Application have been received from the following to sell fermented malt beverages and intoxicating liquors from July 1, 2014 through June 30, 2015:

## CLASS B FERMENTED MALT BEVERAGE & CLASS B LIQUOR (COMBINATION)

Michael Bloomer, 1539 Riverside Drive, Green Bay, WI 54301 for the premises at 1539 Riverside Drive (St. Michael's Pub)

Lorelei Inn, Inc., 1412 S. Webster Avenue, for the premises at 1412 S. Webster Avenue (Lorelei Inn - David L. Hack)

McElrone & Mertz, 1500 S. Webster Avenue, for the premises at 1500 S. Webster Avenue (Pump Room)

Janis Zimmerman, 4644 Nicolet Drive, Green Bay, WI 54311 for the premises at 741 Hoffman Road (Ziggey's Inn)

D & M Entertainment, Incorporated, 3600 Riverside Drive, Green Bay, WI 54301 for the premises at 3600 Riverside Drive (Doug's Take 5 – James D. Meikle) – Delinquent Personal Property Taxes

J.P. Real Properties, Inc., P.O. Box 250774, Milwaukee, WI 53225-6511, for the premises at 335 W. St. Joseph Street (Residence Inn by Marriott-Green Bay - John Petcoff)

Jimmy Seas, Inc, 1330 Marine Street, for the premises at 1330 Marine Street (Jimmy Seas - Troy Streckenbach)

P & T Investments LLC owned by Teresa Lambrecht, 2150 Riverside Drive, for the premises at 2150 Riverside Drive (Trail Mixers Bar and Grill – Teresa Lambrecht) – Delinquent Personal Property Taxes / Open Fire Code Violation

Gallagher's Pizza Inc, 1927 S Webster Avenue, for the premises at 1927 S Webster Avenue (Gallagher's Pizza - Kevin Osadjan)

Ogan, LLC, 1350 Marine Street, for the premises at 1350 Marine Street (Ogan Restaurant – Ildeman Nielson)

Village Grille LLC, 801 Hoffman Road, Green Bay, for the premises at 801 Hoffman Road, Ste. 109 (The Village Grille - Kathleen Proctor)

Los Magueyes Inc., 1329 S Webster Avenue, for the premises at 1329 S Webster Avenue (Los Magueyes – Julio Herrera)

Riverside Dining LLC, 2222 Riverside Drive, for the premises at 2222 Riverside Drive (Mariner Supper Club – Allen Frea) – Indebted to Wholesaler for liquor / Delinquent Personal Property Taxes for the Motel on this same property

Eve's Supper Club, Inc., 2020 Riverside Drive – no application at this time

## CLASS A FERMENTED MALT BEVERAGE & CLASS A LIQUOR (COMBINATION)

Allouez Beer & Liquor Depot, Inc., 1255 S Monroe Avenue, for the premises at 1255 S. Monroe (Allouez Beer & Liquor - Edward N. Gerczak)

Judith Wotruba, 3909 W Ontonagon Lane, Green Bay, WI 54301 for the premises at 1304 S. Webster Ave. (Fine Wine & Spirits)

Austin's Stores, Inc., 3823 S. Webster Avenue, for the premises at 3823 S. Webster Avenue (The Original Austin's - Richard P. Austin)

Foodmen 2, Inc, 1220 S Webster Avenue, for the premises at 1220 S. Webster Avenue (Webster Avenue Market - Michael F. Novak)

Pit Row, Inc., 1501 S Webster Avenue, for the premises at 1501 S Webster Avenue (Pit Row on Webster – Thomas Matuszak)

Trailside Convenience Mart Inc., 2203 S. Webster Avenue, Green Bay, for the premises at 2203 S. Webster Avenue (Allouez Quick Stop – Allen Morin)

## CLASS A FERMENTED MALT BEVERAGE ONLY

Condon Oil Company, 126 E. Jackson Street, Ripon, WI 54971 for the premises at 3907 S. Webster Avenue (Midway Mobil – Kraig Bauman)

3/28/14 >\$60.00

RENEWAL ALCOHOL BEVERAG	E. LICENSE APPLICATION	Applicant's Wisconsin Seller's Permit Number:	00361251+0	13
Submit to municipal clerk. Read instructions	on reverse side.	Federal Employer Identification	1233122	1.6
For the license period beginning: 7-1-	2014 ending: 6-30-2015	Number (FÉIN):  LICENSE REQUESTED	14 //0 6500	
. (MM DD Y	(WIN DD 1111)	TYPE	FEE	
☐ Towr	Allowaz	☐ Class A beer	\$	
TO THE GOVERNING BODY of the: Village	ge or \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		\$ 100.00	
∫ City		☐ Class C wine	\$	
County of Brown Alderma	anic Dist. No (if required by ordinance)		\$	
	nership	Class B liquor	\$ 400° co	
CHECK ONE Individual Parti			\$	
☐ Corporation/Nonprofit Org	anization	Publication fee	\$ 60.00	
Complete A or B. All must complete C.		TOTAL FEE	\$	
A. Individual or Partnership:				
Full Name(s) (Last, First and Middle Na	me) Home Address 1539 Riverside Dr L	Post Office & Z Breen Bay WI	54301	
B. Full Name of Corporation/Nonprofit Organization	on/Limited Liability Company			
Address of Corporation/Limited Liability Comp	any (if different from licensed premises)	I I I - b III b . O - men amus		
	tion and Members/Managers and Agent of Limited	I Liability Company:	Office & Zip Code	
	io. inidato itamoj	1001	J.11.00 D	
President/Member Vice President/Member				
Coordan/Member			**	
Treasurer/Member	,			
D: 1 01		2. 12	10	
C. 1 Trade Name St Michael's Po	ub Business	Phone Number 42043	22348	
2 Addrose of Dramicas 1539 VIII CSI	rost Office	e & Zip Code   Creen pa	14 M = 37 10	l
	I I I I I I I I I I I I I I I I I I I	salers, breweries and brewpubs	Yes   No	ianosat
Does the applicant understand that they must put     Premises description; Describe building or building all rooms including living quarters, if u	ildings where alcohol beverages are to be sold ar	nd stored. The applicant must	# H. bararea	cookers
include all rooms including living quarters, if u	sed, for the sales, service, and/or storage of alco ly on the premises described.) 25×5 Bathroo	noi beverages and records. In a om 5 + 10×10 Storage: 10	x15 office-2	nd Fl
(Alcohol beverages may be sold and stored on	n above): 10x46 Storage 415430 Storage	es 24x100 frbatio 14	x 18 back pet	10
5. Legal description (omit if street address is give	named licensee, any member of a partnership lice	nsee, or any member, officer,		
diseases manager or agent for either a limit	fed liability company licensee, corporation license	e, or nonprofit organization		
" base semulated of any offences	(evoluting traffic offenses not related to alcohol)	for violation of any lederal	e 🗆 Yes 🕅 No	
laws, any Wisconsin laws, any laws of other	states, or ordinances of any county or municipality?	thely excited the named	e II les My	
licensee or any other persons affiliated with	ending (excluding traffic offenses not related to alcooperation this license? If yes, explain fully on reverse side	·	🗆 Yes 🗖 No	
last application for this license? If yes, expla	een any changes in the answers to the questions		Yes Dino	
Franchise Tax return of the licensee? If not, e	beverages for the previous year reported on the explain.		Yes 🗆 No	
under Section A or B above? [phone (608) 26	Seller's Permit must be applied for and issued in t		Yes No	
Does the applicant understand that alcohol be date of invoice and made available for inspect.	ction by law enforcement?		⊠Yes □ No ⊡ Yes 凇 No	
11. Is the applicant indebted to any wholesaler be				
READ CAREFULLY BEFORE SIGNING: Under pena best of the knowledge of the signers. Signers agree to if granted, will not be assigned to another. (Individual of Limited Liability Companies must sign.)	Ity provided by law, the applicant states that each of the operate this business according to law and that the applicants and each member of a partnership application.	ne above questions has been trut rights and responsibilities confe ant must sign; corporate officer(s)	hfully answered to the rred by the license(s), , members/managers	
SUBSCRIBED AND SWORN TO BEFORE	3.00	00000	242 2	
this 28 day of March	: NOTAN 140 = // (IC/)	ALL P JOCO Member/Manager of Limited Liability Con	npany /Partner/Individual)	-
Sherri M. Konker	PI	Member/Manager of Limited Liability Con		:
My commission expires 7-19-20	(Additional Partner(s)/M	ember/Manager of Limited Liability Com	pany if Any)	-
	Wecow.	<u> </u>		• `
TO BE COMPLETED BY CLERK	Date reported to council/board	Date license granted		1
Date received and filed with municipal clerk	Date reported to controllingal d			1
License number issued	Date license issued	Signature of Clerk / Deputy Clerk		

3/25/14 > \$60.00

Wisconsin Department of Revenue

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION	Applicant's Wisconsin Seller's Permit Number:	1484788-1	60
Submit to municipal clark Read instructions on reverse side.	Federal Employer Identification	2039868	
For the license period beginning: Da of 194 ending: O6/3/1/5	Number (FEIN):  LICENSE REQUESTED		
. /(MM DIP 1111)	TYPE	FEE	
Town of	Class A beer \$	108 50	
TO THE GOVERNING BODY of the: Village of	Class B beer \$	100.00	
City of )	☐ Class C wine \$		
County of County	Class A liquor \$	1164 00	
This is a Lie in the Company	Class B liquor \$	400.00	
CHECK ONE Individual Partnership Individual Partnership Individual	Reserve Class B liquor \$ Publication fee \$	The same	
	TOTAL FEE \$	00,-0	
Complete A or B. All must complete C.	TOTAL FEE		
A. Individual or Partnership:  Full Name(s) (Last, First and Middle Name)  Home Address	Post Office & Zip	Code	
Secretary/Member Weagen F Colombo 4348 Forest King	ress Post Or now Bdy W	of Green of	3 3
Agent David Halle			٠,
Directors/Managers  C. 1 Trade Name Business P	hone Number _ 920 -	432-59	2/
C.1. Trade Name Post Office	& Zip Code \ 5430	1	_
was the state of t	salers, breweries and brewpubs?	Yes 🗆 No	)
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and include all rooms including living quarters, if used, for the sales, service, and/or storage of alcoholological described (Alcohol beverages may be sold and stored only on the premises described.)	a Stored. The applicant mast	. (	<u> </u>
			-
<ul> <li>5. Legal description (omit if street address is given above).</li> <li>6. a. Since filing of the last application, has the named licensee, any member of a partnership licen director, manager or agent for either a limited liability company licensee, corporation licensee licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) the laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality?</li> </ul>	for violation of any federal If yes, complete reverse side	Yes W	ð
<ul> <li>b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcolicensee or any other persons affiliated with this license? If yes, explain fully on reverse side</li> </ul>			0
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions last application for this license? If yes, explain.		☐ Yes ☐ X	
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Franchise Tax return of the licensee? If not, explain.	oo sama name as that shown	Yes W	0
Franchise Tax return of the licensee? If not, explain.  9. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the under Section A or B above? [phone (608) 266-2776]		. Yes N	10
<ul> <li>10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed predate of invoice and made available for inspection by law enforcement?</li> <li>11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?</li> </ul>		. ⊠Yes □ N . □ Yes Û	500
5.1.1.60	- barra munations has been truth	afully answered to the	he
READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the best of the knowledge of the signers. Signers agree to operate this business according to law and that the if granted, will not be assigned to another. (Individual applicants and each member of a partnership application of Limited Liability Companies must sign.)	rights and responsibilities confer int must sign; corporate officer(s)	red by the license(s, members/manage	s), ers
SUBSCRIBED AND SWORN TO BEFORE ME	1 Gund 11kell	1/	
A Land A Land A Land	Member/Manager of Limited Liability Com		i)
(Clerkinolary Fablo)	Member/Manager of Limited Liability Com		
My communications of the Control of	dember/Manager of Limited Liability Comp	oany if Any)	_
TO BE COMPLETED BY CLERK	Date license granted		$\neg$
Date received and filed with municipal clerky  Date reported to council/board			
Date license issued	Signature of Clerk / Deputy Clerk		

