

7. City **Madison** 8. State **WI** 9. Zip Code **53703** 10. Age **57**

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? Yes No
Submit proof of completion.

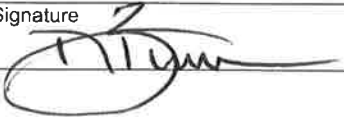
2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire*? Yes No
Submit a completed Form AB-100 with this form.

3. Have you been a Wisconsin resident for at least 90 continuous days? Yes No
See instructions for exceptions.

Continued →

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 Darin		M.I. L.
Title Sole Member	Email dburrison@tds.net		Phone 608 558-1662	
Signature 			Date 5-8-24	

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby 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 **5-8-24**

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

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- 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)	Burreson's Market Inc.
2. Business Trade Name or DBA	Roy's Market
3. Entity Type (check one)	
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	

Part B: Individual Information					
1. Last Name	2. First Name	3. M.I.			
Burreson	Darin	L			
4. Relationship to Business (Title)	5. Email	6. Phone			
Sole Member	dburreson@tds.net	608 558-1662			
7. Home Address					
216 S. Pinckney St. # 1301					
8. City	9. State	10. Zip Code	11. Date of Birth		
Madison	WI	53703	8-18-66		
12. Drivers License/State ID Number			13. Drivers License/State ID State of Issuance		
B625-1606-6298-05			WI		

Part C: Address History							
1. Do you currently reside in Wisconsin? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?					Years	Months	
					57		
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				
216 S. Pinckney St.	Madison	WI	53703				
Previous Address 2	City	State	Zip Code				
5200 Lake Mendota Dr.	Madison	WI	53705				
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	State	County	State	County
State	County	State	County	State	County	State	County

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? Yes No
 If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? Yes No
 If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

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  Date 5-8-24

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only
Municipality
License Period

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

- | | |
|---|--|
| <input type="checkbox"/> Class "A" Beer \$ _____ | <input type="checkbox"/> Class "B" Beer \$ _____ |
| <input type="checkbox"/> "Class A" Liquor \$ _____ | <input type="checkbox"/> "Class B" Liquor \$ _____ |
| <input type="checkbox"/> "Class A" Liquor (cider only) \$ _____ | <input type="checkbox"/> Reserve "Class B" Liquor \$ _____ |
| <input type="checkbox"/> "Class C" Liquor (wine only) \$ _____ | |

Fees	
License Fees	\$
Background Check Fee	\$
Publication Fee	\$
Total Fees	\$

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) CASEY'S MARKETING COMPANY			
2. Business Trade Name or DBA CASEY'S GENERAL STORE #3572			
3. FEIN 42-1435913		4. Wisconsin Seller's Permit Number 456-0000602957-03	
5. Entity Type (<i>check one</i>) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization			
6. State of Organization		7. Date of Organization	8. Wisconsin DFI Registration Number
9. Premises Address 1019 STATE ROAD 69			
10. City NEW GLARUS		11. State WI	12. Zip Code 53574
13. County Green	14. Governing Municipality: <input type="checkbox"/> City <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village of: NEW GLARUS		15. Aldermanic District
16. Premises Phone (608) 453-4529	17. Premises Email LICENSINGTEAMCASEYS.COM		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 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. ONE STORY PRESTRUCTED STEEL BUILDING			
20. Mailing Address (if different from premises address) ATTN LICENSING, ONE SE CONVENIENCE BLVD			
21. City ANKENY		22. State IA	23. Zip Code 50021

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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list the details of violation below. Attach additional sheets if necessary.		
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. 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 charges using the space below. Attach additional sheets as needed.

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? Yes No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity	4b. Business Entity FEIN
-----------------------------	--------------------------

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? Yes No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? Yes No

Part C: Individual Information

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 below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
FRANK	MELISSA	AGENT	(515) 422-7797


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 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 BEECH	First Name DOUGLAS	M.I. M
Title ASSISTANT SEC. FOR CASEY'S	Email LICENSINGTEAM@CASEYS.COM	Phone (515) 381-5109

Signature 	Date 03/08/24
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Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Alcohol Beverage Individual Questionnaire

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

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- 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) CASEY'S MARKETING COMPANY	
2. Business Trade Name or DBA CASEY'S GENERAL STORE #3572	
3. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	

Part B: Individual Information			
1. Last Name FRANK	2. First Name MELISSA	3. M.I. ANN	
4. Relationship to Business (Title) AGENT	5. Email LICENSINGTEAM@CASEYS.COM	6. Phone (515) 422-7797	
7. Home Address 539 YOSEMITE AVENUE			
8. City HARTFORD	9. State WI	10. Zip Code 53027	11. Date of Birth 07/20/72
12. Drivers License/State ID Number F652-5417-2760-000		13. Drivers License/State ID State of Issuance WI	

Part C: Address History					
1. Do you currently reside in Wisconsin? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Years 4</td> <td style="width: 50%; text-align: center;">Months</td> </tr> </table>	Years 4	Months
Years 4	Months				
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.					
Previous Address 1 28 W SAINT MARY ST	City MILTON	State WI	Zip Code 53563		
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. Attach additional sheets if necessary.					
State WI	County WASHINGTON	State WI	County ROCK		
State	County	State	County		
State	County	State	County		

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? Yes No
 If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? Yes No
 If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

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.

DocuSigned by: Signature  C10FFEF1C9FB4A4...	Date 4/5/2024
---	------------------

Agent Type (check one)

Original (no fee) Successor (\$10 fee for municipal licensees only)

Part A: Business Information

1. 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 Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)

Municipal Retail License State Permit

5. If successor agent, provide State Permit or Municipal Retail License Number

6. Describe the reason for appointing a successor agent, if successor is checked above.

Part B: Agent Information

1. Last Name

FRANK

2. First Name

MELISSA

3. M.I.

4. Email

LICENSINGTEAM@CASEYS.COM

5. Phone

(515) 422-7797

6. Home Address

539 YOSEMITE AVE

7. City

HARTFORD

8. State

WI

9. Zip Code

53027

10. Age

51

11. Drivers License/State ID Number

F652-5417-2760-000

12. Drivers License/State ID State of Issuance

WI

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? Yes No
Submit proof of completion.


2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire*? Yes No
Submit a completed Form AB-100 with this form.

3. Have you been a Wisconsin resident for at least 90 continuous days? Yes No
See instructions for exceptions.

Continued →


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 BEECH		First Name DOUGLAS	M.I.
Title ASSISTANT SECRETARY	Email LICENSINGTEAM@CASEYS.COM		Phone (515) 381-5109
Signature 		Date 04/05/24	

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby 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 FRANK		First Name MELISSA	M.I. A
Signature  C410FFEF1C9FB4A4...		Date 4/5/2024	

24-14

Form AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	V. NG
License Period	July 1, 24 - June 30, 25

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

- Class "A" Beer \$ _____
- Class "B" Beer \$ _____
- "Class A" Liquor \$ 500.
- "Class B" Liquor \$ _____
- "Class A" Liquor (cider only) \$ _____
- Reserve "Class B" Liquor \$ _____
- "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ <u>500.</u>
Background Check Fee	\$ _____
Publication Fee	\$ _____
Total Fees	\$ _____

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) <u>CHALET CHEESE HAUS</u>			
2. Business Trade Name or DBA			
3. FEIN <u>88-2699018</u>		4. Wisconsin Seller's Permit Number <u>456-1031088581-04</u>	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization			
6. State of Organization <u>WISCONSIN</u>		7. Date of Organization <u>5/27/2022</u>	8. Wisconsin DFI Registration Number <u>C118802</u>
9. Premises Address <u>554 1st ST</u>			
10. City <u>NEW GLARUS</u>		11. State <u>WI</u>	12. Zip Code <u>53574</u>
13. County <u>GREEN</u>	14. Governing Municipality: <input type="checkbox"/> City <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village of: <u>NEW GLARUS</u>		15. Aldermanic District
16. Premises Phone <u>608-636-2130</u>	17. Premises Email <u>info@chaletcheesehaus.com</u>	18. Website <u>chaletcheesehaus.com</u>	
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. <u>The premises is located at 554 1st St., New Glarus, WI 53574. The facility is one floor with a retail area, office area, back storage room, and walk-in cooler. Square footage is approximately 1,300 sq. ft. Alcohol would be located in the retail area, back storage room, and back cooler. Records would be stored in the office area.</u>			
20. Mailing Address (if different from premises address) <u>PO Box 219</u>			
21. City <u>NEW GLARUS</u>		22. State <u>WI</u>	23. Zip Code <u>53574</u>

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. Attach additional sheets if necessary.

Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. 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 charges using the space below. Attach additional sheets as needed.

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? Yes No
 If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity CHALET CHEESE COOPERATIVE	4b. Business Entity FEIN 39-6074993
---	---

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? Yes No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? Yes No

Part C: Individual Information

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 below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
HLUBEK	MICHAEL	AGENT	608-325-4343

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 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 HLUBEK	First Name MICHAEL	M.I. G
Title AGENT / GENERAL MANAGER	Email mike.hlubek@chaletcheesehaus.com	Phone 608-325-4343
Signature Michael Hlubek		Date 5/17/2024

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 5-17-24	License Number # 04-14	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk Deanna Young		Date Provisional License Issued (if applicable)	

Alcohol Beverage Appointment of Agent

Date
5/17/2024

Agent Type (check one)	
<input checked="" type="checkbox"/> Original (no fee)	<input type="checkbox"/> Successor (\$10 fee for municipal licensees only)

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor) <i>CHALET CHEESE HAUS, LLC.</i>	
2. Business Trade Name or DBA	
3. Entity Type (check one) <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	
4. Alcohol Beverage Business Authorization (check one) <input checked="" type="checkbox"/> Municipal Retail License <input type="checkbox"/> State Permit	5. If successor agent, provide State Permit or Municipal Retail License Number
6. Describe the reason for appointing a successor agent, if successor is checked above.	

Part B: Agent Information					
1. Last Name <i>HLUBEK</i>		2. First Name <i>MICHAEL</i>		3. M.I. <i>G</i>	
4. Email <i>mike.hlubek@chaletcheesehaus.com</i>			5. Phone <i>608-325-4843</i>		
6. Home Address <i>2023 20TH TERRACE</i>					
7. City <i>MONROE</i>		8. State <i>WI</i>	9. Zip Code <i>53506</i>		10. Age <i>61</i>
11. Drivers License/State ID Number <i>H412-5476-3066-04</i>			12. Drivers License/State ID State of Issuance <i>WISCONSIN</i>		

Part C: Agent Questions	
1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion. <i>2023 2022 attached</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire? Submit a completed Form AB-100 with this form.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you been a Wisconsin resident for at least 90 continuous days? See instructions for exceptions.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Continued →

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 <i>RIEDER</i>		First Name <i>DANIEL</i>		M.I. <i>R</i>
Title <i>PRESIDENT</i>	Email <i>drieder@tds.net</i>		Phone	
Signature <i>Daniel R. Rieder</i>			Date <i>5/17/2024</i>	

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby 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 <i>HLUBEK</i>		First Name <i>MICHAEL</i>		M.I. <i>G</i>
Signature <i>Michael Hlubek</i>			Date <i>5/17/2024</i>	



Certificate

RESPONSIBLE BEVERAGE SERVER

awarded to

Michael Hlubek

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.

www.Wisconsin-Bartending.com

Training Provider

05/25/2022

Training Date

**Alcohol Beverage
Individual Questionnaire**

Date 5/17/2024

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

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- 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) <u>CHALET CHEESE HAUS</u>				
2. Business Trade Name or DBA				
3. Entity Type (check one)				
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation	<input type="checkbox"/> Nonprofit Organization

Part B: Individual Information				
1. Last Name <u>HLUBEK</u>		2. First Name <u>MICHAEL</u>		3. M.I. <u>G</u>
4. Relationship to Business (Title) <u>AGENT</u>		5. Email <u>mike.hlubek@chaletcheeschaus.com</u>		6. Phone <u>608-325-4343</u>
7. Home Address <u>2023 20TH TER</u>				
8. City <u>MONROE</u>		9. State <u>WI</u>	10. Zip Code <u>53566</u>	11. Date of Birth <u>2/26/63</u>
12. Drivers License/State ID Number <u>H412-5476-3066-04</u>			13. Drivers License/State ID State of Issuance <u>WISCONSIN</u>	

Part C: Address History					
1. Do you currently reside in Wisconsin? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?				Years <u>38</u>	Months <u>9</u>
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.					
Previous Address 1 <u>SAME</u>		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	
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.					
State <u>WI</u>	County <u>GREEN</u>	State	County	State	County
State	County	State	County	State	County

Continued →

Part D: Criminal History		
1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.		
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.		

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 <i>Michael M. Uebek</i>	Date 5/17/2024

#24-18

Form AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	V. NG
License Period	July 1, 24 - June 30, 25

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

- Class "A" Beer \$ _____
- Class "B" Beer \$ 100.
- "Class A" Liquor \$ _____
- "Class B" Liquor \$ 500.
- "Class A" Liquor (cider only) \$ _____
- Reserve "Class B" Liquor \$ _____
- "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$
Background Check Fee	\$ _____
Publication Fee	\$
Total Fees	\$

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)
Steinbock LLC

2. Business Trade Name or DBA
Chalet Landhaus Restaurant

3. FEIN: 47-2250255 4. Wisconsin Seller's Permit Number: 456102857849202

5. Entity Type (check one)
 Sole Proprietor Partnership Limited Liability Company Corporation Nonprofit Organization

6. State of Organization: Wisconsin 7. Date of Organization: 10/27/2014 8. Wisconsin DFI Registration Number: S1031675

9. Premises Address: 801 Highway 69

10. City: New Glarus 11. State: WI 12. Zip Code: 53574

13. County: Green 14. Governing Municipality: City Town Village of: New Glarus 15. Aldermanic District: _____

16. Premises Phone: 608-527-5234 17. Premises Email: steinbockng@gmail.com 18. Website: www.landhausrestaurant.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.
Chalet Landhaus Restaurant located at 801 Highway 69, New Glarus WI 53574, including restaurant, bar, 3rd floor storage room, conference room and outdoor dining terrace

20. Mailing Address (if different from premises address)

21. City 22. State 23. Zip Code

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. Attach additional sheets if necessary.

Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. 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 charges using the space below. Attach additional sheets as needed.

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? Yes No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity	4b. Business Entity FEIN
-----------------------------	--------------------------

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? Yes No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? Yes No

Part C: Individual Information

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 below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
Nevil	Michael	Member	608-558-0611
Nevil	Shawna	Member	608-206-1112

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 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 Nevil	First Name Michael	M.I. A
Title Member	Email steinbockng@gmail.com	Phone 608-558-0611
Signature	Date 5/20/24	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 5/21/24	License Number # 24-18	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk Deanna Young		Date Provisional License Issued (if applicable)	

Agent Type (check one)

Original (no fee) Successor (\$10 fee for municipal licensees only)

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)
Steinbock LLC

2. Business Trade Name or DBA
Chalet Landhaus Restaurant

3. Entity Type (check one) Limited Liability Company 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

6. Describe the reason for appointing a successor agent, if successor is checked above.

Part B: Agent Information

1. Last Name 2. First Name 3. M.I.
Nevil **Michael** **A**

4. Email 5. Phone
steinbockng@gmail.com **6085580611**

6. Home Address
W6303 County H

7. City 8. State 9. Zip Code 10. Age
New Glarus **WI** **53574** **62**

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? Yes No
Submit proof of completion. **1997 - Continually**

2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire? Yes No
Submit a completed Form AB-100 with this form.

3. Have you been a Wisconsin resident for at least 90 continuous days? Yes No
See instructions for exceptions.

Continued →

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.
Title	Email		Phone	
Signature			Date	

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby 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 Nevil	First Name Michael	M.I. A
Signature 		Date 5/20/24

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

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- 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) Steinbock LLC				
2. Business Trade Name or DBA Chalet Landhaus Restaurant				
3. Entity Type (check one)				
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation	<input type="checkbox"/> Nonprofit Organization

Part B: Individual Information				
1. Last Name Nevil		2. First Name Michael		3. M.I. A
4. Relationship to Business (Title) Member		5. Email steinbocknng@gmail.com		6. Phone 608-558-0611
7. Home Address W6303 County H				
8. City New Glarus		9. State WI	10. Zip Code 53574	11. Date of Birth 05/31/1962
12. Drivers License/State ID Number			13. Drivers License/State ID State of Issuance Wisconsin	

Part C: Address History					
1. Do you currently reside in Wisconsin?				<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?				Years 62	Months 11
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	
-SAME-					
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. Attach additional sheets if necessary.					
State	County	State	County	State	County
WI	Green				
State	County	State	County	State	County

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? Yes No
 If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? Yes No
 If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

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 	Date 5/20/24
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Alcohol Beverage Individual Questionnaire

Date 5/21/24

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

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- 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) Steinbock LLC	
2. Business Trade Name or DBA Chalet Landhaus Restaurant	
3. Entity Type (check one)	
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	

Part B: Individual Information			
1. Last Name Nevil	2. First Name Shawna	3. M.I. D.	
4. Relationship to Business (Title) Member	5. Email steinbockng@gmail.com	6. Phone 608-206-1112	
7. Home Address W6303 County H			
8. City New Glarus	9. State WI	10. Zip Code 53574	11. Date of Birth 05/28/1964
12. Drivers License/State ID Number N140 7846 4688 04		13. Drivers License/State ID State of Issuance WISCONSIN	

Part C: Address History							
1. Do you currently reside in Wisconsin?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?			<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">Years</td> <td style="width: 50%; border-bottom: 1px solid black;">Months</td> </tr> <tr> <td style="text-align: center; font-size: 1.2em;">59</td> <td style="text-align: center; font-size: 1.2em;">11</td> </tr> </table>	Years	Months	59	11
Years	Months						
59	11						
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	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				
WI	Green						
State	County	State	County				

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? Yes No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? Yes No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

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 *Shaune Drivil*

Date *5/21/24*

#24-06

Form AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	V. NM
License Period	July 1, 24 - June 30, 25

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

- Class "A" Beer \$ _____
- Class "B" Beer \$ 100.
- "Class A" Liquor \$ _____
- "Class B" Liquor \$ _____
- "Class A" Liquor (cider only) \$ _____
- Reserve "Class B" Liquor \$ _____
- "Class C" Liquor (wine only) \$ 100.