3/28/14 /\$60.00

RENEWAL ALCOHOL BEVERAG	E LICENSE APPLICATION	Applicant's Wisconsin Seller's Permit Number:	6-0000464	123-12
Submit to municipal clerk. Read instructions				1107 0 0
	14 ending: 6 / 30 / 15	Number (FEIN): 39-142	80380	
. ' (MM DB	YYYY) (MM DD WYYY)	TYPE	FEE	
TO THE GOVERNING BODY of the: 🔀 Villa	age of 1/0422		\$	
☐ City	of S	43	\$ 100.00	
^	anic Dist. No. (if required by ordinance)		\$	
			\$ \$ UM.00	
	tnership	-=	\$	
☐ Corporation/Nonprofit Org	ganization		\$ 60.00	
Complete A or B. All must complete C.		TOTAL FEE	\$	
A. Individual or Partnership:	9 g			
Full Name(s) (Last, First and Middle N	ame) Home Address	Post Office & Zi		
	one 1500 S. Wabster Ave	Green BAY)	W1 5430	(
KAMIEEN P. MERTZ		Green BAG,	W1 5430	<i>(</i>
<ul> <li>Full Name of Corporation/Nonprofit Organizati</li> <li>Address of Corporation/Limited Liability Comp</li> </ul>				-
All Officer(s) Director(s) and Agent of Corpora	tion and Members/Managers and Agent of Limited	Liability Company:		-
	nc. Middle Name) Home Add		ffice & Zip Code	
President/Member				-
Vice President/Member				-
Secretary/Member				-
		7		<del>-</del>
Agent  Directors/Managers				-
C.1. Trade Name THE PUMP	Room Business F	Phone Number (920) 43	2-8714	-
2. Address of Premises > 1500 S.	Webster Ave- Post Office	& Zip Code Dereen 1	SAY, WIS	4301
3. Does the applicant understand that they must pu	rchase alcohol beverages only from Wisconsin wholes	alers, breweries and brewpubs?	Yes □ No	,
4. Premises description: Describe building or bu	ildings where alcohol beverages are to be sold and	d stored. The applicant must		
include all rooms including living quarters, if u	ised, for the sales, service, and/or storage of alcor nly on the premises described.) <mark>20 にんの ドル</mark>	nol beverages and records.	D GAME A	OUM
(Alcohol beverages may be sold and stored of	en above): 8×16 BEER STORACE	6×10 4000 Sto	PACE KOY	121 ADV
6. a Since filing of the last application, has the	named licensee, any member of a partnership licen	isee, or any member, officer.	10.02) 10 11	20 01712
director, manager or agent for either a limi	ted liability company licensee, corporation licenses	e, or nonprofit organization		
licensee been convicted of any offenses	(excluding traffic offenses not related to alcohol) f states, or ordinances of any county or municipality?	or violation of any federal	☐ Yes 💢 No	`
	ending (excluding traffic offenses not related to alco		□ 163 гД(14	•
licensee or any other persons affiliated with	n this license? If yes, explain fully on reverse side		Yes 🔯 No	)
	een any changes in the answers to the questions a		/	
last application for this license? If yes, expla			∐ Yes XIN	)
	beverages for the previous year reported on the V	Visconsin Income or	Yes No	Υ
Franchise Tax return of the licensee? If not, e	explain	e same name as that shown	A ICS	
under Section A or B above? [phone (608) 26	66-2776]		X Yes ☐ No	)
	everage invoices must be kept at the licensed prer		\ \	2
	ction by law enforcement?		Yes N	
11. Is the applicant indebted to any wholesaler be	eyond 15 days for beer or 30 days for liquor?		Yes XN	ס
READ CAREFULLY BEFORE SIGNING: Under pena	Ity provided by law, the applicant states that each of the	above questions has been truthf	fully answered to th	е
heet of the knowledge of the signers. Signers agree to	onerate this business according to law and that the r	ights and responsibilities conferre	ed by the license(s	).
if granted, will not be assigned to another. (Individual of Limited Liability Companies must sign.)	applicants and each member of a partnership applicar	it must sign, corporate onicer(s),	members/manager	5
SUBSCRIBED AND SWORN TO BEFORE	KRN W. Com	0		
this 28 day of March	NOT SOLL	1. M 9		
this LO day of March &	NO 14, 20, 15 Cofficer of Corporation/Me	ember/Manager of Limited Liability Compa	any /Partner/Individual)	-
THURST IT I TELLOW	1 Th Leo.	phor/Managhr of Imited Library Com	eny (Partner)	<del>-</del> .
My commission expires (Clerk/Notary Public)	1941C & S	ember/Manager of Limited Liablity Compa		_
COA.	(Additional Partner(s)/Med	mber/Manager of Limited Liability Compa	ny if Any)	- 1
TO BE COMPLETED BY CLERK	SCOM, 110			_
Date received and filed with municipal clerk	Date reported to council/board	Date license granted		
License number issued	Date license issued	Signature of Clerk / Deputy Clerk		١

RENEWAL ALCOHOL BEVERAC	SE LICENSE APPLICATION	Applicant's Wisconsin Seller's Permit Number: 456-0000155783-03
Submit to municipal clerk. Read instruction	1011	Federal Employer Identification 2085547
For the license period beginning:		LICENSE REQUESTED
☐ Tov	vn of ) OII	TYPE FEE Class A beer \$
TO THE GOVERNING BODY of the: Villa		Class B beer \$ 60 00
□ City		Class C wine \$
County of Stown Aldern	nanic Dist. No (if required by ordinance)	Class A liquor \$
	rtnership	Reserve Class B liquor \$
☐ Corporation/Nonprofit Or	ganization	Publication fee \$ 60,00
Complete A or B. All must complete C.		TOTAL FEE \$
A. Individual or Partnership:  Full Name(s) (Last, First and Middle N	- Trina	Post Office & Zip Code
	1017 TURCOLLI	DR. GREEN BRYW55 431
<ul> <li>Full Name of Corporation/Nonprofit Organizat</li> <li>Address of Corporation/Limited Liability Com</li> </ul>		
All Officer(s) Director(s) and Agent of Corpora	ation and Members/Managers and Agent of Limited	
	Inc. Middle Name) Home Add	ress Post Office & Zip Code
Secretary/Member		
501 O \$		·
Directors/Managers		
C.1. Trade Name 2/99eV5 7.	Business F	Phone Number 920 334 7820
2. Address of Premises \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	MAN Rd. Post Office	e & Zip Code O <i>Reco Bay W1 54301</i>
Does the applicant understand that they must put     Premises description: Describe building or bu	urchase alcohol beverages only from Wisconsin wholes uildings where alcohol beverages are to be sold an	d stored. The applicant must
to be to the property of the p	used for the color corrido andler storage of alcoh	nol beverages and records. Luby-Ban - Locked 10K5 Stoke
<ol><li>Legal description (omit if street address is give</li></ol>	en above):	ACK STOTECT TOUTY
director, manager or agent for either a lim	named licensee, any member of a partnership licer ited liability company licensee, corporation license s (excluding traffic offenses not related to alcohol) f	e, or nonprofit organization
laws, any Wisconsin laws, any laws of other	r states, or ordinances of any county or municipality?	If yes, complete reverse side Yes No
licensee or any other persons affiliated with	ending (excluding traffic offenses not related to alco h this license? If yes, explain fully on reverse side	• ☐ Yes  ☐ No
last application for this license? If yes, expl	peen any changes in the answers to the questions ain.	Yes No
<ol><li>Was the profit or loss from the sale of alcoho Franchise Tax return of the licensee? If not, or</li></ol>	ol beverages for the previous year reported on the Nexplain.  Seller's Permit must be applied for and issued in the Second Secon	Visconsin Income or Yes □ No
under Section A of B above? Iphotie (ood) 20	00-2110	, д ю ц ю
date of invoice and made available for inspe-	peverage invoices must be kept at the licensed predetion by law enforcement?	
11. is the applicant indebted to any wholesaler b	beyond 15 days for beer or 30 days for liquor?	Yes No
hest of the knowledge of the signers. Signer's agree to	alty provided by law, the applicant states that each of the ooperate this business according to law and that the applicants and each member of a partnership applicants.	rights and responsibilities conferred by the license(s),
SUBSCRIBED AND SWORN TO BEFORE		$\bigcirc$ '
this 6th day of March	, 20 14 X Cornoration///	ember/Manager of Limited Liability Company /Partner/Individual)
Genda K. Bry (Clerk/Notary Public)	(only) or cohorations.	<i>Q</i>
(Clerk/Nbtfary Public) My commission expires <u>0 4 - 2 フ - 20 1</u>	1	ember/Manager of Limited Liability Company /Partner)  mber/Manager of Limited Liability Company if Any)
TO BE COMPLETED BY CLERK	(Auditional / Ethio/Johnio	
Date received and filed with municipal clerk	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk
		Wisconsin Department of Revenue
AT-115 (R. 1-12)	-	Misconsili pobaltilicit di Venerine

K#84246 >\$60.00

RENEWAL ALCOHOL BEVERAGE LICENSE		Applicant's Wisconsin Seller's Permit Number:	69999-13-03
Submit to municipal clerk. Read instructions on reverse sign	e. 1 24 201	Federal Employer Identification	2746
	ding: 6/10-8015	Number (FEIN):	
. ☐ (MM DD YYYY) ☐ Town of	(MM DD YYYY)	TYPE	FEE
	LOUEZ	Class A beer	124 00
City of			\$ 100,00
A Car	(if required by ordinance)		\$
County of Aldernanic Dist. No	(II required by ordinance)		\$ \$ UM.00
CHECK ONE ☐ Individual ☐ Partnership ☐	Limited Liability Company		\$ 400.00
Corporation/Nonprofit Organization			\$ 60.00
Complete A or B. All must complete C.			\$
A. Individual or Partnership:  Full Name(s) (Last, First and Middle Name)	Home Address	Post Office & Zi	p Code
MEIKLE JAMES DOUBLES	Ifo ROSELAWA PS	IVP ARKENTS	TY CUT STRY
	Atra	2 - CA +45 - C	0
B. Full Name of Corporation/Nonprofit Organization/Limited Liability	The state of the s	TEETAINMENT IN	
Address of Corporation/Limited Liability Company (if different fro		Liability Company	
All Officer(s) Director(s) and Agent of Corporation and Members Title Name (Inc. Middle Name)	nvianagers and Agent of Limited Home Addr		ffice & Zip Code
President/Member JAMES O MEIK		POSELAGIN ALVA	GREEN BAY
Vice President/Member	Α.		54301
Secretary/Member		٠	•
Treasurer/Member			· · · · · · · · · · · · · · · · · · ·
Agent JAMES O MEIKLE	, , , , , , , , , , , , , , , , , , , ,		
C.1. Trade Name DOUG'S TAKE 5		QD0 - 1	(22 - 7066
7	Business P	hone Number & Zip Code ▶ ### APPLIED  ###################################	BAY 54361
<ul> <li>2. Address of Premises </li> <li>3. Does the applicant understand that they must purchase alcohol beve</li> </ul>			Yes No
	The second secon		
include all rooms including living quarters, if used, for the sales,	service, and/or storage of alcoh-	ol beverages and records	· Truck
( wooder bevoluged may be one and deligation) on the premises	described.) BAET RE	ESTAURANT, PITTI	10, TENNIS CLO
5. Legal description (omit if street address is given above): '			
<ol><li>6. a. Since filing of the last application, has the named licensee, ar director, manager or agent for either a limited liability compar</li></ol>	ny member of a partnership licens	see, or any member, officer,	
licensee been convicted of any offenses (excluding traffic of	offenses not related to alcohol) for	or violation of any federal	
laws, any Wisconsin laws, any laws of other states, or ordinance	es of any county or municipality?	If yes, complete reverse side	🗌 Yes - 🔀 No
b. Are charges for any offenses presently pending (excluding	raffic offenses not related to alco	hol) against the named	
licensee or any other persons affiliated with this license? If ye			Yes 📈 No
<ol><li>Except for questions 6a and 6b, have there been any changes i last application for this license? If yes, explain.</li></ol>	n the answers to the questions a	s submitted by you on your	☐ Yes     No
8. Was the profit or loss from the sale of alcohol beverages for the	previous year reported on the W	Visconsin Income or	П 100 Д 110
Franchise Tax return of the licensee? If not, explain.			Yes 🗌 No
9. Does the applicant understand a Wisconsin Seller's Permit mus	t be applied for and issued in the	e same name as that shown	<b>A.</b>
under Section A or B above? [phone (608) 266-2776]			Yes \ \ \ No
10. Does the applicant understand that alcohol beverage invoices n date of invoice and made available for inspection by law enforce	nust be kept at the licensed prem	nises for 2 years from the	
11. Is the applicant indebted to any wholesaler beyond 15 days for			
READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, to best of the knowledge of the signers. Signers agree to operate this business.	he applicant states that each of the	above questions has been truthf	ully answered to the
if granted, will not be assigned to another. (Individual applicants and each	member of a partnership applican	t must sign; corporate officer(s),	members/managers
of Limited Liability Companies must sign.)	The state of the s	0 //	
SUBSCRIBED AND SWORN TO BEFORE ME		1 1.11	
this I day of april 12074	- James	much	
10.0	(Officer of Corporation/Me	mber/Manager of Limited Liability Compa	any /Partner/Individual)
(Clerk/Notary Public)	(Officer of Corporation/Me	mber/Manager of Limited Liability Compa	any /Partner)
My commission expires 5/2/15			
	(Additional Partner(s)/Men	nber/Manager of Limited Liability Compa	ny if Any)
TO BE COMPLETED BY CLERK		D. L. I'.	
Date received and filed with municipal clerk Date reported to council	/board	Date license granted	
License number issued Date license issued		Signature of Clerk / Deputy Clerk	

R#89437 > \$60.00

RENEWAL ALCOHOL BEVERAG	SE LICENSE APPLICATION	Applicant's Wisconsin Seller's Permit Number: 456-00	00123666-03
Submit to municipal clerk. Read instructions	s on reverse side.	Federal Employer Identification	CIGINII
For the license period beginning: $July l$ ,	2014 ending: June 30, 2015	Number (FEIN):	171,1940
(MM DD	YYYY) (MM DD YYYY)	LICENSE REQUESTED TYPE	FEE
☐ Tow			\$0.00
TO THE GOVERNING BODY of the: Wills			100.00
☐ City	of )		\$
County of Brown Alderm	anic Dist. No. (if required by ordinance)	☐ Class A liquor	\$ 1111111111111111111111111111111111111
TO THE TOTAL SECTION AND ASSESSMENT			\$ 400.00
	tnership	Reserve Class B liquor	\$ 14 6 200 1111
Corporation/Nonprofit Org	ganization	Publication fee	\$ 60.00
Complete A or B. All must complete C.	j., *	TOTAL FEE	\$
A. Individual or Partnership:			Name of the state of the
Full Name(s) (Last, First and Middle N  J.P.Real Properties	Home Address P 0 Box 250774	Post Office & Zi Milwaukee, WI	
B. Full Name of Corporation/Nonprofit Organizati	on/Limited Liability Company	Co	
Address of Corporation/Limited Liability Comp	pany (if different from licensed premises)		
All Officer(s) Director(s) and Agent of Corpora	tion and Members/Managers and Agent of Limited	Liability Company:	il rational and
	nc. Middle Name) Home Add		ffice & Zip Code
President/Member John A Pet			25-6511 25-6511
Vice President/Member Geraldine V C	Zu Kowiki i o Box E /	A 1.L L II OCOLLEGE G TILL	25-6511
Secretary/Member Geraldine V C	THE TRUTCH THE TENT		25 <u>26511</u>
			25-6511
	COLL LOBOX 270114	MITWAKOO, WE STEE	
Directors/Managers (ResidenceInn)  C.1. Trade Name Hawthorn Suites-G	Incom Down WT Business P	hone Number 920-435	-2222
2. Address of Premises A ZZE id St. Too	seph St., GreenBay, WI Post Office		Of at a second
2. Address of Flethises 7 33 W 51	rchase alcohol beverages only from Wisconsin wholes	alers, breweries and brewpubs?	X Yes ☐ No
4 Promises description: Describe building or bu	ildings where alcohol beverages are to be sold and	stored. The applicant must	- Discours
include all reason including living quartors if I	used, for the sales, service, and/or storage of alcoholy on the premises described.)	of heverages and records.	y, WI-GATELHOU
5. Legal description (omit if street address is give	en above):		
6 a Since filing of the last application has the	named licensee, any member of a partnership licen	see, or any member, officer,	
director manager or agent for either a limit	ted liability company licensee, corporation licenses	e, or nonprofit organization	•
licensee been convicted of any offenses	(excluding traffic offenses not related to alcohol) for states, or ordinances of any county or municipality?	or violation of any lederal If ves. complete reverse side	☐ Yes ☐ No
h Are charges for any effences presently p	ending (excluding traffic offenses not related to alco	hol) against the named	
licensee or any other persons affiliated with	n this license? If yes, explain fully on reverse side		Yes 🔲 No
7. Except for questions 6a and 6b, have there b	een any changes in the answers to the questions a ain.	as submitted by you on your	Yes Mo
Franchise Tax return of the licensee? If not, e	I beverages for the previous year reported on the Vexplain.		Yes No
under Section A or B above? [phone (608) 26	Seller's Permit must be applied for and issued in th		☐ Yes ☐ No
date of invoice and made available for inspec	everage invoices must be kept at the licensed prer ction by law enforcement?		Yes No
11. Is the applicant indebted to any wholesaler b	eyond 15 days for beer or 30 days for liquor?		☐ Yes ☐ No
to a cut a language of the signers. Cignors ogress t	lty provided by law, the applicant states that each of the operate this business according to law and that the rapplicants and the paper of a partnership applicant of Ap	ionts and responsibilities conieri	ea by the licensets).
SUBSCRIBED AND SWORN TO BEFORE	ME E /	1 Ann	
	E WALL	1 (( <i>3)111/</i> 8	TTAQ
this alst day of March	ME OTAR OFFICE OF CONTROL OF CONT	ember/Manager of Limited Liability Comp	any /Partner/Individual)
Justin nwoling	he BLUBLY Stralden	e Casillauske	
(Clerk/Notary Pubic)	Officer of Corporation/Me	ember/Menger of Limited Liability Comp	any /Partner)
My commission expires April 50,	Additional Partner(s)/Mei	mber/Manager of Limited Liability Compa	nny if Any)
TO DE COMPLETED DY OLEDY			25.7 - C - K
TO BE COMPLETED BY CLERK  [Date received and filed with municipal clerk	Date reported to council/board	Date license granted	37.32
7 8 1			1000
License number issued	Date license issued	Signature of Clerk / Deputy Clerk	

3/19/14

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION Applicant's Wisconsin Seller's Permit Number. 004-0002898 Federal Employer Identification 20-4992407 Submit to municipal clerk. Read instructions on reverse side. 06/30/2015 For the license period beginning: 07/01/2014 LICENSE REQUESTED ending: (MM DD YYYY) (MM DD YYYY) FEE Town of Class A beer Allouez TO THE GOVERNING BODY of the: ✓ Village of W 00 Class B beer ☐ City of Wholesale beer Class C wine (if required by ordinance) County of Brown Aldermanic Dist. No. Class A liquor ☐ Limited Liability Company CHECK ONE Individual ☐ Partnership Class B liquor ✓ Corporation/Nonprofit Organization Reserve Class B liquor 60.00 Publication fee Complete A or B. All must complete C. TOTAL FEE 60.00 Individual or Partnership: Post Office & Zip Code Full Name(s) (Last, First and Middle Name) Home Address
Troy J. Streckenbach - 205 Miramar Street - Green Bay, WI 5430 Full Name of Corporation/Nonprofit Organization/Limited Liability Company Jimmy Seas, Inc. Address of Corporation/Limited Liability Company (if different from licensed premises) All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company: Post Office & Zip Code **Home Address** Name (Inc. Middle Name) President/Member Troy J. Streckenbach - 205 Miramar Street - Green Bay, WI 54301 Vice President/Member Secretary/Member Treasurer/Member Agent Troy J. Streckenbach - 205 Miramar Street - Green Bay, WI 54301 Directors/Managers/ Business Phone Number 920-438-7640 C. 1. Trade Name 2. Address of Premises 1330 Marine Street Post Office & Zip Code ▶ Green Bay WI 54301 3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers?..... 🗸 Yes No 4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 3268 SF inside bar, 2034 SF outside patio 5. Legal description (omit if street address is given above): 6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side ... Yes ✓ No b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side ...... Yes ✓ No 7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your ✓ No last application for this license? If yes, explain. 8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or No Franchise Tax return of the licensee? If not, explain. 9. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown ☐ No 10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? No ✓ No 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 signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.) SUBSCRIBED AND SWORN TO BEFORE ME ed Liability Company /Partner/Individual) (Officer of Corporation/Member/Manager of Limited Liability Company /Partner) My commission expires (Additional Partner(s)/Member/Manager of Limited Liability Company if Any) TO BE COMPLETED BY CLERK Date license granted Date reported to council/board Signature of Clerk / Deputy Clerk Date license issued License number issued