Fees	
License Fees	\$
Background Check Fee	\$
Publication Fee	\$
Total Fees	\$

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) Dirty Dog Taphaus and Eatery LLC			
2. Business Trade Name or DBA			
3. FEIN 85-4084873		4. Wisconsin Seller's Permit Number 456-1030678405-04	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization			
6. State of Organization WI		7. Date of Organization 12/01/2020	8. Wisconsin DFI Registration Number D068070
9. Premises Address 101 6th Avenue			
10. City New Glarus		11. State WI	12. Zip Code 53574
13. County Green	14. Governing Municipality: <input type="checkbox"/> City <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village of: New Glarus		15. Aldermanic District
16. Premises Phone (608) 636-2048	17. Premises Email 1016thAve@gmail.com		18. Website DirtyDogTaphaus.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. Historic building with outdoor patio, all beer/seltzers/ciders stored in cooler behind tap wall/records stored in on-premises office.			
20. Mailing Address (if different from premises address) PO Box 38			
21. City New Glarus		22. State WI	23. Zip Code 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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list the details of violation below. Attach additional sheets if necessary.		
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. 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 charges using the space below. Attach additional sheets as needed.

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? Yes No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity	4b. Business Entity FEIN
-----------------------------	--------------------------

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? Yes No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? Yes No

Part C: Individual Information

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 below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
Hanson	Leah	Owner	(608) 347-8082
Kube	Keith	Owner	(563) 212-3572

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 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 <i>Hanson</i>	First Name <i>Leah</i>	M.I. <i>L</i>
Title <i>Owner</i>	Email <i>1016thAve@gmail.com</i>	Phone <i>608 3478082</i>
Signature <i>Leah Hanson</i>		Date <i>5 April 2024</i>

Part E: For Clerk Use Only

Date Application Was Filed With Clerk <i>5/6/24</i>	License Number <i>#24-06</i>	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk <i>Deanna Young</i>		Date Provisional License Issued (if applicable)	

Alcohol Beverage Appointment of Agent

Agent Type <i>(check one)</i>	
<input checked="" type="checkbox"/> Original (no fee)	<input type="checkbox"/> Successor (\$10 fee for municipal licensees only)

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor) Dirty Dog Taphaus and Eatery LLC	
2. Business Trade Name or DBA	
3. Entity Type <i>(check one)</i> <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	
4. Alcohol Beverage Business Authorization <i>(check one)</i> <input checked="" type="checkbox"/> Municipal Retail License <input type="checkbox"/> State Permit	5. If successor agent, provide State Permit or Municipal Retail License Number
6. Describe the reason for appointing a successor agent, if successor is checked above.	

Part B: Agent Information					
1. Last Name Hanson	2. First Name Leah	3. M.I. L			
4. Email 1016thAve@gmail.com				5. Phone (608) 636-2048	
6. Home Address 406 2nd Avenue					
7. City New Glarus	8. State WI	9. Zip Code 53574	10. Age 58		
11. Drivers License/State ID Number H525-5326-5958-06			12. Drivers License/State ID State of Issuance WI		

Part C: Agent Questions	
1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you completed Form AB-100, <i>Alcohol Beverage Individual Questionnaire</i> ? Submit a completed Form AB-100 with this form.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you been a Wisconsin resident for at least 90 continuous days? See instructions for exceptions.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Continued →

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 Hanson	First Name Leah	M.I. L
Title Owner / Manager	Email 1016thAve@gmail.com	Phone (608) 636-2048
Signature 	Date 05/05/24	

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby 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 Hanson	First Name Leah	M.I. L
Signature 	Date 05/05/24	

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 applaud 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

ServSafe Alcohol® CERTIFICATE

LEAH HANSON



NAME

4/24/2023

DATE OF EXAMINATION

Card expires two years from the date of examination. Local laws apply.
Complies with WI State Stats. s.125.04(5)(a)5 & s.123.17(6) & s.134.66

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Sherman Brown
Senior Vice President, National Restaurant Association Solutions

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

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



233 S. Wacker Drive,
Suite 3600
Chicago, IL 60604-6383
1.800.SERVSAFE
312.715.1010 In the Chicago area

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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 ServiceCenter@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 partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- 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) Dirty Dog Taphaus and Eatery LLC	
2. Business Trade Name or DBA	
3. Entity Type (check one)	
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	

Part B: Individual Information				
1. Last Name Hanson		2. First Name Leah		3. M.I. L
4. Relationship to Business (Title) Owner		5. Email 1016thave@gmail.com		6. Phone (608) 636-2048
7. Home Address 406 2nd Ave				
8. City New Glarus		9. State WI	10. Zip Code 53574	11. Date of Birth 12/18/19
12. Drivers License/State ID Number H525-5326-5958-06			13. Drivers License/State ID State of Issuance WI	

Part C: Address History							
1. Do you currently reside in Wisconsin? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Years 29</td> <td style="width: 50%;">Months</td> </tr> </table>	Years 29	Months		
Years 29	Months						
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		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	State	County	State	County
State	County	State	County	State	County	State	County

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? Yes No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.


Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? Yes No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

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 	Date 05/04/2024
---	--------------------

#24-07

Form
AB-200

**Alcohol Beverage License
Application**

For Municipal Use Only	
Municipality	V. NJ
License Period	July 1, 24 - June 30, 25

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

- Class "A" Beer \$ _____
- Class "B" Beer \$ 100.
- "Class A" Liquor \$ _____
- "Class B" Liquor \$ 500.
- "Class A" Liquor (cider only) \$ _____
- Reserve "Class B" Liquor \$ _____
- "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ <u>600.00</u>
Background Check Fee	\$ _____
Publication Fee	\$ _____
Total Fees	\$ _____

N/A

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) <u>FAT CAT COFFEE WORKS LLC</u>		
2. Business Trade Name or DBA <u>FAT CAT COFFEE WORKS</u>		
3. FEIN <u>20-863-7642</u>	4. Wisconsin Seller's Permit Number <u>456-000-319-5545-02</u>	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization		
6. State of Organization <u>WISCONSIN</u>	7. Date of Organization <u>3-13-2007</u>	8. Wisconsin DFI Registration Number <u>F040359</u>
9. Premises Address <u>606 RAILROAD ST.</u>		
10. City <u>NEW GLARUS</u>	11. State <u>WI</u>	12. Zip Code <u>53574</u>
13. County <u>GREEN</u>	14. Governing Municipality: <input type="checkbox"/> City <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village of <u>NEW GLARUS</u>	15. Aldermanic District
16. Premises Phone <u>(608) 527-3346</u>	17. Premises Email <u>fatcatcoffee@tds.net</u>	18. Website <u>www.fatcatcoffee.com</u>
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. <u>606 Railroad Street D outside seating/PATIO INDOORS OUTDOORS</u>		

20. Mailing Address (if different from premises address) <u>PO BOX 473</u>		
21. City <u>NEW GLARUS</u>	22. State <u>WI</u>	23. Zip Code <u>53574</u>

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. Attach additional sheets if necessary.

Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed?..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed?..... <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. 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 charges using the space below. Attach additional sheets as needed.

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? . . . Yes No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity	4b. Business Entity FEIN
-----------------------------	--------------------------

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? Yes No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? Yes No

Part C: Individual Information

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 below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
MILLER	JOHN	OWNER	608-358-9501

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 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 MILLER	First Name JOHN	M.I. B
Title OWNER	Email Fatcatcoffee@tds.net	Phone 608-358-9501
Signature <i>John Miller</i>		Date 5/4/2024

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 5/8/24	License Number # 24-07	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk <i>Deanna Young</i>		Date Provisional License Issued (if applicable)	

Form
AB-101

Alcohol Beverage Appointment of Agent

Date
4.29.24

Agent Type (check one)

Original (no fee) Successor (\$10 fee for municipal licensees only)

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)
FAT CAT COFFEE WORKS LLC

2. Business Trade Name or DBA
FAT CAT COFFEE WORKS

3. Entity Type (check one)
 Limited Liability Company Corporation Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)
 Municipal Retail License State Permit

5. If successor agent, provide State Permit or Municipal Retail License Number

6. Describe the reason for appointing a successor agent, if successor is checked above.

Part B: Agent Information

1. Last Name: MILLER 2. First Name: JOHN 3. M.I.: B

4. Email: FATCAT@TDS.NET 5. Phone: 608.358.9501

6. Home Address: N8994 POPLAR GROVE RD.

7. City: NEW GLARUS 8. State: WI 9. Zip Code: 53574 10. Age: 58

11. Drivers License/State ID Number: MA6D-4626-6369-03 12. Drivers License/State ID State of Issuance: WISCONSIN

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? Yes No
Submit proof of completion. *Has current OP license*

2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire? Yes No
Submit a completed Form AB-100 with this form.

3. Have you been a Wisconsin resident for at least 90 continuous days? Yes No
See instructions for exceptions.

Continued →


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 MILLER	First Name JOHN	M.I. B
Title OWNER	Email Fatcatcoffee@tds.net	Phone (603) 888-1234
Signature 		Date 5/4/2024

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby 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 MILLER	First Name JOHN	M.I. B
Signature 		Date 5/4/2024

Form
AB-100

Alcohol Beverage Individual Questionnaire

Date
4-29-74

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

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- 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) FAT CAT COFFEE WORKS LLC				
2. Business Trade Name or DBA FAT CAT COFFEE WORKS				
3. Entity Type (check one)				
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation	<input type="checkbox"/> Nonprofit Organization

Part B: Individual Information				
1. Last Name MILLER		2. First Name JOHN		3. M.I. B
4. Relationship to Business (Title) OWNER		5. Email fatcatcoffee@tds.net		6. Phone 608-358-4504
7. Home Address N8494 POPLAR GROVE RD.				
8. City NEW GLARUS		9. State WI	10. Zip Code 53574	11. Date of Birth 10/09/1960
12. Drivers License/State ID Number MA6D-46260-6369-03			13. Drivers License/State ID State of Issuance WISCONSIN	

Part C: Address History					
1. Do you currently reside in Wisconsin? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?				Years 58	Months 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	
N8494 POPLAR GROVE RD		NEW GLARUS	WI	53574	
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. Attach additional sheets if necessary.					
State	County	State	County	State	County
MI	Menominee	WI	Dale		
WI	Marquette	WI	Green		

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? Yes No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? Yes No

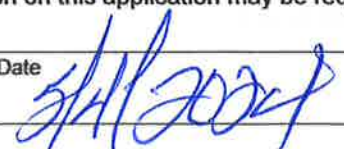
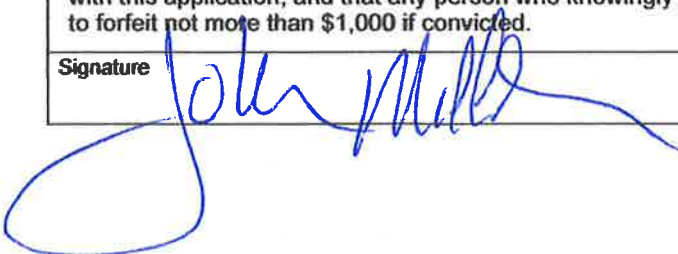
If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

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

Date



#24-23

Form AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	V. NG
License Period	July 1, 24 - June 30, 25

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

- Class "A" Beer \$ _____
- Class "B" Beer \$ 100.
- "Class A" Liquor \$ _____
- "Class B" Liquor \$ 500.
- "Class A" Liquor (cider only) \$ _____
- Reserve "Class B" Liquor \$ _____
- "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ <u>600.</u>
Background Check Fee	\$ _____
Publication Fee	\$ _____
Total Fees	\$ _____

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) <u>Glarner Enterprises Inc</u>			
2. Business Trade Name or DBA <u>Glarner store</u>			
3. FEIN <u>39-1591613</u>		4. Wisconsin Seller's Permit Number <u>456-000010700503</u> <u>604-000047005-01</u>	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization			
6. State of Organization <u>Wisconsin</u>		7. Date of Organization <u>9-16-1987</u>	8. Wisconsin DFI Registration Number <u>G021800</u>
9. Premises Address <u>518 1st street</u>			
10. City <u>New Glarus</u>		11. State <u>WI</u>	12. Zip Code <u>53574</u>
13. County <u>Green</u>	14. Governing Municipality: <input type="checkbox"/> City <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village of: <u>New Glarus</u>		15. Aldermanic District <u>_____</u>
16. Premises Phone <u>608 527 2216</u>	17. Premises Email <u>John.Gobeli@EunTelord.ca</u>		18. Website <u>_____</u>
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. <u>basement + first floor of 518 1st street</u> <u>New Glarus, WI 53574</u>			
20. Mailing Address (if different from premises address) <u>PO Box 157</u>			
21. City <u>New Glarus</u>		22. State <u>WI</u>	23. Zip Code <u>53574</u>

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. Attach additional sheets if necessary.

Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. 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 charges using the space below. Attach additional sheets as needed.

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? . . . Yes No
 If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity	4b. Business Entity FEIN
-----------------------------	--------------------------

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No
 6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? Yes No
 7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? Yes No

Part C: Individual Information

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 below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
Gobeli	John	President	608 214 5383

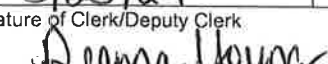
Part D: Attestation

One of the following must sign and attest to this application:
 • sole proprietor • one general partner of a partnership • one corporate officer • one 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 Gobeli	First Name John	M.I. C
Title President	Email John.Gobeli@Iclob.com	Phone 608 214 5383
Signature 		Date 5/23/24

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 5/23/24	License Number # 24-23	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk 		Date Provisional License Issued (if applicable)	

Alcohol Beverage Appointment of Agent

Date
5/23/24

Agent Type (check one)

- Original (no fee) Successor (\$10 fee for municipal licensees only)

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor) <i>Glarner Enterprises Inc</i>	
2. Business Trade Name or DBA <i>Glarner Stake</i>	
3. Entity Type (check one) <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	
4. Alcohol Beverage Business Authorization (check one) <input checked="" type="checkbox"/> Municipal Retail License <input type="checkbox"/> State Permit	5. If successor agent, provide State Permit or Municipal Retail License Number
6. Describe the reason for appointing a successor agent, if successor is checked above.	

Part B: Agent Information

1. Last Name <i>Gabeli</i>	2. First Name <i>John</i>	3. M.I. <i>C</i>
4. Email <i>John.Gabeli@Icloud.com</i>		5. Phone <i>608 214 5383</i>
6. Home Address <i>630 Washington Street</i>		
7. City <i>Monticello</i>	8. State <i>WI</i>	9. Zip Code <i>53570</i>
10. Age <i>40</i>		
11. Drivers License/State ID Number <i>6140 4638 344307</i>		12. Drivers License/State ID State of Issuance <i>WISCONSIN</i>


Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion. <i>2022, #OP dic.</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire? Submit a completed Form AB-100 with this form.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you been a Wisconsin resident for at least 90 continuous days? See instructions for exceptions.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Continued →


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 Gobeli		First Name John		M.I. C
Title President	Email John.Gobeli@Tclouder.com		Phone 608 214 5283	
Signature 			Date 5/23/24	

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby 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 Gobeli		First Name John		M.I. C
Signature 			Date 5/23/24	

Alcohol Beverage Individual Questionnaire

Date 5/23/24

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

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- 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) <i>Glarner Enterprises Inc</i>	
2. Business Trade Name or DBA <i>Glarner State</i>	
3. Entity Type (check one)	
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	

Part B: Individual Information				
1. Last Name <i>Gabeli</i>		2. First Name <i>John</i>		3. M.I. <i>C</i>
4. Relationship to Business (Title) <i>President</i>		5. Email <i>John.Gabeli@Icelandic.com</i>		6. Phone <i>608 214 5283</i>
7. Home Address <i>630 Washington Street</i>				
8. City <i>Monicello</i>		9. State <i>WI</i>	10. Zip Code <i>53520</i>	11. Date of Birth <i>12/31/1983</i>
12. Drivers License/State ID Number <i>G146 4638 3443 07</i>			13. Drivers License/State ID State of Issuance <i>Wisconsin</i>	

Part C: Address History					
1. Do you currently reside in Wisconsin? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?				Years <i>14</i>	Months
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.					
Previous Address 1 <i>630 Washington Street</i>		City <i>Monicello</i>	State <i>WI</i>	Zip Code <i>53520</i>	
Previous Address 2 <i>300 Olive Rd #1</i>		City <i>New Glarus</i>	State <i>WI</i>	Zip Code <i>53574</i>	
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 <i>IA</i>	County <i>Dubuque</i>	State <i>WI</i>	County <i>Dodge</i>	State	County
State <i>WI</i>	County <i>Green</i>	State	County	State	County

Continued →

Part D: Criminal History


1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? Yes No
 If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? Yes No
 If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

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  Date 5/23/24

#2402

Form AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	V. NJ
License Period	July 1, 24 - June 30, 25

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

- Class "A" Beer \$ _____
- Class "B" Beer \$ 100
- "Class A" Liquor \$ _____
- "Class B" Liquor \$ 500
- "Class A" Liquor (cider only) \$ _____
- Reserve "Class B" Liquor \$ _____
- "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$
Background Check Fee	\$
Publication Fee	\$
Total Fees	\$

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) KLEEMANS BAR & GRILL LLC		
2. Business Trade Name or DBA		
3. FEIN 76-0775726	4. Wisconsin Seller's Permit Number 456-0002252298-02	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization		
6. State of Organization WI	7. Date of Organization	8. Wisconsin DFI Registration Number
9. Premises Address 116 5TH AVENUE		
10. City NEW GLARUS	11. State WI	12. Zip Code 53574
13. County Green	14. Governing Municipality: <input type="checkbox"/> City <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village of: NEW GLARUS	15. Aldermanic District
16. Premises Phone (608) 524-5499	17. Premises Email gregkleeman@gmail.com	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 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. MAIN FLOOR & BASEMENT		
20. Mailing Address (if different from premises address) PO BOX 742		
21. City NEW GLARUS	22. State WI	23. Zip Code 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. Attach additional sheets if necessary.

Law/Ordinance Violated <u>AFTER HOURS</u>	Location	Trial Date
Penalty Imposed	Was sentence completed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated <u>DUI</u>	Location	Trial Date <u>9/19</u>
Penalty Imposed	Was sentence completed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. 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 charges using the space below. Attach additional sheets as needed.