71×4/14 >\$60,00

RENEWAL ALCOHOL BEY	VERAGE LICENS	SE APPLICATION	Applicant's Wisconsin Seller's Permit Number: 456-10	2656486	7-04
Submit to municipal clerk. Read ins	structions on reverse	side.		5-4461	
For the license period beginning: 0	7 01 2014	ending: 06 30 2015	Mulliber (I-Eliv).	D-4401	.702
. 5 5	(MM DD YYYY)	(MM DD YYYY)	LICENSE REQUESTED		_
	Town of		TYPE Class A beer	\$	E
ΓΟ THE GOVERNING BODY of the		Louez	Class B beer	\$ 100.0	0
	☐ City of 🤳		Class C wine	\$	
County of Brown	Aldermanic Dist. No.	(if required by ordinance)	Class A liquor	\$ _	
		(ii required by ordinaries)		-	00
CHECK ONE  Individual	Partnership	✓ Limited Liability Company	Class B liquor		,w
☐ Corporation/Nor	nprofit Organization			\$ .	00
			Publication fee		00
Complete A or B. All must compl	ete C.		TOTAL FEE	\$	
A. Individual or Partnership: Full Name(s) (Last, First and	Middle Name)	Home Address	Post Office & Z	ip Code	
B. Full Name of Corporation/Nonprofit	Organization/Limited Liabi	lity Company P and T In	vestments LLC		
Address of Corporation/Limited Lial					
All Officer(s) Director(s) and Agent			Liability Company:		
Title	Name (Inc. Middle Nam	ie) Home Add	ress Post C	Office & Zip	Code
President/Member Managing	Member Teresa	Lambrecht 2514 Turn	bury Rd Green Bay	y WI 54	1313
Vice President/Member					
Secretary/Member			·		
Treasurer/Member					
Agent Teresa La	un brecht				
Directors/Managers					
C.1. Trade Name Trailmixers	Bar and Grill	Business P	hone Number 920-217-	9261	
2. Address of Premises 2150		DR 54301 Post Office	& Zip Code Green Ba		1
3. Does the applicant understand that the					
Premises description: Describe built					
include all rooms including living qu	larters if used for the sale	es service and/or storage of alcoh	ol beverages and records.		
(Alcohol beverages may be sold and	d stored only on the premis	ses described.) Back of b	uilding, 3 enclose	ed area	as
5. Legal description (omit if street addr		( Bar Asso	. + storage room	NA	ų.
6. a. Since filing of the last application			The state of the s	enclos	ed a
director, manager or agent for e	ither a limited liability com	pany licensee, corporation licensee	e, or nonprofit organization	Dillion	
licensee been convicted of any	offenses (excluding traff	ic offenses not related to alcohol) for	or violation of any federal		י ולייין
		nces of any county or municipality?		√ Yes	
b. Are charges for any offenses p	resently pending (excluding	ng traffic offenses not related to alco	hol) against the named	□ v	[Z] Na
		yes, explain fully on reverse side		. $\square$ Yes	✓ No
7. Except for questions 6a and 6b, ha		es in the answers to the questions a	is submitted by you on your	☐ Yes	✓ No
last application for this license? If				☐ res	[V] 14C
8. Was the profit or loss from the sale	of alcohol beverages for t	the previous year reported on the V	Visconsin Income or	√ Yes	Пи
Franchise Tax return of the license				W 163	
9. Does the applicant understand a W	lisconsin Seller's Permit m	nust be applied for and issued in the	e same name as that shown	✓ Yes	П №
under Section A or B above? [phon				W 1.63	☐ 140
10. Does the applicant understand that date of invoice and made available	i alcohol beverage invoice	s must be kept at the licensed pren	nises for 2 years from the	. Ves	Пи
11. Is the applicant indebted to any wh					✓ No
11. Is the applicant indebted to any wh	olesaler beyond 15 days i	of beef of 30 days for liquor?			(AT) 140
READ CAREFULLY BEFORE SIGNING: L best of the knowledge of the signers. Signe if granted, will not be assigned to another. of Limited Liability Companies must sign.)	ers agree to operate this bus	siness according to law and that the ri	ights and responsibilities conferr	ed by the lic	cense(s)
. ,	EEODE ME	A	. 0 .		
SUBSCRIBED AND SWORN TO B	EFORE ME	11 ( ( )	Hanshard !	2/	
this \(\lambda + \frac{\frac{1}{\finn}}}}}{\frac{1}{	<u>ch</u> , 20	4 LIVIL	Jarana		distant N
100000 - 101 0	2 -0-00	(Officer of Corporation/Me	mber/Manager of Limited Liability Comp	any /Paπner/In	urvidual)
(Clerk/Notary P)	IDIGI I	(Officer of Corporation/Me	mber/Manager of Limited Liability Comp	any /Partner)	
My commission expires	12/15	• Proceduration of the Control of th			
		(Additional Partner(s)/Mer	nber/Manager of Limited Liability Compa	iny if Any)	
TO BE COMPLETED BY CLERK					
Date received and filed with municipal elerk	Date reported to cou	uncil/board	Date license granted		
3134114					
License number issued	Date license issued		Signature of Clerk / Deputy Clerk		

R#89481 > \$60.00

RE	NEWAL ALCOHOL BEVERAG	BE LICENSE APPLIC	CATION	Applicant's Wisconsin Seller's Permit Number: 456 000	~~~~	£2.63
Sub	mit to municipal clerk. Read instructions	s on reverse side.		Federal Employer Identification		W.Q.3
For	the license period beginning: 6/1/2		31 2015	Number (FEIN): 27.0019 LICENSE REQUESTED	448	
	· (MM DD )		(MM 🎝 DYYYY)	TYPE	FEE	
то				Class A beer	\$	
10	THE GOVERNING BODY of the: 🗵 Villa		-		\$ 100 a	)
					\$	
Cou	inty of Brown Alderm	nanic Dist. No (if requ	lired by ordinance)		\$	8
СН	ECK ONE   Individual   Part	rtnership 🔲 Limited Li	ability Company	Giano II Indian	4 400.	<b>.</b>
٠	Corporation/Nonprofit Org		•	Reserve Class B liquor Publication fee	\$	00
	AND AN OWNER PROPERTY AND AN A TO THE	9		TOTAL FEE	\$	00
Co	nplete A or B. All must complete C.			TOTAL PEC	Ψ	
A.	Individual or Partnership: Full Name(s) (Last, First and Middle Na	Iame) Home Addı	race	Post Office & Zi	in Code	
	Full Name(s) (Last, First and Middle Na	inditie)		, , , , , , , , , , , , , , , , , , , ,		
В.	Full Name of Corporation/Nonprofit Organization	ion/Limited Liability Company	BALLAGHOR	& fizza, INC.		
	Address of Corporation/Limited Liability Comp	pany (if different from licensed p	oremises) 🕨			
	All Officer(s) Director(s) and Agent of Corpora	ation and Members/Managers a	nd Agent of Limited	Liability Company:	N	Cada
	Title Name (I	Inc. Middle Name)	Home Add		Office & Zip アドイン S	
	President/Member KEVIN L		2217 W. 190	IN TIMES CY GREEK	HAT 3	1311
	Vice President/MemberSecretary/MemberSoundary	DATE ILIPPART	370 6117	INC CT DIPPER	25 541	115
	Treasurer/Member Agent KNIN OSADIAN					
	Directors/Managers					
C.1	Trade Name 6 ANA GHURS P	'IZZA'	Business P	hone Number 321.55	55	
. 2	. Address of Premises \ 1927 S. w.	SISTER	Post Office	& Zip Code Cruvo 3	44 243	
3	. Does the applicant understand that they must pu	urchase alcohol beverages only from	om Wisconsin wholes	alers, breweries and brewpubs?	∑ Yes	∐ No
4	. Premises description: Describe building or bu include all rooms including living quarters, if u	uildings where alcohol beverage	es are to be sold and	d stored. The applicant must	4	
	(Alcohol beverages may be sold and stored on	nly on the premises described.)	SOLD. BAR & D	NING ROOM STORED	non ? STAB.	ILK. IN
ŗ	Legal description (omit if street address is give					
e	a. Since filing of the last application, has the i	named licensee, any member of	of a partnership licen	see, or any member, officer,		
	director manager or agent for either a limit	lited liability company licensee.	corporation licenses	e, or nonprofit organization		
	licensee been convicted of any offenses laws, any Wisconsin laws, any laws of other	states, or ordinances of any cou	inty or municipality?	of violation of any lederal If ves. complete reverse side	y ☐ Yes	X No
	h Are charges for any offenses presently no	ending (excluding traffic offense	es not related to alco	hol) against the named	*	
	licensee or any other persons affiliated with	h this license? <b>If yes, explain f</b> u	ılly on reverse side		. 🗌 Yes	No K
. 7	. Except for questions 6a and 6b, have there b		rs to the questions a	as submitted by you on your	П.	₩ Na
	last application for this license? If yes, expla	ain.			☐ Yes	[À 1/10
8	. Was the profit or loss from the sale of alcohol Franchise Tax return of the licensee? If not, e		ar reported on the v	visconsin income or	Yes	☐ No
	Does the applicant understand a Wisconsin S		for and issued in th	e same name as that shown	4	
•	under Section A or B above? [phone (608) 26	66-2776]			. 🛚 Yes	☐ No
10	Does the applicant understand that alcohol be	peverage invoices must be kept	at the licensed prer	nises for 2 years from the		п.,
	date of invoice and made available for inspec	ction by law enforcement?			. 🔀 Yes	∐ No
1	. Is the applicant indebted to any wholesaler be	peyond 15 days for beer or 30 d	ays for liquor?		. L Yes	X No
RE	AD CAREFULLY BEFORE SIGNING: Under penal	alty provided by law, the applicant	states that each of the	above questions has been truth	ıfully answer	ed to the
has	t of the knowledge of the signers. Signers agree to	to operate this business according	n to law and that the r	ights and responsibilities confer	red by the lic	cense(s),
of I	anted, will not be assigned to another. (Individual imited Liability Companies must sign.)	applicants and each member of a	a parmership applicar	it must sign, corporate onicer(s),	memberani	lanagora
		ME				
	BSCRIBED AND SWORN TO BEFORE I	, 20 14	$X \rightarrow 9$		•	
this	day of Wareh	, 20	(Officer of Corporation Me	ember Manager of Limited Liability Comp	any /Partner/In	idividual)
	Illra M. (Dae	nen	1.11	ember/Manager of Limited Mability Comp		
NA.	commission expires	15	(Omber of Corporation/Me	ърговиманадет от сипцеа марину Сотр	any ir ailiei)	•
iviy		-	(Additional Partner(s)/Men	mber/Manager of Limited Liability Compa	any if Any)	
TC	BE COMPLETED BY CLERK					
	e received and filed with municipal clerk	Date reported to council/board		Date license granted		
115	ense number issued	Date license issued		Signature of Clerk / Deputy Clerk		
LLIC	Ties treiting loaded					1

3/1/14 \$60.00 K#89339

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION	Applicant's Wisconsin Seller's Permit Number: 456 - 10269 33348 - 03
Submit to municipal clerk. Read instructions on reverse side.	Federal Employer Identification
For the license period beginning: ending:	Number (FEIN):  LICENSE REQUESTED
(MM DD YYYY)    Town of   (MM DD YYYY)	TYPE FEE
TO THE GOVERNING BODY of the: Village of \ AWOU-P2	Class A beer \$
City of	☑ Class B beer \$ 100,00
County of BROWN Aldermanic Dist. No (if required by ordinance)	Class C wine \$
County of Aldermanic Dist. No (il required by ordinance)	Class A liquor \$
CHECK ONE  Individual  Partnership  Limited Liability Company	Reserve Class B liquor \$
☐ Corporation/Nonprofit Organization	Publication fee \$ 60.00
Complete A or B. All must complete C.	TOTAL FEE \$
A. Individual or Partnership:	
Full Name(s) (Last, First and Middle Name)  Home Address  NIELSON FLORMAN 3116 NICOLET DR	GREEN BAY WI SHE
B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company	KESTAURANT LLC
Address of Corporation/Limited Liability Company (if different from licensed premises) 135	O MARINE STREET, GREEN BA
All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited	
Title (till) illiant (till)	ress Post Office & Zip Code
President/Member	
Secretary/Member	
Treasurer/Member 4	
Agent J-LdeMAN R. Nierson	
Directors/Managers OWNER 1	
C.1. Trade Name DGAN RESTAULANT Business P	Thone Number
2. Address of Premises 350 MARINE STREET - G'BAG Post Office	& ZIP Code Salers breweries and brewpubs? 17 Yes No
<ol> <li>Does the applicant understand that they must purchase alcohol beverages only from wieconsin wholes</li> <li>Premises description: Describe building or buildings where alcohol beverages are to be sold and include all rooms including living quarters, if used, for the sales, service, and/or storage of alcohol.</li> </ol>	d stored. The applicant must
(Alcohol beverages may be sold and stored only on the premises described.)	the staced in coalers in
5. Legal description (omit if street address is given above): ((SYNUVICAT) DOF 100 (0. a. Since filing of the last application, has the named licensee, any member of a partnership licen	see, or any member, officer,
director, manager or agent for either a limited liability company licensee, corporation licensee licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality?	or violation of any federal
b. Are charges for any offenses presently pending (excluding traffic offenses not related to alco licensee or any other persons affiliated with this license? If yes, explain fully on reverse side	ohol) against the named
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions a last application for this license? If yes, explain.	Yes No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the V Franchise Tax return of the licensee? If not, explain.	Ves L No
9. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the under Section A or B above? [phone (608) 266-2776]	V Yes 🖂 NO
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed prer date of invoice and made available for inspection by law enforcement?	Yes Line
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?	
READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rif granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant of Limited Liability Companies must sign.)	ights and responsibilities conferred by the license(s),
SUBSCRIBED AND SWORN TO BEFORE ME	When M. sales
this lay of March, 20 14	julielliscen.
(Officer of Corporation/Me	mber/Manager of Limited Liability Company /Partner/Individual)
(Clerk/Notary Rubic) (Officer of Corporation/Me	ember/Manager of Limited Liability Company /Partner)
My commission expires 31 à 115	mber/Manager of Limited Liability Company if Any)
TO BE COMPLETED BY CLERK    Date received and filed with municipal clerk   Date reported to council/board	Date license granted
3121114	Signature of Clerk / Deputy Clerk

R#89763 7/24/14 >\$60.00

RENEWAL ALCOHOL BEVERAG		Applicant's Wisconsin Seller's Permit Number:	03277884.02
Submit to municipal clerk. Read instructions	on reverse side.	Federal Employer Identification Number (FEIN):	1912
For the license period beginning:	ending:	LICENSE REQUESTED	0 18 2
· (MM DD \		TYPE	FEE
☐ Tow		☐ Class A beer	\$
TO THE GOVERNING BODY of the: Villa	9 (	Class B beer	\$ 100.00
City		Class C wine	\$
County of Brown Alderm	anic Dist. No (if required by ordinance)	Class A liquor	\$
CHECK ONE ☐ Individual ☐ Part	tnership Limited Liability Company	Class B liquor	\$ 400 .00
CHECK ONE Individual Part Corporation/Nonprofit Org	entroped the second sec	Reserve Class B liquor	\$
☐ Corporation/Nonprofit Org	janization	Publication fee	\$
Complete A or B. All must complete C.		TOTAL FEE	\$
A. Individual or Partnership:	-	D / 0/7 0 7	( .
Full Name(s) (Last, First and Middle Na	ame) Home Address	Post Office & Z	ip Code
B. Full Name of Corporation/Nonprofit Organization	on/Limited Liability Company	AGE GRILLE LLC	
Address of Corporation/Limited Liability Comp	pany (if different from licensed premises)		
All Officer(s) Director(s) and Agent of Corpora	ition and Members/Managers and Agent of Limited		
Title Name (I	nc. Middle Name) Home Add	Iress Post (	Office & Zip Code
President/Member			
vice President/Member		<b>P</b> S	<del>.</del>
Secretary/Member			*.
Treasurer/Member  Agent FATH LEEW PROCTOR 6	RODA RUSHWAY CIR DEPERE	WF 94115	
Directors/Managers	30   30	,	
C.1. Trade Name THE VILLAGE GRI	UE UC Business F	Phone Number 920 336	9901
2. Address of Premises 801 ItoFFm		e & Zip Code > GREEN B	ay wf 54301
3. Does the applicant understand that they must pu	rchase alcohol beverages only from Wisconsin whole	salers, breweries and brewpubs?	Yes No
4 Premises description: Describe building or bu	ildings where alcohol beverages are to be sold an	d stored. The applicant must	
			60x3 2 DINING ARE
(Alcohol beverages may be sold and stored on	used, for the sales, service, and/or storage of alcolution on the premises described.) DINING AREA	STORAGE 9X10	38X 3
5. Legal description (omit if street address is give	en above): <u>BAR ARBA</u> 28 X/5		
director, manager or agent for either a limit	named licensee, any member of a partnership licer ited liability company licensee, corporation license	e, or nonprofit organization	
licenses been convicted of any offenses	(excluding traffic offenses not related to alcohol)	for violation of any federal	
laws, any Wisconsin laws, any laws of other	states, or ordinances of any county or municipality?	If yes, complete reverse side	Yes Mo
b. Are charges for any offenses presently pe	ending (excluding traffic offenses not related to alc n this license? If yes, explain fully on reverse side	ohol) against the named	. ☐ Yes ☐ No
licensee or any other persons affiliated with	een any changes in the answers to the questions	as submitted by you on your	. 🗀 100 🗀 110
last application for this license? If yes, expla		as submitted by you on your	☐ Yes ☐ No
	beverages for the previous year reported on the	Wisconsin Income or	
Franchise Tax return of the licensee? If not, e	explain.		Yes No
9. Does the applicant understand a Wisconsin S	Seller's Permit must be applied for and issued in the	ne same name as that shown	. FYes \[ \] No
under Section A or B above? [phone (608) 26	66-2776]	for O years from the	. [M 162 [] 140
10. Does the applicant understand that alcohol be	everage invoices must be kept at the licensed pre ction by law enforcement?	mises for 2 years from the	. ☑ Yes ☐ No
11 Is the applicant indebted to any wholesaler by	eyond 15 days for beer or 30 days for liquor?		. Yes No
	•	· ·	
READ CAREFULLY BEFORE SIGNING: Under penal best of the knowledge of the signers. Signers agree to	Ity provided by law, the applicant states that each of the	e above questions has been truth	nfully answered to the
if granted, will not be assigned to another. (Individual	applicants and each member of a partnership applica	nt must sign; corporate officer(s)	, members/managers
of Limited Liability Companies must sign.)			
SUBSCRIBED AND SWORN TO BEFORE I	ME		
this 22nd day of March	.20/4 futtil	- from	
Shitte mi 1 km	(Officer of Corporation/M	lember/Manager of Limited Liability Com	pany /Partner/Individual)
(Clert/Notary Public)	(Officer of Corporation/N	iember/Manager of Limited Liability Com	pany /Partner)
My commission expires 05-08-16	a verdalated once procedure and a second support decidade		
	(Additional Partner(s)/Me	ember/Manager of Limited Liability Comp	any if Any)
TO BE COMPLETED BY CLERK			
Date received and filed with municipal clerk	Date reported to council/board	Date license granted	
License number issued	Date license issued	Signature of Clerk / Deputy Clerk	

00,00 +1 05 | 50

RE	NEWAL ALCOHOL BEVERAG	GE LICENSE APPLICATION	Applicant's Wisconsin Seller's Permit Number: 456-1	121.1.	20002
Sul	mit to municipal clerk. Read instructions	s on reverse side.	Federal Employer Identification		
For	the license period beginning: 0 4	1//4 ending: 5-30-2015	Number (FEIN): 20 - 48	78044	
	· (MM DD	and the second s	TYPE	FEE	
TO			☐ Class A beer \$	14	
10	City		Class B beer \$	0.00	0
			Class C wine \$	A .	
Co	inty of Brown Alderm	nanic Dist. No (if required by ordinance)	Class A liquor		- A
СН	ECK ONE ☐ Individual ☐ Par	tnership	Class B liquor	100.	20
011	Corporation/Nonprofit Org		Reserve Class B liquor		<b>N</b>
		gamzation	Publication fee		00
Co	nplete A or B. All must complete C.		TOTAL FEE	<u> </u>	
A.	Individual or Partnership:	- Hansa Addinasa	Dook Office 9 7in	Codo	
	Full Name(s) (Last, First and Middle N	ame) Home Address	Post Office & Zip	Code	4204
	1040 HELLENN 1110	With E EBIT VICING DI	11010000		100
В.	Full Name of Corporation/Nonprofit Organizati	on/Limited Liability Company	magueyes	E	
	Address of Corporation/Limited Liability Comp		Inc		
		ation and Members/Managers and Agent of Limited	Liability Company:		7
	Title Name (I	nc. Middle Name) Home Addi	ress Post Of	ffice & Zip	
	President/Member (5 \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ulo Hervera 2811	VIKING DK Gree	1 Ba	1 415430
	Vice President/Member	•			
	Secretary/Member				
		rera.	,		
	Agent Directors/Managers	,			
C 1	Trade Name 105 Magueya	S / LC Business P	hone Number (920) 4	30 37	155
		Ulbster Ave Post Office	& Zip Code > & 5430		
		rchase alcohol beverages only from Wisconsin wholes			☐ No
2	. Premises description: Describe building or bu	ildings where alcohol beverages are to be sold and	d stored. The applicant must		
	include all rooms including living quarters, if u	used, for the sales, service, and/or storage of alcoh	ol beverages and records.		180
		nly on the premises described.) Kesturen	bar are		
	Legal description (omit if street address is give				
(	a. a. Since filing of the last application, has the	named licensee, any member of a partnership licen- ited liability company licensee, corporation licensee	see, or any member, officer,		
	licensee been convicted of any offenses	(excluding traffic offenses not related to alcohol) for	or violation of any federal		
	laws, any Wisconsin laws, any laws of other	states, or ordinances of any county or municipality?	If yes, complete reverse side	Yes	No
	b. Are charges for any offenses presently po	ending (excluding traffic offenses not related to alco	hol) against the named	□ Vaa	No
		this license? If yes, explain fully on reverse side		□ res	LAINO
	last application for this license? If yes, explain	een any changes in the answers to the questions a	is submitted by you on your	☐ Yes	☑ No
,		I beverages for the previous year reported on the V	Visconsin Income or		
Ì	Franchise Tax return of the licensee? If not, e	explain.		Yes	☐ No
9		Seller's Permit must be applied for and issued in the			
		66-2776]		Yes	∐ No
10	). Does the applicant understand that alcohol b	everage invoices must be kept at the licensed pren ction by law enforcement?	nises for 2 years from the	Yes	□No
1		eyond 15 days for beer or 30 days for liquor?			No
			•		
RE	AD CAREFULLY BEFORE SIGNING: Under pena	Ity provided by law, the applicant states that each of the	above questions has been truthfu	ully answer	ed to the
bes if a	t of the knowledge of the signers. Signers agree to another, (Individual	o operate this business according to law and that the ri	t must sign; corporate officer(s), r	nembers/m	anagers
of l	imited Liability Companies must sign.)	applicants and each member of a partnership applican			
sı	BSCRIBED AND SWORN TO BEFORE	ME SI SOURCE TO THE STATE OF TH	AH/		
thi	Dinth Many	50 120 NOV 132 =	TIME .		
un	M W V	Officer of Corporation/Me	mber/Manager of Limited Liability Compa	ny /Partner/In	dividual)
9	(Clerk/Notary Public)	(Officer of Corporation/Me	mber/Manager of Limited Liability Compa	nv /Partner)	;
M	commission expires 7 - 19 - 2015	200			
,	, , , , , , ,	Additional Partner(s)/Men	nber/Manager of Limited Liability Compar	y if Any)	
TO	BE COMPLETED BY CLERK	COM2119			
Da	e received and filed with municipal clerk	Date reported to council/board	Date license granted		
110	ense number issued	Date license issued	Signature of Clerk / Deputy Clerk		
1	choc number loaded				