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? Yes No
 If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity	4b. Business Entity FEIN
-----------------------------	--------------------------

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? Yes No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? Yes No

Part C: Individual Information

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 below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
KLEEMAN	GREGORY B	AGENT	(608) 574-4562

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 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 KLEEMAN		First Name GREGORY		M.I. B
Title OWNER	Email gregkleeman@gmail.com		Phone (608) 574-4562	
Signature 			Date 03/18/24	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 3-20-24	License Number # 24-02	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk			Date Provisional License Issued (if applicable)

Agent Type (check one)

Original (no fee) Successor (\$10 fee for municipal licensees only)

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)
KLEEMAN'S BAR + GRILL LLC

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

5. If successor agent, provide State Permit or Municipal Retail License Number

6. Describe the reason for appointing a successor agent, if successor is checked above.

Part B: Agent Information

1. Last Name: KLEEMAN 2. First Name: GREG 3. M.I.: B

4. Email: gregkleeman@gmail.com 5. Phone: 608-574-4562

6. Home Address: 312 DURST RD.

7. City: NEW GLARUS 8. State: WI 9. Zip Code: 53574 10. Age: 49

11. Drivers License/State ID Number: K455-2827-4361-05 12. Drivers License/State ID State of Issuance: WI

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? Yes No
 Submit proof of completion. CERTIFICATE LOST IN FIRE


2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire? Yes No
 Submit a completed Form AB-100 with this form.

3. Have you been a Wisconsin resident for at least 90 continuous days? Yes No
 See instructions for exceptions.

Continued →

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 Kleeman		First Name Greg		M.I. B
Title OWNER	Email gregkleeman@gmail.com		Phone 608-574-4562	
Signature 			Date 4-19-24	

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby 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	

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

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- 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 LLC				
2. Business Trade Name or DBA				
3. Entity Type (check one)				
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation	<input type="checkbox"/> Nonprofit Organization

Part B: Individual Information				
1. Last Name KLEEMAN		2. First Name GREG		3. M.I. B
4. Relationship to Business (Title) OWNER		5. Email gregkleeman@gmail.com		6. Phone 608-574-4562
7. Home Address 312 DURST RD.				
8. City NEW GLAUS		9. State WI	10. Zip Code 53574	11. Date of Birth 10-01-74
12. Drivers License/State ID Number K455-2827-4361-08			13. Drivers License/State ID State of Issuance WI	

Part C: Address History				
1. Do you currently reside in Wisconsin? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?				Years 28
Months				
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.				
Previous Address 1 312 DURST RD.		City NEW GLAUS		State WI
		City		State
		City		State
		City		State
		City		State
		City		State
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.				
State WI	County GREEN	State IL	County WINNEBAGO	State WI
				County ROCK

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? Yes No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated <i>ow1</i>	Location <i>New Glarus</i>	Conviction Date <i>8-19</i>
Penalty Imposed <i>FINE, SUSPENDED DRIVERS LICENSE</i>		Was sentence completed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated <i>CLOSING HOUR VIOLATION</i>	Location <i>New Glarus</i>	Conviction Date <i>2016</i>
Penalty Imposed <i>FINE</i>		Was sentence completed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? Yes No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

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  Date *4-19-24*

24-01

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 Address of Establishment: KLEEMANS BAR & GRILL
116 STIT AVE NEW GLARUS, WI 53524

A receipt is submitted herewith, showing the payment of the sum of \$ 10. to the treasurer, in payment of this license.

Dated: 3-19-24

Signed: 

Form AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	V. NG
License Period	July 1, 24 - June 30, 25

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

- Class "A" Beer \$ _____
- Class "B" Beer \$ 100.
- "Class A" Liquor \$ _____
- "Class B" Liquor \$ 500.
- "Class A" Liquor (cider only) \$ _____
- Reserve "Class B" Liquor \$ _____
- "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ <u>600.00</u>
Background Check Fee	\$ _____
Publication Fee	\$ _____
Total Fees	\$ _____

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) <u>Kristi's Restaurant LLC</u>			
2. Business Trade Name or DBA			
3. FEIN <u>46-2939197</u>		4. Wisconsin Seller's Permit Number <u>456-1028754108-02</u>	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization			
6. State of Organization <u>WI</u>		7. Date of Organization <u>August/2013</u>	8. Wisconsin DFI Registration Number <u>SBOM-GARKMN</u>
9. Premises Address <u>1195th Ave</u>			
10. City <u>New Glarus</u>		11. State <u>WI</u>	12. Zip Code <u>53574</u>
13. County <u>Green</u>	14. Governing Municipality: <input type="checkbox"/> City <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village of: <u>New Glarus</u>		15. Aldermanic District
16. Premises Phone <u>608-527-2012</u>	17. Premises Email <u>Krustilopso@gmail.com</u>	18. Website <u>KristisRestaurant.com</u>	
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. <u>All Areas at 1195th Ave Including front porch and Patio area east of building</u>			
20. Mailing Address (if different from premises address) <u>Same</u>			
21. City		22. State	23. Zip Code

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. Attach additional sheets if necessary.

Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . . Yes No

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

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? . . . Yes No

If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity	4b. Business Entity FEIN
-----------------------------	--------------------------

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? Yes No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? Yes No

Part C: Individual Information

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 below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
Lopez	Kusti	Agent owner	608-558-4799
Lopez Torres	Juan Carlos	Agent Owner	608-443-7685

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 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 Lopez	First Name Kusti	M.I. K.
Title Owner	Email Kusti.lopez@gmail.com	Phone 608-558-4799
Signature <i>Kusti Lopez</i>	Date 5-17-24	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 5/17/24	License Number # 24-15	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk <i>Deanna Young</i>		Date Provisional License Issued (if applicable)	

Form

AB-101

Alcohol Beverage Appointment of Agent

Date 5/17/24

Agent Type (check one)

- Original (no fee) Successor (\$10 fee for municipal licensees only)

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)

Kristi's Restaurant LLC

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

5. If successor agent, provide State Permit or Municipal Retail License Number

6. Describe the reason for appointing a successor agent, if successor is checked above.

Part B: Agent Information

1. Last Name

Lopez

2. First Name

Kristi

3. M.I.

K

4. Email

Krstilopso@gmail.com

5. Phone

608-558-4799

6. Home Address

119 5th Ave PO Box 363

7. City

New Glarus

8. State

WI

9. Zip Code

53574

10. Age

58

11. Drivers License/State ID Number

420-5116-6670-05

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.

Approx 2003 - Blackhawk Tech-Memor WI

- Yes No

2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire?

Submit a completed Form AB-100 with this form.

- Yes No

3. Have you been a Wisconsin resident for at least 90 continuous days?

See instructions for exceptions.

- Yes No

Continued →

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 <i>Lopez</i>	First Name <i>Kusti</i>	M.I. <i>K.</i>
Title <i>Owner</i>	Email <i>Kustilop50@gmail.com</i>	Phone <i>608-558-4799</i>
Signature <i>Kusti Lopez</i>		Date <i>5-17-24</i>

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby 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 <i>Lopez</i>	First Name <i>Kusti</i>	M.I. <i>K.</i>
Signature <i>Kusti Lopez</i>		Date <i>5-17-24</i>

Alcohol Beverage Individual Questionnaire

Date 5/17/24

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

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- 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)
Kusti's Restaurant LLC

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 Lopez 2. First Name Kusti 3. M.I. K.

4. Relationship to Business (Title) Owner 5. Email Kustilops0@gmail.com 6. Phone 608-558-4779

7. Home Address 1195th Ave PO Box 363

8. City New Glarus 9. State WI 10. Zip Code 53574 11. Date of Birth 5-10-66

12. Drivers License/State ID Number L120-5116-6670-05 13. Drivers License/State ID State of Issuance WISCONSIN

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?
Years 58 Months —

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address	City	State	Zip Code
Previous Address 1			
Previous Address 2			
Previous Address 3			
Previous Address 4			
Previous Address 5			

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
<u>WI</u>	<u>Green</u>	<u>WI</u>					
<u>WI</u>	<u>Dane</u>	<u>WI</u>					

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? Yes No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? Yes No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

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

Kristic Lopez

Date

5-17-24

Alcohol Beverage Individual Questionnaire

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

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- 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)	
<i>Kristi's Restaurant LLC</i>	
2. Business Trade Name or DBA	
3. Entity Type (check one)	
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership
<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation
<input type="checkbox"/> Nonprofit Organization	

Part B: Individual Information

1. Last Name		2. First Name		3. M.I.	
<i>Lopez-Torres</i>		<i>Juan Carlos</i>			
4. Relationship to Business (Title)		5. Email		6. Phone	
<i>Owner</i>		<i>America23lopez@gmail.com</i>		<i>608-443-7685</i>	
7. Home Address					
<i>119 5th Ave</i>					
8. City		9. State	10. Zip Code		11. Date of Birth
<i>New Glarus</i>		<i>WI</i>	<i>53574</i>		<i>02-23-74</i>
12. Drivers License/State ID Number			13. Drivers License/State ID State of Issuance		
<i>L123-4207-4063-05</i>			<i>WISconsin</i>		

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? Years *24* Months *—*

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address	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	County	State	County
<i>WI</i>	<i>Green</i>						
<i>WI</i>	<i>Dane</i>						

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances?..... Yes No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed?..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed?..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed?..... <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances?..... Yes No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

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  Date 5-21-24

#24-16

Form AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	V. NG
License Period	July 1, 24 - June 30, 25

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

- Class "A" Beer \$ _____
- "Class A" Liquor \$ 500.
- "Class A" Liquor (cider only) \$ _____
- "Class C" Liquor (wine only) \$ _____
- Class "B" Beer \$ _____
- "Class B" Liquor \$ _____
- Reserve "Class B" Liquor \$ _____

Fees	
License Fees	\$
Background Check Fee	\$
Publication Fee	\$
Total Fees	\$

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) New Rose LLC			
2. Business Trade Name or DBA New Rose			
3. FEIN 83-0577018		4. Wisconsin Seller's Permit Number 456-1029840460-02	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization			
6. State of Organization WI		7. Date of Organization 01/01/2019	8. Wisconsin DFI Registration Number N049572
9. Premises Address 523 1ST Street			
10. City New Glarus		11. State WI	12. Zip Code 53574
13. County Green	14. Governing Municipality: <input type="checkbox"/> City <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village of: <u>New Glarus</u>		15. Aldermanic District
16. Premises Phone 527-4004	17. Premises Email newrose76llc@gmail.com		18. Website www.shopnewrose.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. New Rose is located inside the Anderson Mall upstairs from Sisters. Alcohol is stored upstairs in the retail part of the store and records are stored in the back of the store. I share a front door with Sisters but am a separate store upstairs. There are other retail shops within this mall but they do not have access to my area. I also have a door back entrance into the mall that remains locked as well as a back door to the outside.			
20. Mailing Address (if different from premises address) PO Box 32			
21. City New Glarus		22. State WI	23. Zip Code 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. Attach additional sheets if necessary.

Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. 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 charges using the space below. Attach additional sheets as needed.

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? Yes No
 If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity	4b. Business Entity FEIN
-----------------------------	--------------------------

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? Yes No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? Yes No

Part C: Individual Information

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 below. Corporations and LLCs must appoint an agent by including Form AB-101.

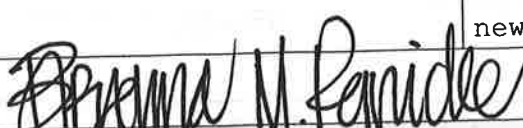
Last Name	First Name	Title	Phone
Reinicke	Bryenna	Owner	527-4004

Part D: Attestation

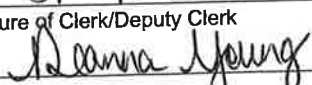
One of the following must sign and attest to this application:

- sole proprietor
- one general partner of a partnership
- one corporate officer
- one 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 Reinicke	First Name Bryenna	M.I. M
Title Owner	Email newrose7611c@gmail.com	Phone 527-4004
Signature 	Date 05/18/24	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 5/20/24	License Number #24-16	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk 		Date Provisional License Issued (if applicable)	

Alcohol Beverage Appointment of Agent

Agent Type (check one)	
<input checked="" type="checkbox"/> Original (no fee)	<input type="checkbox"/> Successor (\$10 fee for municipal licensees only)

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor) New Rose LLC	
2. Business Trade Name or DBA New Rose	
3. Entity Type (check one) <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	
4. Alcohol Beverage Business Authorization (check one) <input checked="" type="checkbox"/> Municipal Retail License <input type="checkbox"/> State Permit	5. If successor agent, provide State Permit or Municipal Retail License Number Wisconsin
6. Describe the reason for appointing a successor agent, if successor is checked above. 	

Part B: Agent Information			
1. Last Name Reinicke	2. First Name Bryenna	3. M.I. M	
4. Email newrose76llc@gmail.com		5. Phone 527-4004	
6. Home Address N9136 York Center Rd			
7. City Blanchardville	8. State WI	9. Zip Code 53516	10. Age 47
11. Drivers License/State ID Number R5200737691206		12. Drivers License/State ID State of Issuance WI	

Part C: Agent Questions	
1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion. 2018 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire? Submit a completed Form AB-100 with this form. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you been a Wisconsin resident for at least 90 continuous days? See instructions for exceptions. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Continued →

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 Reinicke		First Name Bryenna		M.I. M
Title Owner	Email newrose7611c@gmail.com		Phone 527-4004	
Signature <i>Bryenna M. Reinicke</i>			Date 05/18/24	

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby 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 <i>Reinicke</i>		First Name <i>Bryenna</i>		M.I. M
Signature <i>Bryenna M. Reinicke</i>			Date 5-18-2024	

Alcohol Beverage Individual Questionnaire

Date **5-18-24**

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

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- 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) New Rose LLC					
2. Business Trade Name or DBA New Rose					
3. Entity Type (check one)					
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation	<input type="checkbox"/> Nonprofit Organization	

Part B: Individual Information					
1. Last Name Reinicke		2. First Name Bryenna		3. M.I. M	
4. Relationship to Business (Title) Owner		5. Email newrose76llc@gmail.com		6. Phone 527-4004	
7. Home Address N9136 York Center Rd					
8. City Blanchardville		9. State WI	10. Zip Code 53516	11. Date of Birth 11/12/76	
12. Drivers License/State ID Number R5200737691206			13. Drivers License/State ID State of Issuance WI		

Part C: Address History								
1. Do you currently reside in Wisconsin?							<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?							Years 6	Months
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.								
Previous Address 1 N9136 York Center Rd		City Blanchardville		State WI		Zip Code 53516		
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. Attach additional sheets if necessary.								
State TN	County Davidson	State MI	County Ingham	State CO	County Boulder	State IL	County Lake	
State ME	County Cumberland	State	County	State	County	State	County	

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances?..... Yes No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated OWI	Location Green Co	Conviction Date 12/31/2019
Penalty Imposed Occupational License, Alcohol Awareness Classes		Was sentence completed?..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed?..... <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances?..... Yes No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

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 	Date 05/18/2024
--	--------------------

#24-04

Form AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	V. NM
License Period	July 1, 24 - June 30, 25

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

- Class "A" Beer \$ _____
- Class "B" Beer \$ 100.
- "Class A" Liquor \$ _____
- "Class B" Liquor \$ 500.
- "Class A" Liquor (cider only) \$ _____
- Reserve "Class B" Liquor \$ _____
- "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$
Background Check Fee	\$
Publication Fee	\$
Total Fees	\$

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) <u>New Glarus Hg. LLC.</u>			
2. Business Trade Name or DBA <u>New Glarus Hotel</u>			
3. FEIN <u>92-2713827</u>		4. Wisconsin Seller's Permit Number <u>456-1031668283-02</u>	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization			
6. State of Organization <u>WI</u>		7. Date of Organization <u>2/29/24</u>	8. Wisconsin DFI Registration Number <u>N059093</u>
9. Premises Address <u>100 6th Street, New Glarus</u>			
10. City <u>New Glarus</u>		11. State <u>WI</u>	12. Zip Code <u>53574</u>
13. County <u>Green</u>		14. Governing Municipality: <input type="checkbox"/> City <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village of: <u>New Glarus</u>	15. Aldermanic District
16. Premises Phone <u>608-214-3243</u>		17. Premises Email <u>christina.bleifuss23@gmail.com</u>	18. Website <u>newglarushotel.com</u>
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. <u>Outdoor Dining terrace (open during kitchen hours), sunken bar, stored in basement & storage closet, also possible outdoor area garden area to serve drinks near front entrance.</u>			
20. Mailing Address (if different from premises address) <u>PO Box 309</u>			
21. City <u>New Glarus</u>		22. State <u>WI</u>	23. Zip Code <u>53574</u>

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. Attach additional sheets if necessary.

Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. 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 charges using the space below. Attach additional sheets as needed.

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? Yes No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity	4b. Business Entity FEIN
-----------------------------	--------------------------

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? Yes No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? Yes No

Part C: Individual Information

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 below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
Bleifuss	Christina	Agent	608-214-3243

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 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 Bleifuss	First Name Christina	M.I. K
Title Agent / President	Email Christina.bleifuss23@gmail.com	Phone 608-214-3243
Signature <i>Chr Bleifuss</i>		Date 4/23/24

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 4/23/24	License Number # 24-04	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk <i>Deanna Young</i>		Date Provisional License Issued (if applicable)	

**Alcohol Beverage
Appointment of Agent**

Date 4/23/24

Agent Type (check one)

Original (no fee) Successor (\$10 fee for municipal licensees only)

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)
New Glarus HG.

2. Business Trade Name or DBA
New Glarus Hotel

3. Entity Type (check one)
 Limited Liability Company Corporation Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)
 Municipal Retail License State Permit

5. If successor agent, provide State Permit or Municipal Retail License Number
456-1031668283-02

6. Describe the reason for appointing a successor agent, if successor is checked above.

Part B: Agent Information

1. Last Name Bleifuss 2. First Name Christina 3. M.I. K

4. Email Christina.bleifuss23@gmail.com 5. Phone

6. Home Address
N7789 Valley View Rd

7. City New Glarus 8. State WI 9. Zip Code 53574 10. Age 36

11. Drivers License/State ID Number B412-1118-8563-07 12. Drivers License/State ID State of Issuance

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? Yes No
 Submit proof of completion. took years ago, cant find

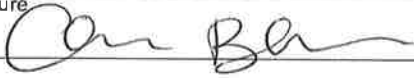
2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire? Yes No
 Submit a completed Form AB-100 with this form.