R#89382 \\$60.00

RENEWAL ALCOHOL BEVERAGE.	LICENSE APPLICATION	Applicant's Wisconsin Seller's Permit Number: 456-166	18495275-04	+
Submit to municipal clerk. Read instructions or	n reverse side.	Federal Employer Identification Number (FEIN): 35 248 4		
For the license period beginning:	3014 ending: 00/00/10	LICENSE REQUESTED		
· · · · · · · · · · · · · · · · · · ·		TYPE	FEE	
TO THE GOVERNING BODY of the: Village	1 0 11	Class A beer \$ Class B beer \$	100.00	
☐ City of		Class B beer \$	100,00	
County of Brown Aldermani	c Dist. No (if required by ordinance)	☐ Class A liquor \$		
, , , , , , , , , , , , , , , , , , , ,		Class B liquor \$	400.00	
CHECK ONE Individual Partne		Reserve Class B liquor \$		
☐ Corporation/Nonprofit Organ	lization	Publication fee \$		
Complete A or B. All must complete C.		TOTAL FEE \$		
A. Individual or Partnership:  Full Name(s) (Last, First and Middle Name  FROM, AHEA, WILLIAM	1140 SWEBSET	Post Office & Zip	24 Wi 54	1301
B. Full Name of Corporation/Nonprofit Organization/N	Limited Liability Company	Dining Lic		
Address of Corporation/Limited Liability Company	y (if different from licensed premises)			
All Officer(s) Director(s) and Agent of Corporation Title Name (Inc.	Middle Name)  Home Addr	ress A Post Of	fice & Zip Code	1. C/2
President/Member Fred Allen	W 114050	Post Of Debskir Ave Bre	en Bayle	11 ) 430
Vice President/Member			<u>r</u>	
Secretary/Member		APT.	•	
Treasurer/Member Agent FUEA, Allen L	7			
Directors/Managers	,			
C.1 Trade Name \ MAYINEY SUDD	r Club Business P	hone Number <u>920-59</u>	33-2877	ZAI
2. Address of Premises > 2222 Riversi	A Drive Post Office	& Zip Code > #-110122	, Wi 34.	301
<ol><li>Does the applicant understand that they must purch</li></ol>	ase alcohol beverages only from wisconsin wholes	alers, breweries and brewpubs?	Yes No	
Premises description: Describe building or buildin include all rooms including living quarters, if used (Alcohol beverages may be sold and stored only described in the sold and st	d for the calee cervice and/or storage of alcon	ni neverages and records.	only	ŧ
<ol><li>Legal description (omit if street address is given a</li></ol>	above):			
6. a. Since filing of the last application, has the nan	med licensee, any member of a partnership licen	see, or any member, officer,		
licenses been convicted of any offenses (A)	liability company licensee, corporation licensee xcluding traffic offenses not related to alcohol) for ates, or ordinances of any county or municipality?	or violation of any federal	☐ Yes 🕱 No	
<li>b. Are charges for any offenses presently pend licensee or any other persons affiliated with the</li>	ling (excluding traffic offenses not related to alco is license? If yes, explain fully on reverse side	hol) against the named		
7. Except for questions 6a and 6b, have there beer last application for this license? If yes, explain.	n any changes in the answers to the questions a	s submitted by you on your	☐ Yes No	
8. Was the profit or loss from the sale of alcohol be	everages for the previous year reported on the V lain.		Yes No	
Does the applicant understand a Wisconsin Sell- under Section A or B above? [phone (608) 266-2	2//6]		Yes \ \ \ No	
Does the applicant understand that alcohol beve date of invoice and made available for inspection	n by law enforcement?		Yes ☐ No ☐ Yes ☐ No	
11. Is the applicant indebted to any wholesaler beyo				
READ CAREFULLY BEFORE SIGNING: Under penalty post of the knowledge of the signers. Signers agree to open if granted, will not be assigned to another. (Individual approf Limited Liability Companies must sign.)				
SUBSCRIBED AND SWORN TO BEFORE ME	WI NIA	milte		
this day of March	, 20 14 (Officer of Corporation/Me	ember/Manager of Limited Liability Compa	any /Partner/Individual)	
(Clerk/Notary Public)	(Officer of Corporation/Me	ember/Manager of Limited Liability Compa	any /Partner)	
My commission expires (Clerkivolary Public)	15		_	
	(Additional Partner(s)/Mei	mber/Manager of Limited Liability Compa	ny ir Any)	
TO BE COMPLETED BY CLERK	ate reported to council/board	Date license granted		
3/25/14		Andrew Allerday		
License number issued Da	ate license issued	Signature of Clerk / Deputy Clerk		

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION Applicant's Wisconsin Seller's Permit Number: Submit to municipal clerk. Read instructions on reverse side. Federal Employer Identification Number (FEIN): 06-30-2015 07-01-2014 ending: For the license period beginning: LICENSE REQUESTED (MM DD YYYY) ☐ Town of Class A beer TO THE GOVERNING BODY of the: X Village of \$ Class B beer ☐ City of \$ Class C wine Aldermanic Dist. No. (if required by ordinance) Class A liquor \$ County of \$ Class B liquor ☐ Limited Liability Company ☐ Individual ☐ Partnership CHECK ONE Reserve Class B liquor \$ ☑ Corporation/Nonprofit Organization Publication fee \$ TOTAL FEE Complete A or B. All must complete C. Individual or Partnership: Post Office & Zip Code **Home Address** Full Name(s) (Last, First and Middle Name) Full Name of Corporation/Nonprofit Organization/Limited Liability Company Address of Corporation/Limited Liability Company (if different from licensed premises) All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company: Post Office & Zip Code **Home Address** Name (Inc. Middle Name) Lorraine Lane Green Bay WI President/Member Edward Gerczak Ir. Vice President/Member Secretary/Member Mary Treasurer/Member Agent > Directors/Managers Business Phone Number (920) 432-852 C.1. Trade Name Avenue - Ste. 101 Post Office & Zip Code > Green 2. Address of Premises ▶ 1255 Monroe 3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? 4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 60×30 Wood frame - Brick Exterior (Strip Mall) 5. Legal description (omit if street address is given above): 6. a. Since filling of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal X No b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named No No licensee or any other persons affiliated with this license? If yes, explain fully on reverse side ..... Yes 7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your No No ☐ Yes last application for this license? If yes, explain. 8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or ☐ No Franchise Tax return of the licensee? If not, explain. 9. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown ☐ No 10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the □ No No. 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 signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.) SUBSCRIBED AND SWORN TO BEFORE ME Liability Company /Partner/Individual) (Clerk/Notary My commission expires (Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK Date received and filed with municipal clerk Date license granted Date reported to council/board 981 Signature of Clerk / Deputy Clerk Date license issued License number issued

R#89249 3/17/14 \$60,00

RENEWAL ALCOHOL BEVERAG	SE LICENSE APPLICATION	Applicant's Wisconsin Seller's Permit Number	02838953	
Submit to municipal clerk. Read instructions	s on reverse side.	Federal Employer Identification 4 75	10 40 00 V	
For the license period beginning: (MM DD)	0 2014 ending June 30, 2015	Number (FEIN): 33	013-14	
I Tour	n of	TYPE	FEE	
TO THE GOVERNING BODY of the: Villa	age of Allaue?	Class A beer \$	250.00	
☐ City	of )	Class B beer \$		
County of Promo Alderm		☐ Class C wine \$	A	
		Class B liquor \$	1-201	•
	tnership	Reserve Class B liquor \$	,	
☐ Corporation/Nonprofit Org	ganization	Publication fee \$	60.00	1
Complete A or B. All must complete C.		TOTAL FEE	;	]
A. Individual or Partnership:  Full Name(s) (Last, First and Middle N	ame) Home Address Thymane 3909 W Ontonggood	Post Office & Zip	Code 205430/	_ `
				-
B. Full Name of Corporation/Nonprofit Organizati	on/Limited Liability Company  cany (if different from licensed premises)			_
All Officer(s) Director(s) and Agent of Corpora	ation and Members/Managers and Agent of Limited	Liability Company:		
	nc. Middle Name) Home Add	ress Post Of	ffice & Zip Code	
President/Member	,	V		-
vice President/Member				<del>.</del>
Treasurer/Member			÷.	_
	,			_
Directors/Managers	2 0	020-1	173 00	55
Directors/Managers  C. 1. Trade Name   The Way	Business F	Phone Number	750- 096	$\mathcal{H}$
2. Address of Pierrises	S Wabster Post Office richase alcohol beverages only from Wisconsin wholes	a zip obdo y	30	_ 0
3. Does the applicant understand that they must pu	irchase alcohol beverages only from visconsin wholes uildings where alcohol beverages are to be sold an	d stored. The applicant must		J
include all rooms including living quarters, if t	ised, for the sales, service, and/or storage of alcor	ioi beverages and records.	1	
	nly on the premises described.) $\qquad \qquad \qquad \downarrow \ {\it o} \ {\it o}$	0 39 77 6	nebigro	70/1 Y
5. Legal description (omit if street address is give	en above): named licensee, any member of a partnership licer	osee or any member, officer.		_
director, manager or agent for either a limit	ited liability company licensee, corporation licenses	e, or nonprofit organization		
licensee been convicted of any offenses	(excluding traffic offenses not related to alcohol) for states, or ordinances of any county or municipality?	or violation of any federal	☐ Yes 🛱 N	0
h Ara abargas for any affonces presently no	anding (excluding traffic offenses not related to alco	shol) against the named		
licensee or any other persons affiliated with	n this license? If yes, explain fully on reverse side	) ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ Yes 🔯 N	0
7. Except for questions 6a and 6b, have there b last application for this license? If yes, expla	een any changes in the answers to the questions a ain.	as submitted by you on your	☐ Yes 🐧 N	Ю
Franchise Tax return of the licensee? If not, e	I beverages for the previous year reported on the Vexplain.		Yes □ N	io
under Section A or B above? [phone (608) 26	Seller's Permit must be applied for and issued in th 66-2776]		Yes 🗆 N	lo
date of invoice and made available for inspec	everage invoices must be kept at the licensed predetion by law enforcement?		Yes N	
	eyond 15 days for beer or 30 days for liquor?		`	
READ CAREFULLY BEFORE SIGNING: Under pena best of the knowledge of the signers. Signers agree to if granted, will not be assigned to another. (Individual of Limited Liability Companies must sign.)	Ity provided by law, the applicant states that each of the operate this business according to law and that the papplicants and each member of a partnership applicant	rights and responsibilities conferre	ed by the license(s	5),
SUBSCRIBED AND SWORN TO BEFORE	ME . ( \ . \ \ \ \	11-A	1	
this day of _March_	20 4	Manual Libility Confee	Any /Partner/Inellvidual	<del>,                                    </del>
Welgra M Bas	nes	ember/Manager of Limited Liability Compa		<del></del> :
My commission expires (Clerk/Notagy Public)		mber/Manager of Limited Liability Compa		_
TO DE COMPLETED DV OLEDV	(Authoral Fatherlayine	, and the state of		_
TO BE COMPLETED BY CLERK  Date received and filed with municipal clerk	Date reported to council/board	Date license granted		7
Z 17114 License number issued	Date license issued	Signature of Clerk / Deputy Clerk		
LINGUISE HUHIDE ISSUED				

3/36/14 >\$60

RENEWAL ALCOHOL BEVERAG		Applicant's Wisconsin Seller's Permit Number: 456-00	00164863-03
Submit to municipal clerk. Read instruction	- A . I A A AAI	Federal Employer Identification 39. Number (FEIN):	121-5390
For the license period beginning: (MM DD)	2014 ending: 6 10 1 2015	LICENSE REQUESTED	
☐ Tow	n of	TYPE	s 1500
TO THE GOVERNING BODY of the: 💢 Villa	age of Alloue Z	Class A beer	\$ 250.00
☐ City		Class C wine	\$
County of Alderm	nanic Dist. No (if required by ordinance)	Class A liquor	\$ 250.00
-		Class B liquor	\$
CHECK ONE Individual Par	tnership  Limited Liability Company	Reserve Class B liquor	\$
	gariization	Publication fee	\$ 60.00
Complete A or B. All must complete C.		TOTAL FEE	\$
A. Individual or Partnership:	ame) Home Address	Post Office & Z	in Codo
Full Name(s) (Last, First and Middle N	ame) Home Address	Post Office & Z	ip code
			·
B. Full Name of Corporation/Nonprofit Organizati		Stores, Inc.	
Address of Corporation/Limited Liability Comp		·	·
	ation and Members/Managers and Agent of Limited nc. Middle Name) Home Add		Office & Zip Code
Title Name (I		A .	Bay W (
	S. AUSTIN 826 Clenu	V-46	w 54115
Secretary/Member Steven J.	AUSTIN N3878 Rive	rview Heights	Chilton W153014
Treasurer/Member Steven J.		cruien Heldhis	Chilton W1 53014
Agent Richard P. Aus	Tin 826 Glenwi	ood Offere,	WI 54115
Directors/Managers  C.1. Trade Name Crainal	AVSTINS Business F	Phone Number 920-33	7-0299
2. Address of Premises 3823 S.		& Zip Code Green B	
THE COMPANY OF THE CONTROL OF THE CO	rchase alcohol beverages only from Wisconsin wholes		
4. Premises description: Describe building or bu	ildings where alcohol beverages are to be sold an	d stored. The applicant must	•
	used, for the sales, service, and/or storage of alcoh	nol beverages and records.	metal Buolding
(Alcohol beverages may be sold and stored or 5. Legal description (omit if street address is give		JAT DIOCIL.	metal puolary
	named licensee, any member of a partnership licer	see, or any member, officer.	
director, manager or agent for either a limi	ted liability company licensee, corporation licensee	e, or nonprofit organization	
licensee been convicted of any offenses	(excluding traffic offenses not related to alcohol) f states, or ordinances of any county or municipality?	or violation of any federal  If yes, complete reverse side	Yes 🔀 No
	ending (excluding traffic offenses not related to alco		
licensee or any other persons affiliated with	this license? If yes, explain fully on reverse side		. 🗌 Yes 🛛 No
	een any changes in the answers to the questions	as submitted by you on your	Dv. Dv.
last application for this license? If yes, expla	งเก.   beverages for the previous year reported on the \	Missonsin Income or	Yes No
Franchise Tax return of the licensee? If not, e		VISCOTISTIT ITICOTTIE OF	Yes No
	Seller's Permit must be applied for and issued in th		. ☑ Yes ☐ No
	everage invoices must be kept at the licensed prer		
	ction by law enforcement?		
	•		
READ CAREFULLY BEFORE SIGNING: Under penal best of the kindledge of the signers. Signers agree to if granted, will not be assigned to another. (Individual	o <b>greate</b> this business alcording to law and that the r	ights and responsibilities confer	red by the license(s),
if granted, will not be assigned to another. (Individual of Limited Liability Companies must sign.)	applicants and each member of a partnership applicar	t must sign; corporate officer(s),	members/managers
	WE HEATHER A. IN WHAC	1 10	
SUBSCRIBED AND SWORN TO BEFORE	WE LIEATHERN & ALANDO	V. Plins	
this 16 day of March	HEALTEN S (Officer of Corporation/Me	ember/Manager of Limited Liability Comp	pany /Partner/Individual)
(NIOTH )UZIOLA		mbor/Monagor of Limited Hebilit.	ony (Podnort
(Clerk/Notary Public) My commission expires	ATE OF WISSEN COMICE OF CORPORATION/ME	ember/Manager of Limited Liability Comp	any /ranner)
	(Officer of Corporation/Me	mber/Manager of Limited Liability Compa	any if Any)
TO BE COMPLETED BY CLERK			*
Date received and filed with municipal clerk	Date reported to council/board	Date license granted	
License number issued	Date license issued	Signature of Clerk / Deputy Clerk	

3/28/14 > \$10,00

RENEWAL ALCOHOL BEVERAG	**************************************	Applicant's Wisconsin Seller's Permit Number:	60-89408660
Submit to municipal clerk. Read instructions	on reverse side.	Federal Employer Identification Number (FEIN):	15298
For the license period beginning:	2014 ending: 6.10-d015	LICENSE REQUESTED	
TO THE GOVERNING BODY of the: 🔀 Villa	of )	TYPE Class A beer	250.00
City			<u> </u>
			3 63 00
County of BROWN Alderma	anic Dist. No (if required by ordinance)	Class A liquor	\$ 420.00
CHECK ONE   Individual   Part	nership	_ ciaco m inquiri	\$ \$
`☑ Corporation/Nonprofit Org	. —		\$ 60 00
^			\$
Complete A or B. All must complete C.		TOTAL PEE	Φ
A. Individual or Partnership:  Full Name(s) (Last, First and Middle Na	me) Home Address	Post Office & Zi	p Code
B. Full Name of Corporation/Nonprofit Organization	on/Limited Liability Company	N Z, INC,	
Address of Corporation/Limited Liability Compa	any (if different from licensed premises)	,	
All Officer(s) Director(s) and Agent of Corporat	ion and Members/Managers and Agent of Limited	Liability Company:	
Title Name /Ir	oc Middle Name) Home Add	ress Post C	ffice & Zip Code
President/Member// IChaeL F	NOVAK 1815 ZION	LN: HBRAM	5 34101
Vice President/Member			
Secretary/Member			
Treasurer/Member	ata V		· · · · · · · · · · · · · · · · · · ·
Agent MICNAEL F. N	DVac		
Directors/Managers	and the state of	W. W. Q.O.	132-7784
C.1. Trade Name Webster Au	Business P	none Number 720	Bon 54/201
2. Address of Premises 7220 5. W	Post Office	& ZIP Code V Green	Yes No
Does the applicant understand that they must pur	chase alcohol beverages only from Wisconsin wholes	alers, preweries and prewpubs?	Tes UNO
include all reams including living questors if the	Idings where alcohol beverages are to be sold and sed, for the sales, service, and/or storage of alcoholy on the premises described.)	ol beverages and records.	ER STORE
5. Legal description (omit if street address is give	n above):		
6 a Since filing of the last application, has the r	named licensee, any member of a partnership licen	see, or any member, officer,	
director, manager or agent for either a limit	ed liability company licensee, corporation licensee (excluding traffic offenses not related to alcohol) f states, or ordinances of any county or municipality?	e, or nonprofit organization or violation of any federal	☐ Yes 🛕 No
<ul> <li>b. Are charges for any offenses presently pe licensee or any other persons affiliated with</li> </ul>	nding (excluding traffic offenses not related to alco this license? If yes, explain fully on reverse side	phol) against the named	
last application for this license? If yes, expla		·	☐ Yes XNo
Franchise Tax return of the licensee? If not, e.			Yes 🗌 No
under Section A or B above? [phone (608) 26	eller's Permit must be applied for and issued in th		X Yes □ No
date of invoice and made available for inspec	everage invoices must be kept at the licensed prer tion by law enforcement?		Yes No
11. Is the applicant indebted to any wholesaler be	eyond 15 days for beer or 30 days for liquor?		Yes No
READ CAREFULLY BEFORE SIGNING: Under penal best of the knowledge of the signers. Signers agree to if granted, will not be assigned to another. (Individual of Limited Liability Companies must sign.)	operate this business according to law and that the repulsions and each member of a partnership application.	e above questions has been truth ights and reeponsibilities confer it must sign reorporate officer(s),	fully answered to the ed by the license(s), members/managers
SUBSCRIBED AND SWORN TO BEFORE	WE NOTARY E	DE Von D-1	nesidon t
this 28 day of March =	Officer of Corporation/M	ember/Manager of Limited Liability Comp	any /Partner/Individual)
Clerk/Notary Public)	(Officer of Corporation/Mo	ember/Manager of Limited Liability Comp	any /Partner)
My commission expires $7 - 19 - 20$	(Additional Partner(s)/Me	mber/Manager of Limited Liability Compa	any if Any)
TO BE COMPLETED BY CLEDY		·	
TO BE COMPLETED BY CLERK  Date received and filed with municipal clerk	Date reported to council/board	Date license granted	
License number issued	Date license issued	Signature of Clerk / Deputy Clerk	

Wisconsin Department of Revenue

RENEWAL ALCOHOL BEVERAG	SE LICENSE APPLICATION	Applicant's Wisconsin	1-50PF55W
Submit to municipal clerk. Read instructions	s on reverse side.	Seller's Permit Number 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ACTILLS
For the license period beginning:	2014 ending: June 30th 2015	Number (FEIN):	COPACO
· (MM DD	YYYY) (MM DD YYYY)	TYPE	FEE
TO THE GOVERNING BODY of the: Villa	on of Allau az	AND ADDRESS OF THE PARTY OF THE	\$ 150.00
TO THE GOVERNING BODY of the:	age or \$ \frac{777700(\frac{7}{2})}{100}	The state of the s	\$
			\$
County of Brown Alderm	nanic Dist. No (if required by ordinance)	V. 300000 000 0000 1	\$ 250,00
CHECK ONE ☐ Individual ☐ Par	tnership		\$
Corporation/Nonprofit Org			\$ 60 00
	g		\$ 60.00
Complete A or B. All must complete C.		TOTAL FEE	Φ
	ame) Home Address Edward 2944 Shelldd C4. Gn		p Code
Address of Corporation/Limited Liability Comp All Officer(s) Director(s) and Agent of Corpora	ion/Limited Liability Company	1590 University A Liability Company: Post C	Office & Zip Code
Treasurer/Member///4			· .
Agent Thomas E. Matus	SZAK		
Directors/Managers Christopher	E. Jones	N 11 17 1/2'	7. 2011
C.1. Trade Name PIL Row	Business F	Phone Number 920 - 43	7. 0933
2. Address of Premises \ /37/3. Web	15-ter Hve. Green Bay Post Office Irchase alcohol beverages only from Wisconsin wholes	a ZIP Code P 373	Yes No
<ol> <li>Premises description: Describe building or buildind all rooms including living quarters, if u         (Alcohol beverages may be sold and stored or</li> </ol>	uildings where alcohol beverages are to be sold an used, for the sales, service, and/or storage of alcoholy on the premises described.)	d stored. The applicant must	
<ol><li>Legal description (omit if street address is give</li></ol>	en above):		
director, manager or agent for either a limi licensee been convicted of any offenses laws, any Wisconsin laws, any laws of other	named licensee, any member of a partnership licer ited liability company licensee, corporation license s (excluding traffic offenses not related to alcohol) f states, or ordinances of any county or municipality?	e, or nonprofit organization for violation of any federal If yes, complete reverse side	Yes Mo
licensee or any other persons affiliated with	ending (excluding traffic offenses not related to alconthis license? If yes, explain fully on reverse side	,	. Yes No
last application for this license? If yes, expla	een any changes in the answers to the questions ain. <u>(or por a le fluitress fo 23</u>	540 University	Yes No
Franchise Tax return of the licensee? If not, e	peverages for the previous year reported on the vexplain.	VISCOUSIII IIICOIIIE OI	Yes 🗌 No
under Section A or B above? [phone (608) 26	Seller's Permit must be applied for and issued in the S6-2776]		. Yes 🗌 No
date of invoice and made available for inspec	everage invoices must be kept at the licensed prefection by law enforcement?		
	•		
best of the knowledge of the signers. Signers agree to if granted, will not be assigned to another //ndividual of Limited Liability Companies rous Libra.	Ity provided by law, the applicant states that each of the operate this business according to law and that the applicants and each member of a partnership applicants.	rights and responsibilities conferr	ed by the license(s),
SUBSCRIBED AND SWORN TO BEFORE this	ME 2014 DAMM		
this day of the day of	$\sim$	ember/Manager of Limited Liability Comp	
My commission expires	Verifeen 2 d av	ember/Manager of Limited Liability Comp	
THE OF MISCOUNT	(Additional Partner(s)/Me	mber/Manager of Limited Liability Compa	my II Any)
TO BE COMPLETED BY GLERK	I Date and a decided the condition and	Data licance granted	
Date received and filed with municipal clerk	Date reported to council/board	Date license granted	
License number issued	Date license issued	Signature of Clerk / Deputy Clerk	