3. Have you been a Wisconsin resident for at least 90 continuous days? Yes No
 See instructions for exceptions.

Continued →

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 Bleifuss		First Name Christina		M.I. K
Title President	Email Christina.bleifuss23@gmail		Phone 608-214-3243	
Signature 			Date 4/23/24	

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby 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 4/23/24

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

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- 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) <u>New Glarus Hq LLC</u>	
2. Business Trade Name or DBA <u>New Glarus Hotel</u>	
3. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	

Part B: Individual Information				
1. Last Name <u>Christina</u>		2. First Name <u>Bleifuss</u>		3. M.I. <u>K</u>
4. Relationship to Business (Title) <u>Agent</u>		5. Email <u>Christina-bleifuss23@gmail.com</u>		6. Phone <u>608-214-3243</u>
7. Home Address <u>N7789 Valley View Rd</u>				
8. City <u>New Glarus</u>		9. State <u>WI</u>	10. Zip Code <u>53574</u>	11. Date of Birth <u>2/23/88</u>
12. Drivers License/State ID Number <u>B412-1118-8563-07</u>			13. Drivers License/State ID State of Issuance	

Part C: Address History							
1. Do you currently reside in Wisconsin? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?				Years <u>36</u>	Months <u>2</u>		
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.							
Previous Address 1 <u>3020 Waubesa Avenue</u>		City <u>Madison</u>	State <u>WI</u>	Zip Code <u>53711</u>			
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. Attach additional sheets if necessary.							
State	County	State	County	State	County	State	County
State	County	State	County	State	County	State	County

Continued →

Part D: Criminal History


1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? Yes No
 If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? Yes No
 If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

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  Date 4/23/24



New Glarus Hotel
RESTAURANT

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

Form
AB-200

Alcohol Beverage License
Application

For Municipal Use Only	
Municipality	
License Period	

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

- Class "A" Beer \$ _____
 Class "B" Beer \$ 100
 "Class A" Liquor \$ _____
 "Class B" Liquor \$ 500
 "Class A" Liquor (cider only) \$ _____
 Reserve "Class B" Liquor \$ _____
 "Class C" Liquor (wine only) \$ _____
 Tobacco \$100.

Fees	
License Fees	\$ 700.
Background Check Fee	\$
Publication Fee	\$
Total Fees	\$

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)
HBT Enterprises LLC

2. Business Trade Name or DBA
Oth Haus Pub & Grill

3. FEIN
07-2258838

4. Wisconsin Seller's Permit Number
456-1030794027-04

5. Entity Type (check one)
 Sole Proprietor Partnership Limited Liability Company Corporation Nonprofit Organization

6. State of Organization
WI

7. Date of Organization
8-20-2021

8. Wisconsin DFI Registration Number
H070013

9. Premises Address
406 2nd street

10. City
New Glarus

11. State
WI

12. Zip Code
53574

13. County
Green

14. Governing Municipality: City Town Village
of: New Glarus

15. Aldermanic District

16. Premises Phone
608-527-2218

17. Premises Email
othhauspubandgrill@gmail.com

18. Website
Othhaus.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 406 2nd street New Glarus WI 53574 and include the first floor, basement, area behind the building that is 30x31 feet and back storage area - no changes requested to addendum

20. Mailing Address (if different from premises address)
PO Box 143

21. City
New Glarus

22. State
WI

23. Zip Code
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. Attach additional sheets if necessary.

Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. 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 charges using the space below. Attach additional sheets as needed.

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? . . . Yes No
 If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity	4b. Business Entity FEIN
-----------------------------	--------------------------

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No
 6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? Yes No
 7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? Yes No

Part C: Individual Information

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 below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
Tierman	Amber	Owner/President	608-214-1518

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 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 Tierman	First Name Amber	M.I. L
Title Owner/President	Email antiertse@gmail.com	Phone 608-214-1518
Signature <i>Amber tierman</i>		Date 5-14-24

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 5/15/24	License Number 24-11	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk <i>Deanna Young</i>		Date Provisional License Issued (if applicable)	

Form
AB-101

Alcohol Beverage Appointment of Agent

Date
5-14-24

Agent Type (check one)

Original (no fee) Successor (\$10 fee for municipal licensees only)

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)
HBT Enterprises LLC

2. Business Trade Name or DBA
OH Haus Pub & Grill

3. Entity Type (check one) Limited Liability Company 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

6. Describe the reason for appointing a successor agent, if successor is checked above.

Part B: Agent Information

1. Last Name 2. First Name 3. M.I.
Tierman Amber L

4. Email 5. Phone
amtiers@gmail.com 608-214-1518

6. Home Address
N9694 State Rd 69

7. City 8. State 9. Zip Code 10. Age
New Glarus WI 53574 50

11. Drivers License/State ID Number 12. Drivers License/State ID State of Issuance
T655-0127-4501-06 WI

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? Yes No
Submit proof of completion. - Holds current OP Lic.

2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire? Yes No
Submit a completed Form AB-100 with this form.

3. Have you been a Wisconsin resident for at least 90 continuous days? Yes No
See instructions for exceptions.

Continued →

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.
Title	Email		Phone	
Signature			Date	

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby 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 <i>Tierman</i>		First Name <i>Amber</i>		M.I. <i>L</i>
Signature <i>Amber Tierman</i>			Date <i>5-14-24</i>	

Form
AB-100

Alcohol Beverage Individual Questionnaire

Date
5-14-24

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

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- 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) ABT Enterprises LLC	
2. Business Trade Name or DBA Off Haus Pub & Grill	
3. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	

Part B: Individual Information			
1. Last Name Tjerman	2. First Name Amber	3. M.I. L	
4. Relationship to Business (Title) Owner/President	5. Email amtiers@gmail.com	6. Phone 608-214-1518	
7. Home Address N9694 State Rd 69			
8. City New Glarus	9. State WI	10. Zip Code 53574	11. Date of Birth 01-01-1974
12. Drivers License/State ID Number T655-0127-4501-06		13. Drivers License/State ID State of Issuance WI	

Part C: Address History			
1. Do you currently reside in Wisconsin?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?			Years 49 Months 3
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.			
Previous Address 1 600 Windlach Street	City New Glarus	State WI	Zip Code 53574
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. Attach additional sheets if necessary.			
State WI	County Green	State WI	County Dane
State	County	State	County

Continued →

Part D: Criminal History		
1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.		
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.		

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 <i>Andrew Tlum</i>	Date 5-14-24

24-21

Form AB-200

Alcohol Beverage License Application

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

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

- Class "A" Beer \$ _____
- Class "B" Beer \$ _____
- "Class A" Liquor \$ _____
- "Class B" Liquor \$ _____
- "Class A" Liquor (cider only) \$ _____
- Reserve "Class B" Liquor \$ _____
- "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$
Background Check Fee	\$
Publication Fee	\$
Total Fees	\$

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) RANDALL S. DREGER		
2. Business Trade Name or DBA PARKSIDE DEVELOPMENT LLC / <i>Aest Haus</i>		
3. FEIN 81-120064	4. Wisconsin Seller's Permit Number 456-1029042907-02	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization		
6. State of Organization WI	7. Date of Organization 06/01/2018	8. Wisconsin DFI Registration Number P067069
9. Premises Address 106 3RD. AVE.		
10. City NEW GLARUS	11. State WI	12. Zip Code 53574
13. County Green	14. Governing Municipality: <input type="checkbox"/> City <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village of: NEW GLARUS	15. Aldermanic District
16. Premises Phone (608) 206-6009	17. Premises Email parksidedevelopmentng@gmail	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 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. ENTIRE INTERIOR OF THE ADDRESS PROVIDED		
20. Mailing Address (if different from premises address) P.O. 250		
21. City NEW GLARUS	22. State WI	23. Zip Code 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. Attach additional sheets if necessary.

Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. 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 charges using the space below. Attach additional sheets as needed.

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? Yes No
 If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity	4b. Business Entity FEIN
-----------------------------	--------------------------

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No
 6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? Yes No
 7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? Yes No

Part C: Individual Information

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.

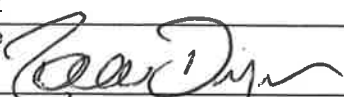
Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
DREGER	RANDY	OWNER	608-206-4526

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 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 DREGER	First Name RANDALL	M.I. S
Title OWNER	Email parksidedevelopmentng@gmail.com	Phone (608) 206-4526
Signature 		Date 05/21/24

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 5-22-24	License Number # 24-21	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk 		Date Provisional License Issued (if applicable)	

Alcohol Beverage Individual Questionnaire

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

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

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

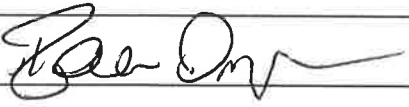
Part A: Business Information				
1. Legal Business Name (individual name if sole proprietor) RANDALL S DREGER				
2. Business Trade Name or DBA PARKSIDE DEVELOPMENT				
3. Entity Type (check one)				
<input checked="" type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation	<input type="checkbox"/> Nonprofit Organization

Part B: Individual Information				
1. Last Name DREGER		2. First Name RANDALL		3. M.I. S
4. Relationship to Business (Title) OWNER		5. Email parksidedevelopmentng@gmail.com		6. Phone (608) 206-4526
7. Home Address N 8731 CNTY. RD. E				
8. City BROOKLYN		9. State WI	10. Zip Code 53521	11. Date of Birth 01/14/60
12. Drivers License/State ID Number D6267376001401			13. Drivers License/State ID State of Issuance WI	

Part C: Address History								
1. Do you currently reside in Wisconsin?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Years</td> <td style="width: 50%;">Months</td> </tr> <tr> <td style="text-align: center;">64</td> <td></td> </tr> </table>	Years	Months	64	
Years	Months							
64								
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				
<i>same -</i>								
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. Attach additional sheets if necessary.								
State	County	State	County	State	County			
<i>WI</i>	<i>Green</i>							
State	County	State	County	State	County			

Continued →

Part D: Criminal History		
1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.		
Law/Ordinance Violated	Location	Conviction Date
OWI	GREEN CNTY WI	07/19/2023
Penalty Imposed	Was sentence completed?	
OWI FINE	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.		

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	Date
	05/22/2024

Agent Type (check one)	
<input checked="" type="checkbox"/> Original (no fee)	<input type="checkbox"/> Successor (\$10 fee for municipal licensees only)

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor) RANDALL S. DREGER	
2. Business Trade Name or DBA PARKSIDE DEVELOPMENT LLC	
3. Entity Type (check one) <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	
4. Alcohol Beverage Business Authorization (check one) <input checked="" type="checkbox"/> Municipal Retail License <input type="checkbox"/> State Permit	5. If successor agent, provide State Permit or Municipal Retail License Number 456-10290421907-02
6. Describe the reason for appointing a successor agent, if successor is checked above.	

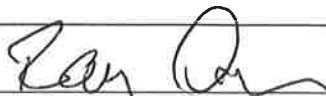
Part B: Agent Information			
1. Last Name DREGER	2. First Name RANDALL	3. M.I. S.	
4. Email belquto2rand@gmail.com		5. Phone 808.206.4576	
6. Home Address 18731 CNTY E			
7. City BROOKLYN	8. State WI	9. Zip Code 53521	10. Age 64
11. Drivers License/State ID Number D 626 7376 0014 01		12. Drivers License/State ID State of Issuance WI	

Part C: Agent Questions	
1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 2018
2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire? Submit a completed Form AB-100 with this form. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you been a Wisconsin resident for at least 90 continuous days? See instructions for exceptions. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Continued →


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.
Title	Email		Phone	
Signature 			Date	

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby 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 5-22-24	

24-03

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	
License Period	

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

- Class "A" Beer \$ _____
- Class "B" Beer \$ 100.
- "Class A" Liquor \$ _____
- "Class B" Liquor \$ 500.
- "Class A" Liquor (cider only) \$ _____
- Reserve "Class B" Liquor \$ _____
- "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$
Background Check Fee	\$
Publication Fee	\$
Total Fees	\$

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) Puempels Olde Tavern			
2. Business Trade Name or DBA			
3. FEIN 39-1784775		4. Wisconsin Seller's Permit Number 456-0000034566-03	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization			
6. State of Organization Wi		7. Date of Organization 02-01-1993	8. Wisconsin DFI Registration Number PO29944
9. Premises Address 18 6th Ave			
10. City New Glarus		11. State WI	12. Zip Code 53574
13. County <u>Green</u>	14. Governing Municipality: <input type="checkbox"/> City <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village of: <u>New Glarus</u>		15. Aldermanic District
16. Premises Phone 6085272045	17. Premises Email bigler@puempels.com		18. Website puempels.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. West 1/2 of building including entire basement and outside decks and restrooms and kitchen area.			
20. Mailing Address (if different from premises address) PO Box 508			
21. City New Glarus		22. State WI	23. Zip Code 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. Attach additional sheets if necessary.

Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. 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 charges using the space below. Attach additional sheets as needed.

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? Yes No
 If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity	4b. Business Entity FEIN
-----------------------------	--------------------------

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? Yes No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? Yes No

Part C: Individual Information

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 below. Corporations and LLCs must appoint an agent by including Form AB-101.

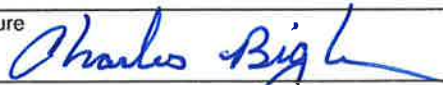
Last Name	First Name	Title	Phone
Bigler	Charles	President/Treasure	6085585984
Reynolds	MacAlliter	Vice President/Sec	6085758379

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 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 Bigler		First Name Charles		M.I. F
Title President		Email bigler@puempels.com		Phone 6085585984
Signature 			Date 4/21/2024	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 4-22-24	License Number # 24-03	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk 		Date Provisional License Issued (if applicable)	

Alcohol Beverage Appointment of Agent

Date

Agent Type (check one)	
<input checked="" type="checkbox"/> Original (no fee)	<input type="checkbox"/> Successor (\$10 fee for municipal licensees only)

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor) Puempels Olde Tavern Inc	
2. Business Trade Name or DBA Puempels Olde Tavern	
3. Entity Type (check one) <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	
4. Alcohol Beverage Business Authorization (check one) <input checked="" type="checkbox"/> Municipal Retail License <input type="checkbox"/> State Permit	5. If successor agent, provide State Permit or Municipal Retail License Number
6. Describe the reason for appointing a successor agent, if successor is checked above.	

Part B: Agent Information			
1. Last Name Bigler	2. First Name Charles	3. M.I. F	
4. Email bigler@puempels.com		5. Phone (608) 558-5984	
6. Home Address 901 8th st			
7. City New Glarus	8. State WI	9. Zip Code 53574	10. Age 72
11. Drivers License/State ID Number b2461465136503		12. Drivers License/State ID State of Issuance WI	

Part C: Agent Questions	
1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you completed Form AB-100, <i>Alcohol Beverage Individual Questionnaire</i> ? Submit a completed Form AB-100 with this form.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you been a Wisconsin resident for at least 90 continuous days? See instructions for exceptions.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Continued →

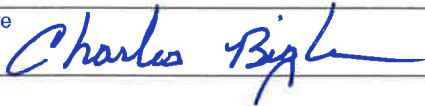
Part D: Business Attestation

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 Bigler		First Name Charles		M.I. F
Title President	Email bigler@puempels.com		Phone (608) 558-5984	
Signature			Date 04/22/20	

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby 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 Bigler		First Name Charles		M.I. F
Signature 			Date 04/22/22	

Alcohol Beverage Individual Questionnaire

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

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- 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) Puempels Olde Tavern Inc	
2. Business Trade Name or DBA Puempels Olde Tavern	
3. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	

Part B: Individual Information				
1. Last Name Bigler		2. First Name Charles		3. M.I. F
4. Relationship to Business (Title) President		5. Email bigler@puempels.com		6. Phone 6085585984
7. Home Address 901 8th St				
8. City New Glarus		9. State WI	10. Zip Code 53574	11. Date of Birth 10/05/1951
12. Drivers License/State ID Number B2461465136503			13. Drivers License/State ID State of Issuance WI	

Part C: Address History							
1. Do you currently reside in Wisconsin? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Years</td> <td style="width: 50%;">Months</td> </tr> <tr> <td style="text-align: center;">72</td> <td></td> </tr> </table>	Years	Months	72	
Years	Months						
72							
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		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				
State	County	State	County				

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? Yes No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? Yes No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

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 <i>Charles Bigle</i>	Date 04/22/2024
-----------------------------------	--------------------

24-05

Form AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	V. NM
License Period	

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

- Class "A" Beer \$ _____
- Class "B" Beer \$ 100.
- "Class A" Liquor \$ _____
- "Class B" Liquor \$ _____
- "Class A" Liquor (cider only) \$ _____
- Reserve "Class B" Liquor \$ _____
- "Class C" Liquor (wine only) \$ 100.

Fees	
License Fees	\$ _____
Background Check Fee	\$ _____
Publication Fee	\$ _____
Total Fees	\$ _____

Part A: Premises/Business Information

1. Legal Business Name (Individual name if sole proprietorship)

Rusty Raven LLC

2. Business Trade Name or DBA

Rusty Raven

3. FEIN

82-0930494

4. Wisconsin Seller's Permit Number

456-1029354950-02

5. Entity Type (check one)

- Sole Proprietor Partnership Limited Liability Company Corporation Nonprofit Organization

6. State of Organization

WI

7. Date of Organization

03/24/2017

8. Wisconsin DFI Registration Number

R067368

9. Premises Address

500 1st St

10. City

New Glarus

11. State

WI

12. Zip Code

53574

13. County

Green

14. Governing Municipality: City Town Village
of: New Glarus

15. Aldermanic District

16. Premises Phone

(608) 636-2023

17. Premises Email

rustyravenng@gmail.com

18. Website

rustyraven.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.

Premises includes the 1st floor retail store and backroom of the building at premises address.

20. Mailing Address (if different from premises address)

PO BOX 1018

21. City

New Glarus

22. State

WI

23. Zip Code

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. Attach additional sheets if necessary.

Law/Ordinance Violated	Location	Trial Date
------------------------	----------	------------

Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
-----------------	--

Law/Ordinance Violated	Location	Trial Date
------------------------	----------	------------

Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
-----------------	--

2. 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 charges using the space below. Attach additional sheets as needed.

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? Yes No
 If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity	4b. Business Entity FEIN
-----------------------------	--------------------------

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No
 6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? Yes No
 7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? Yes No

Part C: Individual Information

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 below. Corporations and LLCs must appoint an agent by including Form AB-101.

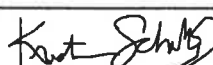
Last Name	First Name	Title	Phone
Hovland	Jonathan	Owner/Operator	(608) 636-4585
Schultz	Kristiann	Owner/CFO/Admin	(608) 501-7998
Van Hove	Tammy	Owner/Marketing	(507) 259-4327

Part D: Attestation

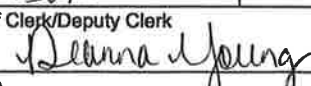
One of the following must sign and attest to this application:

- sole proprietor • one general partner of a partnership • one corporate officer • one 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 Schultz	First Name Kristiann	M.I. J
Title Owner/CFO/Admin	Email kjschultz99@gmail.com	Phone (608) 501-7998
Signature 		Date 04/18/24

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 4/30/24	License Number #24-05	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk 		Date Provisional License Issued (if applicable)	

Alcohol Beverage Appointment of Agent

Date

Agent Type (check one)

- Original (no fee) Successor (\$10 fee for municipal licensees only)

Part A: Business Information

1. 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 Company Corporation Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)

- Municipal Retail License State Permit

5. If successor agent, provide State Permit or Municipal Retail License Number

6. Describe the reason for appointing a successor agent, if successor is checked above.

Part B: Agent Information

1. Last Name

Schultz

2. First Name

Kristiann

3. M.I.

J

4. Email

kjschultz99@gmail.com

5. Phone

(608) 501-7998

6. Home Address

1655 Lake Kegonsa Rd

7. City

Stoughton

8. State

WI

9. Zip Code

53589

10. Age

58

11. Drivers License/State ID Number

S536-2875-7149-04

12. Drivers License/State ID State of Issuance

WI

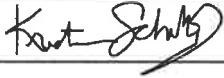
Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? Yes No
Submit proof of completion. *Holds Current Lic. w/ Village*
2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire? Yes No
Submit a completed Form AB-100 with this form.
3. Have you been a Wisconsin resident for at least 90 continuous days? Yes No
See instructions for exceptions.

Continued →


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 Schultz		First Name Kristiann		M.I. J
Title Owner/CFO/Admin	Email kjschultz99@gmail.com		Phone (608) 501-7998	
Signature 			Date 04/18/24	

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby 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 Schultz		First Name Kristiann		M.I. J
Signature 			Date 04/18/24	

Alcohol Beverage Individual Questionnaire

Date

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

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- 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 Raven LLC				
2. Business Trade Name or DBA Rusty Raven				
3. Entity Type (check one)				
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation	<input type="checkbox"/> Nonprofit Organization

Part B: Individual Information				
1. Last Name Schultz		2. First Name Kristiann		3. M.I. J
4. Relationship to Business (Title) Owner/CFO/Admin		5. Email kjschultz99@gmail.com		6. Phone (608) 501-7998
7. Home Address 1655 Lake Kegonsa Rd				
8. City Stoughton		9. State WI	10. Zip Code 53589	11. Date of Birth 12/26/65
12. Drivers License/State ID Number S536-2875-7149-04			13. Drivers License/State ID State of Issuance WI	

Part C: Address History					
1. Do you currently reside in Wisconsin?				<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?				Years 12	Months 11
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		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 MN	County Douglas	State MN	County Nicollet	State MN	County Fillmore
State MN	County Blue Earth	State MN	County Olmsted	State WI	County Dane

Continued →

Part D: Criminal History		
<p>1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.</p>		
Law/Ordinance Violated Serving Alcohol to a Minor	Location Stoughton, WI	Conviction Date 10/17/2018
Penalty Imposed Fine		Was sentence completed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.</p>		

Part E: Attestation	
<p>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.</p>	
Signature 	Date 04/18/2024

Alcohol Beverage Individual Questionnaire

Date

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

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- 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) <i>Rusty Raven LLC</i>				
2. Business Trade Name or DBA <i>Rusty Raven</i>				
3. Entity Type (check one)				
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation	<input type="checkbox"/> Nonprofit Organization

Part B: Individual Information				
1. Last Name <i>Hovland</i>		2. First Name <i>Jonathan</i>		3. M.I. <i>T</i>
4. Relationship to Business (Title) <i>owner/operator</i>		5. Email <i>rustyravenng@gmail.com</i>		6. Phone ⁶³⁶ <i>608-50-4585</i>
7. Home Address <i>1105 5th St</i>				
8. City <i>New Glarus</i>		9. State <i>WI</i>	10. Zip Code <i>53574</i>	11. Date of Birth <i>05/31/1974</i>
12. Drivers License/State ID Number <i>H145-4387-4191-05</i>			13. Drivers License/State ID State of Issuance <i>WI</i>	

Part C: Address History					
1. Do you currently reside in Wisconsin?				<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?				Years	Months
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.					
Previous Address 1 <i>N 6693 West Point Rd</i>		City <i>Monticello</i>		State <i>WI</i>	Zip Code <i>53570</i>
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. Attach additional sheets if necessary.					
State <i>MN</i>	County <i>Olmsted</i>	State <i>WI</i>	County <i>Dane</i>	State <i>WI</i>	County <i>Green</i>
State <i>WI</i>	County <i>LaCrosse</i>	State <i>WI</i>	County <i>Rock</i>	State	County

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? Yes No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

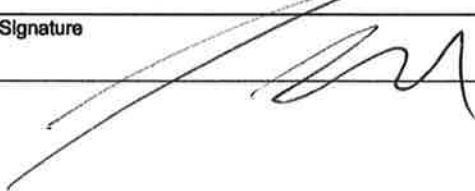
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? Yes No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

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	Date
	04-18-24

Alcohol Beverage Individual Questionnaire

Date

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

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- 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) <i>Rusty Raven LLC</i>	
2. Business Trade Name or DBA <i>Rusty Raven</i>	
3. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	

Part B: Individual Information				
1. Last Name <i>Van Hove</i>		2. First Name <i>Tammy</i>		3. M.I. <i>L</i>
4. Relationship to Business (Title) <i>Owner</i>		5. Email <i>frungevhd@gmail.com</i>		6. Phone <i>507-259-4327</i>
7. Home Address <i>2108 Elk Run Dr SE</i>				
8. City <i>Pine Island</i>		9. State <i>MN</i>	10. Zip Code <i>55963</i>	11. Date of Birth <i>11-20-1961</i>
12. Drivers License/State ID Number <i>D304-001-011-507</i>			13. Drivers License/State ID State of Issuance <i>MN</i>	

Part C: Address History					
1. Do you currently reside in Wisconsin? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?				Years	Months
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.					
Previous Address 1 <i>51503 315th Ave</i>		City <i>Elgin</i>		State <i>MN</i>	Zip Code <i>55932</i>
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. Attach additional sheets if necessary.					
State <i>MN</i>	County <i>Wabasha</i>	State	County	State	County
State <i>MN</i>	County <i>Olmsted</i>	State	County	State	County

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? Yes No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? Yes No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

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 <i>Tammy Van Hove</i>	Date <i>5-1-2024</i>
---------------------------------	----------------------

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/Business Information			
1. Legal Business Name (individual name if sole proprietor) Rusty Raven LLC			
2. Business Trade Name or DBA Rusty Raven			
3. FEIN 82-0930494		4. Wisconsin Seller's Permit Number 456-1029354950-02	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation			
6. State of Organization Wisconsin		7. Date of Organization 03/24/2017	8. Wisconsin DFI Registration Number R067368
9. Premises Address (do not use PO Box) 500 1st St			
10. City New Glarus		11. State WI	12. Zip Code 53574
13. County GREEN	14. Governing Municipality: <input type="checkbox"/> City <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village of: New Glarus		15. Aldermanic District
16. Mailing Address (if different from premises address) PO BOX 1018			
17. City New Glarus		18. State WI	19. Zip Code 53574
20. Premises Phone (608) 636-2023		21. Premises Email rustyravenng@gmail.com	22. Website 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 location? (check all that apply) <input type="checkbox"/> Cigarettes <input checked="" type="checkbox"/> Tobacco Products <input checked="" type="checkbox"/> Electronic Vaping Devices	
2. How will cigarettes, tobacco, and/or electronic vaping devices be sold? (check all that apply) <input checked="" type="checkbox"/> Over the counter <input type="checkbox"/> Vending machine	
3. Is the applicant business owned by another business entity? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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
Jonathan	Hovland	Owner/Operator	(608) 636-4585
Kristiann	Schultz	Owner/CFO	(608) 501-7998
Tammy	Van Hove	Owner/Director	(507) 259-4327

Part D: Attestation

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

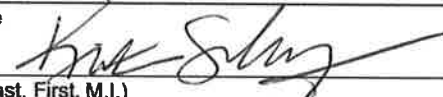
- sole proprietor
- one general partner of a partnership
- one corporate officer
- one managing member of an LLC

READ CAREFULLY BEFORE SIGNING:

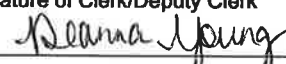
I understand and agree to the following:

- 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 Mar 7, 2024	
Name (Last, First, M.I.) Schultz Kristiann J		
Title Owner/CFO	Email Kjschultz99@gmail.com	Phone 608-501-7998

Part E: For Clerk Use Only

Date application was filed with clerk 4/30/24	Date license issued	Date license expires	License number #24-02
License fees	Signature of Clerk/Deputy Clerk 		

Agent Type (check one): Original Change

Part A: Agent Information

1. Last Name Howland		2. First Name Jonathan		3. M.I. T	
4. Email rustyravenng@gmail.com			5. Phone 608-636-4585		
6. Home Address 1105 5th Ave					
7. City New Glarus			8. State WI	9. Zip Code 53574	
10. Date of Birth 5-31-1974		11. Drivers License/State ID Number H 145-4387-4191-05		12. Drivers License/State ID State of Issuance WI	

Part B: Questions

- Have you completed Form CTV-101, *Cigarette, Tobacco, and Electronic Vaping Device License - Individual Questionnaire*? Submit a completed Form CTV-101 with this form. Yes No
- If this is a change of agent, please describe the reason for the agent change. Attach additional sheets if necessary.

Part C: Business Information

1. Legal Business Name (individual name if sole proprietor) Rusty Raven LLC		
2. Business Trade Name or DBA		
3. Entity Type (check one) <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation		
4. Premises Address 500 1st St		
5. City New Glarus		6. State WI
7. Zip Code 53570		

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) 	Date 4-28-24
Name of Person Signing for Licensee Jon Howland	Title owner

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby 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 	Date 4-28-24
------------------------	-----------------

Date

Form
CTV-101

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

Part A: Business Information			
1. Legal Business Name (individual name if sole proprietor) Rusty Raven LLC			
2. Business Trade Name or DBA Rusty Raven			
3. Entity Type (check one)			
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation

Part B: Individual Information			
1. Name (Last) Hovland	2. Name (First) Jonathan	3. Name (M.I.) T	
4. Relationship to Business (Title) owner/operator	5. Email rustyravenng@gmail.com	6. Phone 608-636-4585	
7. Home Address 1105 5th St			
8. City New Glarus	9. State WI	10. Zip Code 53574	11. Date of Birth 05/31/1974
12. Drivers License/State ID Number H145-4387-4191-05		13. Drivers License/State ID State of Issuance WI	

Part C: Individual's Address History							
List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.							
Previous Address 1 N6693 West Point Rd		City Monticello		State WI		Zip Code 53570	
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	
Previous Address 6		City		State		Zip Code	
If applicable, list all states and counties you have lived in as an adult. Attach additional sheets if necessary.							
State MN	County Olmsted	State WI	County Dane	State WI	County Green	State	County
State WI	County La Crosse	State WI	County Rock	State	County	State	County

Continued →

Part D: Individual's Criminal History

1. Have you ever been convicted of any offenses (other than traffic offenses) for violation of any federal, Wisconsin, or another state's laws, or of any county or municipal ordinances? Yes No

If yes to question 1, please list details of each conviction below:

Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> 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? Yes No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

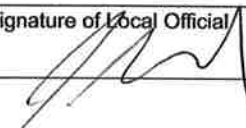
Part E: Attestation by Individual

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 	Date 04-18-24
---	------------------

Part F: Licensing Authority Approval

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, this individual qualifies to serve in the reported role with the above-named business.

Name of Local Official	Title
Signature of Local Official 	Date

#24.09

Form AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	V. NG
License Period	July 1, 24 - June 30, 25

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

cig #100.

- Class "A" Beer \$ 500. Class "B" Beer \$ _____
- "Class A" Liquor \$ 500. "Class B" Liquor \$ _____
- "Class A" Liquor (cider only) \$ _____ Reserve "Class B" Liquor \$ _____
- "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ 1100.00
Background Check Fee	\$
Publication Fee	\$
Total Fees	\$

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) **SHOBHA BAANI, INC.**

2. Business Trade Name or DBA **SHOBHA BAANI, INC. (BP Station)**

3. FEIN **99-2772048** 4. Wisconsin Seller's Permit Number **456-1031744625-04**

5. Entity Type (check one)
 Sole Proprietor Partnership Limited Liability Company Corporation Nonprofit Organization

6. State of Organization **W.I.** 7. Date of Organization **11-18-21** 8. Wisconsin DFI Registration Number **S137872**

9. Premises Address **619 STATE HWY 69**

10. City **NEW GLARUS** 11. State **W.I.** 12. Zip Code **53574**

13. County **GREEN COUNTY** 14. Governing Municipality: City Town Village 15. Aldermanic District _____

16. Premises Phone **608-527-2266** 17. Premises Email **Sundeepsingh1962@gmail.com** 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 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.
We have 3 door cooler with Beer and small section of Liquor.

20. Mailing Address (if different from premises address) **P.O. BOX 164, 106th AVE**

21. City **NEW GLARUS** 22. State **W.I.** 23. Zip Code **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. Attach additional sheets if necessary.

Law / Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages. Yes No

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

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? Yes No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity	4b. Business Entity FEIN
-----------------------------	--------------------------

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? Yes No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? Yes No

Part C: Individual Information

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 below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
SINGH	SUNDEEP	AGENT	608-513-7080
KALRA	SURJIT		

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 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 SINGH	First Name SUNDEEP	M.I.
Title OWNER,	Email Sundeep.Singh1962@gmail.com	Phone 608-513-7080
Signature Sundeep Singh		Date

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 5/9/24	License Number # 24-09	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk Deanna Young		Date Provisional License Issued (if applicable)	

Agent Type (check one)

Original (no fee) Successor (\$10 fee for municipal licensees only)

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor) **SHOBHA BAANI, INC**

2. Business Trade Name or DBA

3. Entity Type (check one) Limited Liability Company 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

6. Describe the reason for appointing a successor agent, if successor is checked above.

Part B: Agent Information

1. Last Name **SINGH** 2. First Name **SUNDEEP** 3. M.I.

4. Email **SundeehSingh1962@gmail.com** 5. Phone **608-513-7080**

6. Home Address **749 HARVEST LN**

7. City **VERONA** 8. State **W.I.** 9. Zip Code **53593** 10. Age **62**

11. Drivers License/State ID Number **S 520-7806-2090-05** 12. Drivers License/State ID State of Issuance **W.I.**

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? Yes No
 Submit proof of completion. **Has current OP Lic.**

2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire? Yes No
 Submit a completed Form AB-100 with this form.

3. Have you been a Wisconsin resident for at least 90 continuous days? Yes No
 See instructions for exceptions.

Continued →

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	OWNER	Email	Sundeep.Singh1962@gmail.com	Phone	608-513-7080
Signature	Sundeep Singh			Date	05-09-2024

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby 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	SINGH	First Name	SUNDEEP	M.I.	
Signature	Sundeep Singh			Date	05-09-2024

**Alcohol Beverage
Individual Questionnaire**

Date

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

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- 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)	SHOBHA BAANI, INC.
2. Business Trade Name or DBA	SHOBHA BAANI
3. Entity Type (check one)	
<input type="checkbox"/> Sole Proprietor <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	

Part B: Individual Information			
1. Last Name	SINGH	2. First Name	SUNDEEP
4. Relationship to Business (Title)		5. Email	6. Phone
OWNER		Sundeep Singh 1962@gmail.com.	608-513-7080
7. Home Address			
749 HARVEST LN			
8. City	VERONA	9. State	W.I.
10. Zip Code	53593	11. Date of Birth	03-10-1962
12. Drivers License/State ID Number	8520-7806-2090-05	13. Drivers License/State ID State of Issuance	W.I.

Part C: Address History			
1. Do you currently reside in Wisconsin?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?			Years Months
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	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
State	County	State	County

Continued →

Part D: Criminal History		
1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.		
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.		