AT-115 (R. 1-12)

K# 89554 4/4/14 \$60,60 sconsin Number: 451,000055355-52 over Identification 0): 39-197,433.2 REQUESTED

Wisconsin Department of Revenue

	NEWAL ALCOHOL BEV				Seller's Permit Number: 45 k Os	00085	35-02
Submit to municipal clerk. Read instructions on reverse side.			Federal Employer Identification Number (FEIN): 39-197483				
For	the license period beginning:	41.0014	ending: b 10	בוטפ	LICENSE REQUESTED	10.1	
		(MM DD YYYY)	(MM DD	YYYY)	TYPE	FEE	^
		Town of	1.3	Ł	Class A beer	\$ 250 C	
TO	THE GOVERNING BODY of the:		A11000 20		Class B see.	\$	
		☐ City of )				\$	^
Coi	unty of	Aldermanic Dist. N	lo (if required b	y ordinance)	Olego i tinquisi	\$ 250.0	
			☐ Limited Liability	Company	_ olass = mq	\$	
СН	ECK ONE   Individual	☐ Partnership		Company		\$	Ó
	Corporation/Non	profit Organization			T GENTOGRAFIT	4 00.	
Со	mplete A or B. All must comple	te C.		1	TOTAL FEE	\$	
Α.	Individual or Partnership:		Home Address		Post Office & Zi	p Code	
	Full Name(s) (Last, First and	wildule Name)	, Ilomo i tauroso				
				1 -1 -1	11.1	_/_	
В.	Full Name of Corporation/Nonprofit (	Organization/Limited L	iability Company	vallside	I muenience Mast	/wc.	
ь.	Address of Corporation/Limited Ligh	silify Company (if differ	ent from licensed premis	es)			
	All Officer(s) Director(s) and Agent of	of Corporation and Me	mbers/Managers and Ag	ent of Limited	Liability Company:	Sec. 0.71	O a d a
	T141.	Name (Inc Middle I	Name)	Home Addi	655	Office & Zip (	-
	President/Member	1 2. mar	10F int	Hunter	skine Uncie	JAW:	24130
	Vice President/Member						
	Secretary/Member						
	Treasurer/Member						-
	Agent Allen L.	<i>dorin</i>					
	Directors/Managers	0 11 41			hone Number 920-48	4.50	713
C.	1. Trade Name	CP201KS1	VIP	_ Business P	none Number	5430	1
	2. Address of Premises 🕨 🔔 🔊	5 5. WED	Street	_ Post Office			□ No
	Address of Premises     Does the applicant understand that the	ey must purchase alcoh	nol beverages only from Wi	sconsin wholes	alers, preweries and blewpubs r	169	
		Idina or huildings who	re alcohol heverages are	to be solu and	Stoled. The applicant must		
	<ol> <li>Premises description: Describe bull include all rooms including living qu (Alcohol beverages may be sold and</li> </ol>					AV 5 .	
	(Alcohol beverages may be sold and	a stored only on the pr	Cilliaca depoliacary	Sive		7	
	<ul><li>5. Legal description (omit if street addr</li><li>6. a. Since filing of the last application</li></ul>	ess is given above).	any member of a na	ertnership licen	see, or any member, officer,		
		ff (ovoluding	traffic offences not relate	an to alconou i	of violation of any leacher	- U Voq	No
	lowe any Micronein laws any la	ws of other states, or o	rginances of any county of	i illuriicipality:	Il yes, complete forester and	e  Yes	INO NO
		Il /0\/0	Juding traffic affances not	related to alco	hol) against the named		No
	licensee or any other persons at	filiated with this license	e? If yes, explain fully of	il levelse side		. 🗀 103	
	7. Except for questions 6a and 6b, ha	ive there been any ch	anges in the answers to	the questions a	as submitted by you on your	☐ Yes	No
	last application for this license? If 8. Was the profit or loss from the sale	yes, explain.	for the previous year rel	ported on the V	Visconsin Income or		
	8. Was the profit or loss from the sale Franchise Tax return of the license	or arconor beverages		Sortou on are t		Yes	☐ No
	o D	Vicconcin Saller's Per	mit must be applied for a	nd issued in th	e same name as that shown	_/	
	under Coeffon A or B above? Inhor	16 (hijx) 2hh-27 (hi				. Yes	☐ No
	مطا امسام ما السام السام السام السام السام	t alcohol hoverage in	roices must be kept at the	e licensed prer	nises for 2 years from the		□No
						Yes	∐ No
	11. Is the applicant indebted to any wh	nolesaler beyond 15 d	ays for beer or 30 days f	or liquor?		. Li Yes	No
				that sook of the	a above questions has been trut	hfully answere	ed to the
R	EAD CAREFULLY BEFORE SIGNING: est of the knowledge of the signers. Sign	Under penalty provided ners agree to operate th	is business according to la	w and that the	ights and responsibilities confe	rred by the lic	ense(s),
if	granted, will not be assigned to another.	(Individual applicants a	and each member of a part	nership applicar	nt must sign; corporate officer(s	, members/in	anagers
0	f Limited Liability Companies must sign.)	1			*		
S	UBSCRIBED AND SWORN TO E	<b>3EFORE ME</b>		\ A =	P 11	$\mathcal{D}$	)
	1-1	si D	20 14	1 lb	300	Marine James Harris	5' < 5 +
U	nis day of	G.	(Office	er of Corporation/M	ember/Manager of Limited Clability Con	npany /Partner/In	uiviuuai)
_	Welson W	Dae	/Office	er of Corporation/M	ember/Manager of Limited Liability Con	npany /Partner)	
	(Clerk/Notary F	\$12114	-				
۱۱	Ny commission expires	0 ( -   - =	(Addi	lional Partner(s)/Me	mber/Manager of Limited Liability Com	pany if Any)	
-	O BE COMPLETED BY CLERK						
	Date received and filest with rhunicipal clerk	Date reporte	d to council/board		Date license granted		
- 1	414114				Signature of Clerk / Deputy Clerk		
ı	License number issued	Date license	issued		Cignatare of Cloth, Depart Cloth		"

AT-115 (R. 1-12)

3/28/14/\$60,00

RENEWAL ALCOHOL BEVERA	Applicant's Wisconsin Seller's Permit Number: 456000053547403			
Submit to municipal clerk. Read instruction	Federal Employer Identification 20 0704000			
For the license period beginning: 07 01	Number (FÉIN): 39-0704000 LICENSE REQUESTED			
-	YYYY) (MM DD YYYY)	TYPE	. AFE	F _
	wn of Allouez	1	s 250.	00
TO THE GOVERNING BODY of the:	-9 (	Class B beer	\$	
	y of )	Class C wine	\$	
County of Brown Aldern	nanic Dist. No (if required by ordinance)	Class A liquor	\$	
CHECK ONE ☐ Individual ☐ Pa	rtnership	Class B liquor	\$	
✓ Corporation/Nonprofit O		Reserve Class B liquor		
E Corporation/Nonprofit Of	ganization	Publication fee	s 60.	00
Complete A or B. All must complete C.		TOTAL FEE	\$	
A. Individual or Partnership:  Full Name(s) (Last, First and Middle N	lame) Home Address	Post Office & Zip	p Code	
B. Full Name of Corporation/Nonprofit Organizat	ion/Limited Liability Company ▶ Condon Oil	Company		
Address of Corporation/Limited Liability Com	pany (if different from licensed premises) > 126	E Jackson St Ripo	on WI5	4971
	ation and Members/Managers and Agent of Limited		¥1	
	Inc. Middle Name) Home Add		ffice & Zip	
President/Member Kraig Bau	man 434 Stonehed	lge Ct Ripon W	1 5497	/1
Vice President/Member Secretary/Member Karla K E	Block N7930 Doty I	Or Ripon W	T E 4 0 '	71
Treasurer/Member Darlene \ Agent ▶ Kraig Bau				
Directors/Managers		.50 00 112po11		
C.1. Trade Name Midway Mol	oil Business F	Phone Number 920-336-1	.161	
2. Address of Premises 3907 S Web		& Zip Code Green Bay		4304
	urchase alcohol beverages only from Wisconsin wholes			
include all rooms including living guarters, if	uildings where alcohol beverages are to be sold and used, for the sales, service, and/or storage of alcoholy on the premises described.) Gasoline s	ool beverages and records. station/convenience	e sto	re/_
5. Legal description (omit if street address is give	en above):	fast	food	
director, manager or agent for either a lim licensee been convicted of any offenses	named licensee, any member of a partnership licen ited liability company licensee, corporation licensee (excluding traffic offenses not related to alcohol) for r states, or ordinances of any county or municipality?	e, or nonprofit organization or violation of any federal	☐ Yes	<b>√</b> No
	ending (excluding traffic offenses not related to alco n this license? If yes, explain fully on reverse side		☐ Yes	<b>√</b> No
<ol><li>Except for questions 6a and 6b, have there be last application for this license? If yes, expla</li></ol>	een any changes in the answers to the questions a ain.	as submitted by you on your	☐ Yes	✓ No
8. Was the profit or loss from the sale of alcoho Franchise Tax return of the licensee? If not, e	I beverages for the previous year reported on the Vexplain.	Visconsin Income or	✓ Yes	☐ No
	Seller's Permit must be applied for and issued in the 66-2776]		✓ Yes	☐ No
	everage invoices must be kept at the licensed prer ction by law enforcement?		✓ Yes	☐ No
11. Is the applicant indebted to any wholesaler b	eyond 15 days for beer or 30 days for liquor?		Yes	✓ No
best of the knowledge of the signers. Signers agree to	Ity provided by law, the applicant states that each of the poperate this business according to law and that the riapplicants and each member of a partnership applican	ights and responsibilities conferre	d by the lic	ense(s),
SUBSCRIBED AND SWORN TO BEFORE	ME I/ S	1		
this 36th day of APRIL	, 20 /4 m			
(1)	(Officer bit Comporation/Me	nber/Manager of Limited Liability Compa	ny <sub>.</sub> /Partner/Inc	dividual)
(Clerk/Notary Public)	of all	mber/Manager of Limited Liability Compa	ny /Dadearl	
My commission expires /2/27/15				
	(Additional Partner(s)/Men	nber/Manager of Limited Liability Compan	y if Any)	
TO BE COMPLETED BY CLERK			*	
Date received and filed with municipal clerk :	Date reported to council/board	Date license granted		
License number issued	Date license issued	Signature of Clerk / Deputy Clerk		
CO 1				