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	Date
<i>Sundeep Singh</i>	<i>05-09-2024</i>

Alcohol Beverage Individual Questionnaire

Date

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

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- 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) <p style="text-align: center; font-size: 1.2em;">SHOBHA BAANI, INC</p>			
2. Business Trade Name or DBA <p style="text-align: center; font-size: 1.2em;">SHOBHA BAANI</p>			
3. Entity Type (check one)			
<input type="checkbox"/> Sole Proprietor	<input checked="" type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation
<input type="checkbox"/> Nonprofit Organization			

Part B: Individual Information			
1. Last Name <p style="font-size: 1.2em;">KAUR</p>		2. First Name <p style="font-size: 1.2em;">SURJIT</p>	
		3. M.I.	
4. Relationship to Business (Title) <p style="font-size: 1.2em;">OWNER</p>		5. Email <p style="font-size: 1.2em;">Surkaur1966@gmail.com</p>	6. Phone <p style="font-size: 1.2em;">608-513-4958</p>
7. Home Address <p style="font-size: 1.2em;">749 Harvest Lane</p>			
8. City <p style="font-size: 1.2em;">Verona</p>		9. State <p style="font-size: 1.2em;">WI</p>	10. Zip Code <p style="font-size: 1.2em;">53593</p>
		11. Date of Birth <p style="font-size: 1.2em;">12-08-1966</p>	
12. Drivers License/State ID Number <p style="font-size: 1.2em;">K600-7806-6948-03</p>		13. Drivers License/State ID State of Issuance <p style="font-size: 1.2em;">WI</p>	

Part C: Address History			
1. Do you currently reside in Wisconsin? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?			Years
			Months
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		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
State	County	State	County

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? Yes No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? Yes No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

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	<i>Suresh Kaur</i>	Date	05-09-24
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24-10

Form AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	V. NG
License Period	July 1, 24 - June 30, 25

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

- Class "A" Beer \$ _____
- Class "B" Beer \$ 100.
- "Class A" Liquor \$ _____
- "Class B" Liquor \$ 500.
- "Class A" Liquor (cider only) \$ _____
- Reserve "Class B" Liquor \$ _____
- "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ 600.
Background Check Fee	\$
Publication Fee	\$
Total Fees	\$

Part A: Premises/Business Information			
1. Legal Business Name (individual name if sole proprietorship) Hooked on Tap			
2. Business Trade Name or DBA Sportsmans			
3. FEIN 01921964954		4. Wisconsin Seller's Permit Number 456 1031203 842-04	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization			
6. State of Organization Wisconsin		7. Date of Organization 01-2023 1/9/23	8. Wisconsin DFI Registration Number H074304
9. Premises Address 506 First St #357			
10. City New Glarus		11. State WI	12. Zip Code 53574
13. County Green	14. Governing Municipality: <input type="checkbox"/> City <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village of: New Glarus		15. Aldermanic District
16. Premises Phone 527-4665	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 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. Patios, Bar, lounge			
20. Mailing Address (if different from premises address)			
21. City		22. State	23. Zip Code

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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list the details of violation below. Attach additional sheets if necessary.		
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. 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 charges using the space below. Attach additional sheets as needed.

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? Yes No
 If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity	4b. Business Entity FEIN
-----------------------------	--------------------------

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No
 6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? Yes No
 7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? Yes No

Part C: Individual Information

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 below. Corporations and LLCs must appoint an agent by including Form AB-101.

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 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 Hook	First Name Scott	M.I. D
Title Owner	Email	Phone 6084384665
Signature <i>SHook</i>	Date 05/10/24	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 5/10/24	License Number # 24-10	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk <i>Deanna Young</i>		Date Provisional License Issued (if applicable)	

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

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- 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) <u>Hooked On Top LLC</u>				
2. Business Trade Name or DBA <u>Sportsmans</u>				
3. Entity Type (check one)				
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation	<input type="checkbox"/> Nonprofit Organization

Part B: Individual Information				
1. Last Name <u>Hook</u>		2. First Name <u>Scott</u>		3. M.I. <u>D</u>
4. Relationship to Business (Title) <u>Owner</u>		5. Email		6. Phone <u>608 4384665</u>
7. Home Address <u>9002 county road G</u>				
8. City <u>Mt Horeb</u>		9. State <u>WI</u>	10. Zip Code <u>53572</u>	11. Date of Birth <u>10-27-91</u>
12. Drivers License/State ID Number <u>A200 7849 02</u>			13. Drivers License/State ID State of Issuance <u>Wisconsin</u>	

Part C: Address History					
1. Do you currently reside in Wisconsin? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?				Years <u>32</u>	Months
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	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 <u>WI</u>	County <u>Dane</u>	State	County	State	County
State	County	State	County	State	County

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? Yes No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated <i>Resisting</i>	Location <i>Dane</i>	Conviction Date <i>2012</i>
Penalty Imposed		Was sentence completed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? Yes No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

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 *[Handwritten Signature]* Date *05/10/24*

Agent Type (check one)

Original (no fee) Successor (\$10 fee for municipal licensees only)

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)
Hooked On Tap LLC

2. Business Trade Name or DBA
Sportsmans

3. Entity Type (check one)
 Limited Liability Company Corporation Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)
 Municipal Retail License State Permit

5. If successor agent, provide State Permit or Municipal Retail License Number

6. Describe the reason for appointing a successor agent, if successor is checked above.

Part B: Agent Information

1. Last Name Hook 2. First Name Scott 3. M.I. D

4. Email Secrets5@live.com 5. Phone 608 438 4665

6. Home Address 9002 county road G

7. City mt Horeb 8. State WI 9. Zip Code 53572 10. Age 32

11. Drivers License/State ID Number H200 7849 02 12. Drivers License/State ID State of Issuance Wisconsin

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? Yes No
 Submit proof of completion. Holds current DP Lic.

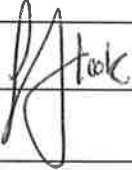
2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire? Yes No
 Submit a completed Form AB-100 with this form.

3. Have you been a Wisconsin resident for at least 90 continuous days? Yes No
 See instructions for exceptions.

Continued →


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 Hook		First Name Scott		M.I. D
Title Owner	Email		Phone 608 4384665	
Signature 			Date	

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby 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 Hook		First Name Scott		M.I. D
Signature 			Date 5/10/24	

#24-20

Form AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	V. NG
License Period	July 1, 24 - June 30, 25

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

Fees	
License Fees	\$ 200 -
Background Check Fee	\$
Publication Fee	\$
Total Fees	\$

- Class "A" Beer \$ _____
- Class "B" Beer \$ 100.
- "Class A" Liquor \$ _____
- "Class B" Liquor \$ _____
- "Class A" Liquor (cider only) \$ _____
- Reserve "Class B" Liquor \$ _____
- "Class C" Liquor (wine only) \$ 100.

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)
SUGAR RIVER PIZZA CO LLC

2. Business Trade Name or DBA

3. FEIN **26-4304507** 4. Wisconsin Seller's Permit Number **456-1030130081-02**

5. Entity Type (check one)
 Sole Proprietor Partnership Limited Liability Company Corporation Nonprofit Organization

6. State of Organization **WISCONSIN** 7. Date of Organization **2/17/2009** 8. Wisconsin DFI Registration Number **5084308**

9. Premises Address **700 RAILROAD ST.**

10. City **NEW GLARUS,** 11. State **WI** 12. Zip Code **53574**

13. County **GREEN** 14. Governing Municipality: City Town Village of: **NEW GLARUS** 15. Aldermanic District

16. Premises Phone **608-527-5000** 17. Premises Email **WWW.SUGARRIVERPIZZA.COM** 18. Website **SUGARRIVERPIZZA.COM / NEW GLARUS**

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.
TWO STORY BUILDING SEATING 80 w/AN ATTACHED PATIO OFFERING ADDITIONAL SEATING FOR 80. BEER & WINE ARE STORED IN A SEPARATE ROOM. WE DO HAVE A REACH-IN COOLER BEHIND COUNTER. A WINE COOLER IS PART OF A SERVER WAIT STATION.

20. Mailing Address (if different from premises address)
N/A

21. City **SAME** 22. State 23. Zip Code

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

Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. 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 charges using the space below. Attach additional sheets as needed.

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? Yes No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity _____ 4b. Business Entity FEIN _____

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? Yes No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? Yes No

Part C: Individual Information

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 below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
DIPPEN-WATTERSON	DEBRA	OWNER/MANAGING MEMBER	608-669-0374

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 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 DIPPEN-WATTERSON	First Name DEBRA	M.I. R.
Title OWNER-MANAGING MEMBER	Email debra@sugarriverpizza.com	Phone 608-669-0374
Signature 		Date 5/21/24

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 5/21/24	License Number # 24-20	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk Deanna Young		Date Provisional License Issued (if applicable)	

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.

Agent Type (check one)

Original (no fee) Successor (\$10 fee for municipal licensees only)

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)
SUGAR RIVER PIZZA CO LLC

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

5. If successor agent, provide State Permit or Municipal Retail License Number

6. Describe the reason for appointing a successor agent, if successor is checked above.
N/A

Part B: Agent Information

1. Last Name
DIPPEN-WATLERSON

2. First Name
DEBRA

3. M.I.
R.

4. Email
deb@sugarriverpizza.com

5. Phone
608-664-0374

6. Home Address
N9146 MARTY RD.

7. City
NEW GLARUS

8. State
WI

9. Zip Code
53574

10. Age
66

11. Drivers License/State ID Number
D153-1765-8585-06

12. Drivers License/State ID State of Issuance
WISCONSIN

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? Yes No
Submit proof of completion. 2023


2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire? Yes No
Submit a completed Form AB-100 with this form.

3. Have you been a Wisconsin resident for at least 90 continuous days? Yes No
See instructions for exceptions.

Continued →


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 DIPPEN-WATTERSON		First Name DEBRA		M.I. R
Title OWNER	Email debra@sugarriverpizza.com		Phone 608-669-0374	
Signature 			Date	

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby 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 05/21/24	

Alcohol Beverage Individual Questionnaire

Date 5/21/24

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

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- 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) <u>SUGAR RIVER PIZZA CO. LLC</u>				
2. Business Trade Name or DBA <u>-</u>				
3. Entity Type (check one)				
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation	<input type="checkbox"/> Nonprofit Organization

Part B: Individual Information				
1. Last Name <u>DIPPEN-WATTERSON</u>		2. First Name <u>DEBRA</u>		3. M.I. <u>R.</u>
4. Relationship to Business (Title) <u>OWNER / MANAGING MEMBER</u>		5. Email <u>debra@sugarriverpizza.com</u>		6. Phone <u>608-669-0374</u>
7. Home Address <u>N8146 MARTY RD.</u>				
8. City <u>NEW GLARUS</u>		9. State <u>WI</u>	10. Zip Code <u>53574</u>	11. Date of Birth <u>3/3/58</u>
12. Drivers License/State ID Number <u>D153-1765-5585-06</u>			13. Drivers License/State ID State of Issuance <u>WISCONSIN</u>	

Part C: Address History					
1. Do you currently reside in Wisconsin? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?				Years <u>58</u>	Months
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	
<u>N8146 MARTY RD</u>		<u>NEW GLARUS</u>	<u>WI</u>	<u>53574</u>	
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. Attach additional sheets if necessary.					
State	County	State	County	State	County
<u>WI</u>	<u>MONROE</u>	<u>WI</u>	<u>GREEN</u>	<u>WI</u>	<u>JANE</u>
State	County	State	County	State	County

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? Yes No
 If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated OWI - FIRST OFFENSE	Location GREEN CO.	Conviction Date 3-18-24
Penalty Imposed OWI - FINE + ASSESSMENT		Was sentence completed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? Yes No
 If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

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  Date **5/21/24**

24-22

Form AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	V. NG
License Period	July 1, 24 - June 30, 25

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

- Class "A" Beer \$ _____
- "Class A" Liquor \$ 500.
- "Class A" Liquor (cider only) \$ _____
- "Class C" Liquor (wine only) \$ _____
- Class "B" Beer \$ _____
- "Class B" Liquor \$ _____
- Reserve "Class B" Liquor \$ _____

Fees	
License Fees	\$ 500.
Background Check Fee	\$ _____
Publication Fee	\$ _____
Total Fees	\$ _____

Part A: Premises/Business Information			
1. Legal Business Name (individual name if sole proprietorship) SR Shoppe LLC			
2. Business Trade Name or DBA Sugar River Shoppe			
3. FEIN 93-2865774		4. Wisconsin Seller's Permit Number 456-1031511457-04	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization			
6. State of Organization Wisconsin		7. Date of Organization 8-13-2023	8. Wisconsin DFI Registration Number S149522
9. Premises Address 108 5 th Avenue			
10. City New Glarus		11. State WI	12. Zip Code 53574
13. County Green	14. Governing Municipality: <input type="checkbox"/> City <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village of: New Glarus		15. Aldermanic District _____
16. Premises Phone 608-527-4290	17. Premises Email Sarah@sugarrivershoppe.com	18. Website www.sugarrivershoppe.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. Retail Shop on First Floor of 108 5 th Avenue New Glarus WI, Storage in basement			
20. Mailing Address (if different from premises address) 5495 Charles Hahn Drive			
21. City Sun Prairie		22. State WI	23. Zip Code 53590
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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list the details of violation below. Attach additional sheets if necessary.			
Law/Ordinance Violated	Location		Trial Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated	Location		Trial Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages. Yes No
 If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

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? Yes No
 If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity _____ 4b. Business Entity FEIN _____

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No
IN PROGRESS OF TAKING

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? Yes No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? Yes No

Part C: Individual Information

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 below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
Reed	Sarah	owner	608-209-6092

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 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 Reed	First Name Sarah	M.I. M
Title owner	Email sarah@sugarrivershoppe.com	Phone 608-209-6092
Signature <i>Sarah Reed</i>		Date 5-22-2024

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 5-22-24	License Number # 24-22	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk <i>Laura Young</i>		Date Provisional License Issued (if applicable)	

Agent Type (check one)	
<input checked="" type="checkbox"/> Original (no fee)	<input type="checkbox"/> Successor (\$10 fee for municipal licensees only)

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor) SR Snoppe LLC	
2. Business Trade Name or DBA Sugar River Snoppe	
3. Entity Type (check one) <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	
4. Alcohol Beverage Business Authorization (check one) <input checked="" type="checkbox"/> Municipal Retail License <input type="checkbox"/> State Permit	5. If successor agent, provide State Permit or Municipal Retail License Number
6. Describe the reason for appointing a successor agent, if successor is checked above.	

Part B: Agent Information			
1. Last Name Reed	2. First Name Sarah	3. M.I. M	
4. Email sarah@sugarrivershoppe.com		5. Phone 608-209-6092	
6. Home Address 5495 Charles Hahn Drive			
7. City Sun Prairie	8. State WI	9. Zip Code 53590	10. Age 44
11. Drivers License/State ID Number R300-7938-0568-04		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.	<input type="checkbox"/> Yes <input type="checkbox"/> No In progress of taking
2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire? Submit a completed Form AB-100 with this form.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you been a Wisconsin resident for at least 90 continuous days? See instructions for exceptions.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Continued →

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 Reed		First Name Sarah		M.I. M
Title owner	Email sarah@sugarnerslopp.com		Phone 408-709-6092	
Signature SM ML			Date 5-22-2024	

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby 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 Reed		First Name Sarah		M.I. M
Signature SM ML			Date 5-22-2024	

Alcohol Beverage Individual Questionnaire

Date 5-22-2024

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

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- 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)	<u>SR Shoppe LLC</u>
2. Business Trade Name or DBA	<u>Sugar River Shoppe</u>
3. Entity Type (check one)	
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	

Part B: Individual Information			
1. Last Name <u>Reed</u>	2. First Name <u>Sarah</u>	3. M.I. <u>M</u>	
4. Relationship to Business (Title) <u>Owner</u>	5. Email <u>Sarah@sugarrivershoppe.com</u>	6. Phone <u>608-209-6092</u>	
7. Home Address <u>5495 Charles Hahn Drive</u>			
8. City <u>Sun Prairie</u>	9. State <u>WI</u>	10. Zip Code <u>53590</u>	11. Date of Birth <u>02/28/1980</u>
12. Drivers License/State ID Number <u>R300-7938-0568-04</u>		13. Drivers License/State ID State of Issuance <u>Wisconsin</u>	

Part C: Address History							
1. Do you currently reside in Wisconsin?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?			<table style="width: 100%; border: none;"> <tr> <td style="border: none; text-align: right;">Years</td> <td style="border: none; text-align: center;"><u>15</u></td> <td style="border: none; text-align: right;">Months</td> <td style="border: none; text-align: center;"><u>8</u></td> </tr> </table>	Years	<u>15</u>	Months	<u>8</u>
Years	<u>15</u>	Months	<u>8</u>				
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				
<u>same address last 5 years</u>	<u>—————</u>						
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. Attach additional sheets if necessary.							
State	County	State	County	State	County	State	County
<u>IL</u>	<u>Warren</u>	<u>WI</u>	<u>Columbia</u>				
<u>MO</u>	<u>Butler</u>	<u>WI</u>	<u>Dane</u>				

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? Yes No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? Yes No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

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 *SM Red*

Date *5-22-2024*

04-19

Form AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	V. NG
License Period	July 1, 24 - June 30, 25

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

- Class "A" Beer \$ _____
- "Class A" Liquor \$ 500.
- "Class A" Liquor (cider only) \$ _____
- "Class C" Liquor (wine only) \$ _____
- Class "B" Beer \$ _____
- "Class B" Liquor \$ _____
- Reserve "Class B" Liquor \$ _____

Fees	
License Fees	\$ 500-
Background Check Fee	\$ -
Publication Fee	\$
Total Fees	\$

Part A: Premises/Business Information			
1. Legal Business Name (individual name if sole proprietorship) Sheri Weix			
2. Business Trade Name or DBA The Bramble Patch			
3. FEIN 47-2727959		4. Wisconsin Seller's Permit Number 456-1024029497-03	
5. Entity Type (check one) <input checked="" type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization			
6. State of Organization WI		7. Date of Organization	8. Wisconsin DFI Registration Number N/A
9. Premises Address 102 5th Avenue			
10. City New Glarus		11. State WI	12. Zip Code 53574
13. County Green	14. Governing Municipality: <input type="checkbox"/> City <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village of: NEW GLARUS		15. Aldermanic District
16. Premises Phone (608) 527-4878	17. Premises Email TheBramblePatch@outlook.com		18. Website TheBramblePatch.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. Retail sales floor for display, sales & minor storage; kitchen for main storage; side workroom for incoming alcohol storage. Records kept in unlocked, employee-accessible file in side workroom.			
20. Mailing Address (if different from premises address) PO Box 33			
21. City NEW GLARUS		22. State WI	23. Zip Code 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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list the details of violation below. Attach additional sheets if necessary.			
Law/Ordinance Violated	Location		Trial Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated	Location		Trial Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. 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 charges using the space below. Attach additional sheets as needed.

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? Yes No
 If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity	4b. Business Entity FEIN
-----------------------------	--------------------------

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? Yes No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? Yes No

Part C: Individual Information

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 below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
Weix	Sheri	Owner	(608) 558-8367

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 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 Weix	First Name Sheri	M.I.
Title Owner	Email TheBramblePatch@outlook.com	Phone (608) 558-8367
Signature <i>Sheri Wx</i> <i>Sheri Wx</i>		Date 05/20/24

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 5/21/24	License Number #24-19	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk <i>Deanna Young</i>		Date Provisional License Issued (if applicable)	

Alcohol Beverage Appointment of Agent

Date
05/20/2024

Agent Type (check one)

- Original (no fee) Successor (\$10 fee for municipal licensees only)

Part A: Business Information

1. 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 Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)

- Municipal Retail License State Permit

5. If successor agent, provide State Permit or Municipal Retail License Number

6. Describe the reason for appointing a successor agent, if successor is checked above.

Part B: Agent Information

1. Last Name

Weix

2. First Name

Sheri

3. M.I.

4. Email

TheBramblePatch@outlook.com

5. Phone

(608) 558-8367

6. Home Address

213 2nd Street

7. City

New Glarus

8. State

WI

9. Zip Code

53574

10. Age

56

11. Drivers License/State ID Number

W200-7906-6604-00

12. Drivers License/State ID State of Issuance

WI

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? Yes No

Submit proof of completion. *Yes*

2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire*? Yes No

Submit a completed Form AB-100 with this form.

3. Have you been a Wisconsin resident for at least 90 continuous days? Yes No

See instructions for exceptions.

Continued →

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 Weix	First Name Sheri	M.I.
Title Owner	Email TheBramblePatch@outlook.com	Phone (608) 558-8367
Signature <i>Sheri Wx Sheri Wx</i>		Date 05/20/24

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby 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 <i>Weix</i>	First Name <i>Sheri</i>	M.I.
Signature <i>Sheri Wx</i>		Date <i>05/20/24</i>

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



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.

Diversys Learning, Inc.
1101 Arrow Point Drive, Suite 302
Cedar Park, TX 78613

Alcohol Beverage Individual Questionnaire

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

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- 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) Sheri Weix			
2. Business Trade Name or DBA The Bramble Patch			
3. Entity Type (check one)			
<input checked="" type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization

Part B: Individual Information					
1. Last Name Weix		2. First Name Sheri		3. M.I.	
4. Relationship to Business (Title) Owner		5. Email TheBramblePatch@outlook.com		6. Phone (608) 558-8367	
7. Home Address 213 2nd Street					
8. City New Glarus		9. State WI	10. Zip Code 53574		11. Date of Birth 08/24/66
12. Drivers License/State ID Number W200-7906-6804-00			13. Drivers License/State ID State of Issuance WI		

Part C: Address History							
1. Do you currently reside in Wisconsin? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?			Years 23	Months 2			
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		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 WI	County GREEN	State WI	County DANE	State CA	County ALAMEDA	State WI	County MARATHON
State WI	County ONEIDA	State WI	County LINCOLN	State	County	State	County

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? Yes No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? Yes No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

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	<i>Sheri Wx Sheri Wx</i>	Date	05/20/2024
-----------	--------------------------	------	------------

#24-17

Form AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	V. NG
License Period	July 1, 24 - June 30, 25

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

- Class "A" Beer \$ _____
- Class "B" Beer \$ 100.
- "Class A" Liquor \$ _____
- "Class B" Liquor \$ 500.
- "Class A" Liquor (cider only) \$ _____
- Reserve "Class B" Liquor \$ _____
- "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$
Background Check Fee	\$
Publication Fee	\$
Total Fees	\$

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)
HUNGO LLC

2. Business Trade Name or DBA
TOFFLERS PUB AND GRILL

3. FEIN 47-3332218 4. Wisconsin Seller's Permit Number 456-1028607952-02

5. Entity Type (check one)
 Sole Proprietor Partnership Limited Liability Company Corporation Nonprofit Organization

6. State of Organization WISCONSIN 7. Date of Organization 3/6/15 8. Wisconsin DFI Registration Number H055621

9. Premises Address
200 - 5th AVENUE

10. City NEW GLARUS 11. State WI 12. Zip Code 53574

13. County GREEN 14. Governing Municipality: City Town Village of: NEW GLARUS 15. Aldermanic District

16. Premises Phone 608-527-2480 17. Premises Email stere@tofflers.com 18. Website tofflers.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.
MAIN BAR AREA, DENING ROOM - UPSTAIRS AND GROUND LEVEL, OUTSIDE BAR. OUTSIDE FENCED PATIO

20. Mailing Address (if different from premises address)
PO BOX 812 NEW GLARUS

21. City NEW GLARUS 22. State WI 23. Zip Code 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. Attach additional sheets if necessary.

Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. 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 charges using the space below. Attach additional sheets as needed.

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? Yes No
 If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity	4b. Business Entity FEIN
-----------------------------	--------------------------

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No ²⁰⁰⁸
 6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? Yes No
 7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? Yes No

Part C: Individual Information

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 below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
LONGO	STEPHEN	PROPRIETOR	608-527-2490
LONGO	STEPHEN	PROPRIETOR	608-527-2490

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 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 LONGO	First Name STEPHEN	M.I. J
Title PROPRIETOR	Email steve@lofflers.com	Phone 608-527-2490
Signature 		Date 5-20-2024

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 5/20/24	License Number #24-17	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk Deanna Young		Date Provisional License Issued (if applicable)	

Agent Type (check one)	
<input checked="" type="checkbox"/> Original (no fee)	<input type="checkbox"/> Successor (\$10 fee for municipal licensees only)

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor) HUNGO LLC	
2. Business Trade Name or DBA TOFFLERS PUB AND GRILL	
3. Entity Type (check one) <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	
4. Alcohol Beverage Business Authorization (check one) <input checked="" type="checkbox"/> Municipal Retail License <input type="checkbox"/> State Permit	5. If successor agent, provide State Permit or Municipal Retail License Number
6. Describe the reason for appointing a successor agent, if successor is checked above.	


Part B: Agent Information			
1. Last Name LONGO	2. First Name STEPHEN	3. M.I. J	
4. Email steve@tofflers.com		5. Phone 608-527-2490	
6. Home Address 812- 3RD ST PO BOX 763			
7. City New GLARUS	8. State WI	9. Zip Code 53574	10. Age 55
11. Drivers License/State ID Number LS20-7906-9053-02		12. Drivers License/State ID State of Issuance WIS	

Part C: Agent Questions	
1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 2008
2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire? Submit a completed Form AB-100 with this form. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you been a Wisconsin resident for at least 90 continuous days? See instructions for exceptions. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Continued →


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	LONGO LONGO	First Name	STEPHEN	M.I.	J
Title	PROPRIETOR	Email	steve@bafflers.com	Phone	608-527-2490
Signature				Date	5-17-2024

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby 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	LONGO	First Name	STEPHEN	M.I.	J
Signature				Date	5-20-2024

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

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- 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) <u>HUNGO LLC</u>					
2. Business Trade Name or DBA <u>TOFFLERS PUB AND GRILL</u>					
3. Entity Type (check one)					
<input type="checkbox"/> Sole Proprietor		<input type="checkbox"/> Partnership		<input checked="" type="checkbox"/> Limited Liability Company	
		<input type="checkbox"/> Corporation		<input type="checkbox"/> Nonprofit Organization	

Part B: Individual Information					
1. Last Name <u>LONGO</u>		2. First Name <u>STEPHEN</u>		3. M.I. <u>J</u>	
4. Relationship to Business (Title) <u>PROPRIETOR</u>		5. Email <u>steve@tofflers.com</u>		6. Phone <u>608-527-2490</u>	
7. Home Address <u>812 3RD ST PO Box 763</u>					
8. City <u>NEW GARDEN</u>		9. State <u>WI</u>	10. Zip Code <u>53574</u>	11. Date of Birth <u>2-13-69</u>	
12. Drivers License/State ID Number <u>LS20-7906-9053-02</u>			13. Drivers License/State ID State of Issuance <u>WISCONSIN</u>		

Part C: Address History					
1. Do you currently reside in Wisconsin? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?				Years <u>55</u>	Months
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary. <u>N/A</u>					
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
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.					
State <u>WI</u>	County <u>DANE</u>	State	County	State	County
State	County	State	County	State	County

Continued →

Part D: Criminal History		
1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.		
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.		

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	Date 2023 5-17-2024



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

NO: 24MH1

County of Green

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

(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:

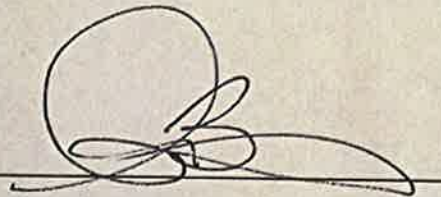
FIREFLY ESTATES

501 14TH AVENUE, NEW 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: _____



24-01

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* 1

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: KLEEMANS BAR + GRILL
116 ST+ AVE NEW GLARUS, WI 53524

A receipt is submitted herewith, showing the payment of the sum of \$ 10. to the treasurer, in payment of this license.

Dated: 3-19-24

Signed: [Signature]

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* 1

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: TOFFLERS PUB AND GRILL
200 - 5th AVENUE NEW GLARUS, WI

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

Dated: _____

Signed: _____

Cigarette, Tobacco, and Electronic Vaping Device Retail License Application

FOR CLERKS ONLY	
Municipality	V. NM
License Period	July 1, 24 - June 30, 25

Part A: Premises/Business Information			
1. Legal Business Name (individual name if sole proprietor) Blanchardville Coop Oil Association			
2. Business Trade Name or DBA			
3. FEIN 39-0169230	4. Wisconsin Seller's Permit Number 456-0000474886-02		
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation (CO-OP)			
6. State of Organization Wisconsin	7. Date of Organization 06/01/1935	8. Wisconsin DFI Registration Number B004345	
9. Premises Address (do not use PO Box) 1401 Highway 69			
10. City New Glarus	11. State WI	12. Zip Code 53574	
13. County Green	14. Governing Municipality: <input type="checkbox"/> City <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village of: New Glarus		15. Aldermanic District
16. Mailing Address (if different from premises address)			
17. City	18. State	19. Zip Code	
20. Premises Phone 608-527-2112	21. Premises Email NGCSE@Blanchardvillecoop.com	22. Website www.Blanchardvillecoop.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.			

Part B: Questions
1. What products will be sold at this business location? (check all that apply) <input checked="" type="checkbox"/> Cigarettes <input checked="" type="checkbox"/> Tobacco Products <input checked="" type="checkbox"/> Electronic Vaping Devices
2. How will cigarettes, tobacco, and/or electronic vaping devices be sold? (check all that apply) <input checked="" type="checkbox"/> Over the counter <input type="checkbox"/> Vending machine
3. Is the applicant business owned by another business entity? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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
STEINMETZ	Gery	GM	715-429-0750

Part D: Attestation

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

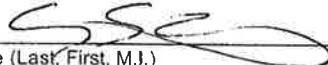
- sole proprietor
- one general partner of a partnership
- one corporate officer
- one managing member of an LLC

READ CAREFULLY BEFORE SIGNING:

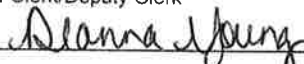
I understand and agree to the following:

- 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 05/08/2024
Name (Last, First, M.I.) Steinmetz, Gery E.		
Title General Manager	Email gerys@blanchardvillecoop.com	Phone (608) 523-4294

Part E: For Clerk Use Only

Date: application was filed with clerk 5-16-24	Date license issued	Date license expires	License number # 24-05
License fees	Signature of Clerk/Deputy Clerk 		

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.

Employee - Name (print) Gery Steinmetz		Driver's License Number S353-2856-3102-01
Address	City, State, Zip	
Online	Statewide, WI	
Home Telephone 715-429-0750	Date of Birth (Day, Month, Year) 03-22-1963	
Store Name Wisconsin Bartending	Store Number (if applicable)	
Name - Supervisor		

I acknowledge (Choose one):

- I have successfully completed a responsible beverage server training course at a technical college that conforms to curriculum guidelines specified by the technical college system board or a comparable training course that is approved by the department or the educational approval board. (Wis. Stat. § 125.04)
- I have received training from my employer on compliance with Wis. Stat. § 134.66.

I further acknowledge:

- I understand that federal law prohibits selling tobacco products to any person under the age of 21. Failure to comply with these restrictions may result in a citation.



SIGNATURE - Employee

5-16-2024
Date Signed



SIGNATURE - Supervisor

5-16-2024
Date Signed

**Cigarette, Tobacco, and Electronic Vaping Device
Appointment of Agent**

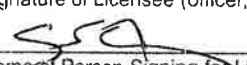

Date: 5-8-24

Agent Type (check one): Original Change

Part A: Agent Information		
1. Last Name Steinmetz	2. First Name Gery	3. M.I. E
4. Email gerys@blanchardvillecoop.com		5. Phone (608) 523-4294
6. Home Address 4154 330th St.		
7. City Boyd		8. State WI
		9. Zip Code 54726
10. Date of Birth 03/22/1963	11. Drivers License/State ID Number S353-2856-3102-01	12. Drivers License/State ID State of Issuance WI

Part B: Questions	
1. Have you completed Form CTV-101, <i>Cigarette, Tobacco, and Electronic Vaping Device License - Individual Questionnaire</i> ? Submit a completed Form CTV-101 with this form. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
2. If this is a change of agent, please describe the reason for the agent change. Attach additional sheets if necessary.	

Part C: Business Information	
1. Legal Business Name (individual name if sole proprietor) Blanchardville Coop Oil Association	
2. Business Trade Name or DBA	
3. Entity Type (check one) <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <u>(COOP)</u>	
4. Premises Address 1401 Highway 69	
5. City New Glarus	6. State WI
7. Zip Code 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) 	Date 05/08/2024
Name of Person Signing for Licensee Gery Steinmetz	Title General Manager
READ CAREFULLY BEFORE SIGNING: I, the Agent , hereby 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 	Date 5-8-2024

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

Date
5-8-24

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)
Blanchardville Coop Oil Association

2. Business Trade Name or DBA

3. Entity Type (check one)
 Sole Proprietor
 Partnership
 Limited Liability Company
 ^{Coop} Corporation

Co-op

Part B: Individual Information

1. Name (Last) Steinmetz	2. Name (First) Gery	3. Name (M.I.) E
4. Relationship to Business (Title) General Manager	5. Email Gerys@blanchardvillecoop.co	6. Phone (608) 523-4294
7. Home Address 4154 330th St.		
8. City Boyd	9. State WI	10. Zip Code 54726
11. Date of Birth 03/22/1923		
12. Drivers License/State ID Number S353-2856-3102-01	13. Drivers License/State ID State of Issuance WI	

Part C: Individual's Address History

List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address	City	State	Zip Code
4154 330 th St	Boyd	WI	54726
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
Previous Address 6	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
WI	Chippewa						
State	County	State	County	State	County	State	County

Continued →

Part D: Individual's Criminal History

1. Have you ever been convicted of any offenses (other than traffic offenses) for violation of any federal, Wisconsin, or another state's laws, or of any county or municipal ordinances? Yes No

If yes to question 1, please list details of each conviction below:


Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> 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? Yes No

If yes to question 2, describe nature and status of pending charges using the space 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 	Date 5-8-2024
--	------------------

Part F: Licensing Authority Approval

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, this individual qualifies to serve in the reported role with the above-named business.

Name of Local Official	Title
Signature of Local Official	Date

24-03

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/Business Information			
1. Legal Business Name (individual name if sole proprietor)			
SHOBHA BAANI, INC			
2. Business Trade Name or DBA			
(BP Station)			
3. FEIN		4. Wisconsin Seller's Permit Number	
99-2772048 87-3625260		456-1031744625-04	
5. Entity Type (check one)			
<input type="checkbox"/> Sole Proprietor <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation			
6. State of Organization		7. Date of Organization	8. Wisconsin DFI Registration Number
W.I.		11-18-21	S137872
9. Premises Address (do not use PO Box)			
619 STATE HWY 69			
10. City		11. State	12. Zip Code
NEW GLARUS		W.I.	53574
13. County	14. Governing Municipality: <input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village		15. Aldermanic District
GREEN	of:		
16. Mailing Address (if different from premises address)			
P.O. BOX 164, 106th AVE			
17. City		18. State	19. Zip Code
NEW GLARUS		W.I.	53574
20. Premises Phone		21. Premises Email	22. Website
608-527-2266		Sundeep Singh 1962@gmail.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.			
Sold at Counter stored office and some stored in Behain Counter.			

Part B: Questions	
1. What products will be sold at this business location? (check all that apply)	
<input checked="" type="checkbox"/> Cigarettes <input checked="" type="checkbox"/> Tobacco Products <input checked="" type="checkbox"/> Electronic Vaping Devices	
2. How will cigarettes, tobacco, and/or electronic vaping devices be sold? (check all that apply)	
<input checked="" type="checkbox"/> Over the counter <input type="checkbox"/> Vending machine	
3. Is the applicant business owned by another business entity? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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
SINGH	SUNDEEP	OWNER	608-513-7080

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	Sundeep Singh	Date	05-09-2024
Name (Last, First, M.I.)	SINGH, SUNDEEP		
Title	OWNER	Email	Sundeep Singh1962@gmail.com
		Phone	608-513-7080

Part E: For Clerk Use Only

Date application was filed with clerk	Date license issued	Date license expires	License number
5/9/24			#24-03
License fees	Signature of Clerk/Deputy Clerk		
	Deanna Young		

Agent Type (check one): Original Change

Part A: Agent Information		
1. Last Name SINGH	2. First Name SUNDEEP	3. M.I.
4. Email SundeepSingh1962@gmail.com		5. Phone 608-513-7080
6. Home Address 749 HARVEST LN		
7. City VERONA	8. State W.I.	9. Zip Code 53593
10. Date of Birth 03-10-1962	11. Drivers License/State ID Number S520-7806-2090-05	12. Drivers License/State ID State of Issuance W.I.

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. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2. If this is a change of agent, please describe the reason for the agent change. Attach additional sheets if necessary.	

Part C: 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) <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation		
4. Premises Address 619 STATE HWY69		
5. City NEW GLARUS	6. State W.I.	7. Zip Code 53574

Part D: Attestations	
<p>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.</p>	
Signature of Licensee (officer, member, or authorized signatory) Sundeep Singh	Date 05-09-2024
Name of Person Signing for Licensee SUNDEEP SINGH	Title 05-09-2024 owner
<p>READ CAREFULLY BEFORE SIGNING: I, the Agent, hereby 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.</p>	
Signature of Agent Sundeep Singh	Date 05-09-2024

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.

Date

Form
CTV-101

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

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)			
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company	<input checked="" type="checkbox"/> Corporation

Part B: Individual Information			
1. Name (Last) SINGH	2. Name (First) SUNDEEP	3. Name (M.I.)	
4. Relationship to Business (Title) OWNER	5. Email sundeep.singh@1962@gmail.com	6. Phone 608-513-7086	
7. Home Address 749 HARVEST LN			
8. City VERONA	9. State W.I.	10. Zip Code 53593	11. Date of Birth 03-10-1962
12. Drivers License/State ID Number 9 520-7806-2090-05		13. Drivers License/State ID State of Issuance W.I.	

Part C: Individual's Address History			
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	City	State	Zip Code
Previous Address 4	City	State	Zip Code
Previous Address 5	City	State	Zip Code
Previous Address 6	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

Continued →

Part D: Individual's Criminal History

1. Have you ever been convicted of any offenses (other than traffic offenses) for violation of any federal, Wisconsin, or another state's laws, or of any county or municipal ordinances? Yes No

If yes to question 1, please list details of each conviction below.

Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> 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? Yes No

If yes to question 2, describe nature and status of pending charges using the space 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 *Sundeep Singh* Date *05-09-2024*

Part F: Licensing Authority Approval

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, this individual qualifies to serve in the reported role with the above-named business.

Name of Local Official	Title
Signature of Local Official	Date

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

\$ 50.

MUNICIPAL USE ONLY

Applicant's Wisconsin 15-digit Sales Tax Account Number
456-0000602957-03

← This must be issued in the same Legal Name of the licensee below.

License Number 23-01
Period Covered
Date of Issuance

Legal Name (corporation, limited liability company, partnership or sole proprietorship) CASEY'S MARKETING COMPANY		Federal Employer Identification No. (FEIN) 42-1435913	
Trade or Business Name (if different than Legal Name) CASEY'S GENERAL STORE #3572		Telephone Number (608) 453-4529	
Business Address (License Location) 1019 STATE HWY 69		Business Telephone (515) 381-5109	
Business Located In <input type="checkbox"/> City <input checked="" type="checkbox"/> Village <input type="checkbox"/> Town		County IOWA	
Municipality NEW GLARUS	State WI	Zip Code 53565	of: NEW GLARUS
Mailing Address (if different than Business Address) ATTN: LICENSING, ONE SE CONVENIENCE BLVD		Municipality ANKENY	State IA
		Zip Code 50021	


Organization (check one)

- Sole Proprietor Wisconsin Corporation – Enter date incorporated: _____
 Partnership Out-of-State Corporation – Are you registered to do business in Wisconsin? Yes No
 Other (describe) _____

- Yes No 1. Does the applicant understand that they must purchase cigarettes and tobacco products only from distributors, jobbers, or subjobbers, who hold a permit with the Wisconsin Department of Revenue?
 Yes No 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-266-6701. See application form CTP-129, revenue.wi.gov/dor/forms/ctp-129.pdf.)
 Yes No 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
 Yes No 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (<https://witobaccocheck.org>)
 Yes No 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
 Yes No 6. Does the applicant understand that they may not sell single cigarettes?
 Yes No 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?
 Yes No 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco-directory may be sold in Wisconsin?

Cigarettes / Tobacco will be sold over counter through vending machine both

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another. Any lack of access to any 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.


 (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.

FOR CLERKS ONLY	
Municipality	
License Period	

Form
CTV-100

Cigarette, Tobacco, and Electronic Vaping Device Retail License Application

Part A: Premises/Business Information			
1. Legal Business Name (individual name if sole proprietor) HBT Enterprises LLC			
2. Business Trade Name or DBA Otthaus Pub & Grill			
3. FEIN 87-2258838		4. Wisconsin Seller's Permit Number 456-1030794027-04	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation			
6. State of Organization WI		7. Date of Organization 8-20-2021	8. Wisconsin DFI Registration Number H070013
9. Premises Address (do not use PO Box) 406 2nd Street			
10. City New Glarus		11. State WI	12. Zip Code 53574
13. County Green	14. Governing Municipality: <input type="checkbox"/> City <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village of: New Glarus		15. Aldermanic District
16. Mailing Address (if different from premises address) PO Box 143			
17. City New Glarus		18. State WI	19. Zip Code 53574
20. Premises Phone 608-527-2218		21. Premises Email otthauspubandgrill@gmail.com	22. Website otthaus.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 is located at 406 2nd Street New Glarus WI 53574 and include the first floor and basement			

Part B: Questions	
1. What products will be sold at this business location? (check all that apply) <input checked="" type="checkbox"/> Cigarettes <input type="checkbox"/> Tobacco Products <input checked="" type="checkbox"/> Electronic Vaping Devices	
2. How will cigarettes, tobacco, and/or electronic vaping devices be sold? (check all that apply) <input checked="" type="checkbox"/> Over the counter <input type="checkbox"/> Vending machine	
3. Is the applicant business owned by another business entity? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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
Tierman	Amber	Owner/President	608-214-1518

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 <i>Amber Tierman</i>	Date 5-14-24	
Name (Last, First, M.I.) Tierman, Amber L.		
Title Owner/President	Email amtiere@gmail.com	Phone 608-214-1518

Part E: For Clerk Use Only

Date application was filed with clerk 5/15/2024	Date license issued #	Date license expires	License number #24-04
License fees	Signature of Clerk/Deputy Clerk <i>Deanna Young</i>		

Form CTV-102

Cigarette, Tobacco, and Electronic Vaping Device Appointment of Agent

Date 5/14/24

Agent Type (check one): Original Change

Part A: Agent Information		
1. Last Name Tierman	2. First Name Amber	3. M.I. L
4. Email amtiers@gmail.com		5. Phone
6. Home Address W9694 State Rd 69		
7. City New Glarus	8. State WI	9. Zip Code 53574
10. Date of Birth 01-01-1974	11. Drivers License/State ID Number T655-0127-4501-06	12. Drivers License/State ID State of Issuance WI

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. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2. If this is a change of agent, please describe the reason for the agent change. Attach additional sheets if necessary.	

Part C: Business Information		
1. Legal Business Name (individual name if sole proprietor) HBT Enterprises LLC		
2. Business Trade Name or DBA Ott Haus Pub & Grill		
3. Entity Type (check one) <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation		
4. Premises Address 400 2nd Street		
5. City New Glarus	6. State WI	7. Zip Code 53574

Part D: Attestations	
<p>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.</p>	
Signature of Licensee (officer, member, or authorized signatory)	Date
Name of Person Signing for Licensee	Title
<p>READ CAREFULLY BEFORE SIGNING: I, the Agent, hereby 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.</p>	
Signature of Agent Amber Tierman	Date 5-14-24

Click mouse in 'Date' field to begin and tab throughout. Use mouse to check appropriate boxes, spacebar or enter.

Save Print Clear

Date 5-14-24

Form CTV-101

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

Part A: Business Information			
1. Legal Business Name (individual name if sole proprietor) HBT Enterprises LLC			
2. Business Trade Name or DBA OH Haus Pub & Grill			
3. Entity Type (check one)			
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company	<input checked="" type="checkbox"/> Corporation

Part B: Individual Information			
1. Name-(Last) Tierman		2. Name (First) Amber	
		3. Name (M.I.) L	
4. Relationship to Business (Title) Owner/President		5. Email amtiers@gmail.com	6. Phone 408-214-1518
7. Home Address N9694 State Rd 69			
8. City New Glarus		9. State WI	10. Zip Code 53574
		11. Date of Birth 01-01-1974	
12. Drivers License/State ID Number T655-0127-4501-06		13. Drivers License/State ID State of Issuance WI	

Part C: Individual's Address History			
List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.			
Previous Address 1 600 Windlache Street		City New Glarus	State WI
			Zip Code 53574
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
Previous Address 6		City	State
			Zip Code
If applicable, list all states and counties you have lived in as an adult. Attach additional sheets if necessary.			
State WI	County Green	State WI	County Dane
State	County	State	County

Continued →

Part D: Individual's Criminal History

1. Have you ever been convicted of any offenses (other than traffic offenses) for violation of any federal, Wisconsin, or another state's laws, or of any county or municipal ordinances? Yes No

If yes to question 1, please list details of each conviction below:

Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> 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? Yes No

If yes to question 2, describe nature and status of pending charges using the space 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: *Ambu Tieman* Date: *5-14-24*

Part F: Licensing Authority Approval

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, this individual qualifies to serve in the reported role with the above-named business.

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/Business Information

1. Legal Business Name (individual name if sole proprietor)
Rusty Raven LLC

2. Business Trade Name or DBA
Rusty Raven

3. FEIN
82-0930494

4. Wisconsin Seller's Permit Number
456-1029354950-02

5. Entity Type (check one)
 Sole Proprietor
 Partnership
 Limited Liability Company
 Corporation

6. State of Organization
Wisconsin

7. Date of Organization
03/24/2017

8. Wisconsin DFI Registration Number
R067368

9. Premises Address (do not use PO Box)
500 1st St

10. City
New Glarus

11. State
WI

12. Zip Code
53574

13. County
GREEN

14. Governing Municipality: City Town Village
of: New Glarus

15. Aldermanic District

16. Mailing Address (if different from premises address)
PO BOX 1018

17. City
New Glarus

18. State
WI

19. Zip Code
53574

20. Premises Phone
(608) 636-2023

21. Premises Email
rustyravenng@gmail.com

22. Website
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 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
 Vending machine

3. Is the applicant business owned by another business entity? Yes No
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
Jonathan	Hovland	Owner/Operator	(608) 636-4585
Kristiann	Schultz	Owner/CFO	(608) 501-7998
Tammy	Van Hove	Owner/Director	(507) 259-4327

Part D: Attestation

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

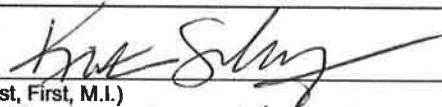
- sole proprietor
- one general partner of a partnership
- one corporate officer
- one managing member of an LLC

READ CAREFULLY BEFORE SIGNING:

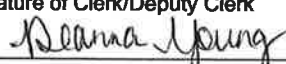
I understand and agree to the following:

- 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 Mar 7, 2024
Name (Last, First, M.I.) Schultz Kristiann J		
Title Owner/CFO	Email Kjschultz99@gmail.com	Phone 608-501-7998

Part E: For Clerk Use Only

Date application was filed with clerk 4/30/24	Date license issued	Date license expires	License number #24-02
License fees	Signature of Clerk/Deputy Clerk 		

Agent Type (check one): Original Change

Part A: Agent Information		
1. Last Name Hosland	2. First Name Jonathan	3. M.I. T
4. Email rustyravenng@gmail.com		5. Phone 608-636-4585
6. Home Address 1105 5th Ave		
7. City New Glarus		8. State WI
		9. Zip Code 53574
10. Date of Birth 5-31-1974	11. Drivers License/State ID Number H 145-4387-4191-05	12. Drivers License/State ID State of Issuance WI

Part B: Questions
1. Have you completed Form CTV-101, <i>Cigarette, Tobacco, and Electronic Vaping Device License - Individual Questionnaire</i> ? Submit a completed Form CTV-101 with this form. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. If this is a change of agent, please describe the reason for the agent change. Attach additional sheets if necessary.

Part C: Business Information		
1. Legal Business Name (individual name if sole proprietor) Rusty Raven LLC		
2. Business Trade Name or DBA		
3. Entity Type (check one) <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation		
4. Premises Address 500 1st St		
5. City New Glarus		6. State WI
		7. Zip Code 53570

Part D: Attestations	
<p>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.</p>	
Signature of Licensee (officer, member, or authorized signatory) 	Date 4-28-24
Name of Person Signing for Licensee Jon Hosland	Title owner
<p>READ CAREFULLY BEFORE SIGNING: I, the Agent, hereby 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.</p>	
Signature of Agent 	Date 4-28-24

Date

Form
CTV-101

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

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor) Rusty Raven LLC			
2. Business Trade Name or DBA Rusty Raven			
3. Entity Type (check one)			
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation

Part B: Individual Information

1. Name (Last) Hovland		2. Name (First) Jonathan		3. Name (M.I.) T	
4. Relationship to Business (Title) owner/operator		5. Email rustyravenng@gmail.com		6. Phone 608-636-4585	
7. Home Address 1105 5th St					
8. City New Glarus		9. State WI	10. Zip Code 53574		11. Date of Birth 05/31/1974
12. Drivers License/State ID Number H145-4387-4191-05			13. Drivers License/State ID State of Issuance WI		

Part C: Individual's Address History

List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address	City	State	Zip Code
1 N6693 West Point Rd	Monticello	WI	53570
2			
3			
4			
5			
6			

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

State MN	County Olmsted	State WI	County Dane	State WI	County Green	State	County
State WI	County La Crosse	State WI	County Rock	State	County	State	County

Continued →

Part D: Individual's Criminal History

1. Have you ever been convicted of any offenses (other than traffic offenses) for violation of any federal, Wisconsin, or another state's laws, or of any county or municipal ordinances? Yes No

If yes to question 1, please list details of each conviction below:

Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> 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? Yes No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

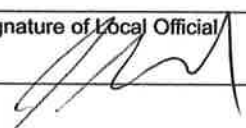
Part E: Attestation by Individual

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 	Date 04-18-24
---	------------------

Part F: Licensing Authority Approval

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, this individual qualifies to serve in the reported role with the above-named business.

Name of Local Official	Title
Signature of Local Official 	Date

84.06

Form CTV-100

Cigarette, Tobacco, and Electronic Vaping Device Retail License Application

FOR CLERKS ONLY	
Municipality	V. NB
License Period	July 1, 24 - June 30, 25

Part A: Premises/Business Information			
1. Legal Business Name (individual name if sole proprietor) Hooked On Tap LLC			
2. Business Trade Name or DBA Sportsmans Reloaded			
3. FEIN 92-1964954		4. Wisconsin Seller's Permit Number 456-1031203842-04	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation			
6. State of Organization Wisconsin		7. Date of Organization 02/02/2023	8. Wisconsin DFI Registration Number H074304
9. Premises Address (do not use PO Box) 506 First St			
10. City New Glarus		11. State WI	12. Zip Code 53574
13. County Green	14. Governing Municipality: <input type="checkbox"/> City <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village of: New Glarus		15. Aldermanic District
16. Mailing Address (if different from premises address) P O Box 357			
17. City New Glarus		18. State WI	19. Zip Code 53574
20. Premises Phone (608) 527-4665		21. Premises Email secrets5@live.com	22. Website sportsmansng.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.			

Part B: Questions	
1. What products will be sold at this business location? (check all that apply) <input checked="" type="checkbox"/> Cigarettes <input checked="" type="checkbox"/> Tobacco Products <input checked="" type="checkbox"/> Electronic Vaping Devices	
2. How will cigarettes, tobacco, and/or electronic vaping devices be sold? (check all that apply) <input checked="" type="checkbox"/> Over the counter <input type="checkbox"/> Vending machine	
3. Is the applicant business owned by another business entity? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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
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, M.I.) Hook, Scott D		
Title	Email	Phone
Owner	secrets5@live.com	(608) 438-4665

Part E: For Clerk Use Only

Date application was filed with clerk 5.22.24	Date license issued	Date license expires	License number # 24-06
License fees \$ 100.	Signature of Clerk/Deputy Clerk 		

Agent Type (check one): Original Change

Part A: Agent Information		
1. Last Name Hook	2. First Name Scott	3. M.I.
4. Email Secrets5@live.com	5. Phone 6084384665	
6. Home Address 9002 county road G		
7. City mt Horeb	8. State WI	9. Zip Code 53572
10. Date of Birth 10-27-91	11. Drivers License/State ID Number H200 7849 1487 02	12. Drivers License/State ID State of Issuance Wisconsin

Part B: Questions
1. Have you completed Form CTV-101, <i>Cigarette, Tobacco, and Electronic Vaping Device License - Individual Questionnaire</i> ? Submit a completed Form CTV-101 with this form. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. If this is a change of agent, please describe the reason for the agent change. Attach additional sheets if necessary.

Part C: Business Information		
1. Legal Business Name (individual name if sole proprietor) Hooked On Tap LLC		
2. Business Trade Name or DBA Sportsmans		
3. Entity Type (check one) <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation		
4. Premises Address 506 first st		
5. City New Glarus	6. State WI	7. Zip Code 53574

Part D: Attestations	
<p>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.</p>	
Signature of Licensee (officer, member, or authorized signatory) <i>[Signature]</i>	Date
Name of Person Signing for Licensee Scott Hook	Title
<p>READ CAREFULLY BEFORE SIGNING: I, the Agent, hereby 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.</p>	
Signature of Agent <i>[Signature]</i>	Date 5/22/24

Date 5/22/24

Form
CTV-101

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

Part A: Business Information			
1. Legal Business Name (individual name if sole proprietor) <u>Hooked On Tap</u>			
2. Business Trade Name or DBA <u>Sportsmans</u>			
3. Entity Type (check one)			
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation

Part B: Individual Information			
1. Name (Last) <u>Hook</u>	2. Name (First) <u>Scott</u>	3. Name (M.I.)	
4. Relationship to Business (Title) <u>Owner</u>	5. Email <u>secrets5@live.com</u>	6. Phone <u>608 438 4665</u>	
7. Home Address <u>9002 county road G</u>			
8. City <u>Mt Horeb</u>	9. State <u>WI</u>	10. Zip Code <u>53572</u>	11. Date of Birth <u>10-27-91</u>
12. Drivers License/State ID Number <u>H200 7849 1487 02</u>		13. Drivers License/State ID State of Issuance <u>Wisc</u>	

Part C: Individual's Address History			
List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.			
Previous Address 1 <u>same</u>	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
Previous Address 6	City	State	Zip Code
If applicable, list all states and counties you have lived in as an adult. Attach additional sheets if necessary.			
State <u>WI</u>	County <u>Dane</u>	State	County
State	County	State	County
State	County	State	County

Continued →

Part D: Individual's Criminal History

1. Have you ever been convicted of any offenses (other than traffic offenses) for violation of any federal, Wisconsin, or another state's laws, or of any county or municipal ordinances? Yes No

If yes to question 1, please list details of each conviction below:

Law/Ordinance Violated <i>Resisting Arrest</i>	Location <i>Dane</i>	Trial Date <i>2011</i>
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> 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? Yes No

If yes to question 2, describe nature and status of pending charges using the space 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 <i>[Signature]</i>	Date <i>5/22/24</i>
---------------------------------	------------------------

Part F: Licensing Authority Approval

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, this individual qualifies to serve in the reported role with the above-named business.

Name of Local Official	Title
Signature of Local Official	Date