

R#779	\	
4/28/16	>	\$ 60,00

	NEWAL ALCOHOL BEVERAGE		APPLICATION	Applicant's WI Seller's Permit No.: FEIN N	umber:	
Submit to municipal clerk. Read instructions on reverse side.			LICENSE REQUESTED >			
For	the license period beginning:	016 ending:	June ju juli	TYPE	FEE	
	☐ Town of	7	(MM DD YYYY)		\$ 180	
TO	THE GOVERNING BODY of the	Allni	67	/	\$ 100.	
	☐ City of	s-nueu	<u> </u>		\$	
Cau	(12,	Tiet No. /	if required by ordinance)	- I	\$ \$ 1 N/A	
Cou	nty of DIOWI Aldermanic D	JISI. 140 (if required by ordinance)		\$ 100.	
СН	ECK ONE 🔲 Individual 🔲 Partnershi	ip 🕱 Limited	l Liability Company		\$	
	☐ Corporation/Nonprofit Organ	nization			\$ (,	
Cor	nplete A or B. All must complete C.				\$ \b0\.	
			Î	TOTAL FEE	\$ 560,00	
Α.	Individual or Partnership: Full Name(s) (Last, First and Middle Nam	ne) H	ome Address	Post Office & Zi	p Code	
half rainc(s) (East, First and Initialis Name)						
						•
B.	Full Name of Corporation/Nonprofit Organization			LEY 57, W		
	Address of Corporation/Limited Liability Compan		· · · · · · · · · · · · · · · · · · ·			
	All Officer(s) Director(s) and Agent of Corporatio Title Name (Inc.	n and Members/M . Middle Name)	anagers and Agent of Limite Home <u>Ac</u>		Office & Zip Code	
		ian Mu	PSPA 220 F		MEN FOR W	
	Vice President/Member	vivi price		TOUR HELL CON	ser way	, , , ,
	Secretary/Member					•
	Treasurer/Member		·····			=
	Agent Musica W. My	iewer_				•
	Directors/Managers					•
	Trade Name CAUCH DE	1/// A 1 D	/ ***	Phone Number	<u></u>	-
		VSIBL WY			Ì⊠-Yes □ No	
	Does the applicant understand that they must purch Premises description: Describe building or building				res □ NU	
4	include all rooms including living quarters, if use	d, for the sales, se	rvice, consumption, and/or	storage of alcohol beverages and	d records.	
	(Alcohol beverages may be sold and stored only					
	Legal description (omit if street address is given a					
6	a. Since filing of the last application, has the nan	ned licensee, any i	member of a partnership lice	ensee, or any member, officer,	,	
	director, manager or agent for either a limited licensee been convicted of any offenses (ex				_	
	laws, any Wisconsin laws, any laws of other sta				☐ Yes 🕱 No	
	b. Are charges for any offenses presently pend					
	licensee or any other persons affiliated with th	- ·	•		∐ Yes 💢 No	
7	Except for questions 6a and 6b, have there been lest explication for this licenses? If yes, explain	n any changes in the	ne answers to the questions	s as submitted by you on your	☐ Yes → XNo	
Ω	last application for this license? If yes, explain. Was the profit or loss from the sale of alcohol be	verages for the pr	evious year reported on the	Wisconsin Income or	☐ 169 ☑ 440	
U	Franchise Tax return of the licensee? If not, expl	lain.	evious year reported on the	VVICOORDAY INCOME OF	☐ Yes 🕅 No	
9	. Does the applicant understand they must hold a	Wisconsin Seller's	s Permit?		·	
	[phone (608) 266-2776]				Yes No	
10	Does the applicant understand that alcohol beve				Yes ☐ No	
44	date of invoice and made available for inspection Is the applicant indebted to any wholesaler beyon	•			/ ·	
11	, is the applicant indebted to any wholesaler beyo	ond 15 days for bed	si of 30 days for liquoi?		les perivo	
REA	D CAREFULLY BEFORE SIGNING: Under penalty p	provided by law, the	applicant states that each of the	he above questions has been truthf	ully answered to the	•
bes if ar	of the knowledge of the signers. Signers agree to op anted, will not be assigned to another. (Individual app	perate this business dicants and each me	according to law and that the ember of a partnership applica	e rights and responsibilities conferre ant must sign: corporate officer(s), i	a by the license(s), members/managers	· S
	mited Liability Companies must sign.)			(7)	J	
SU	BSCRIBED AND SWORN TO BEFORE ME		///		1	
this	12 day of april	.20 6	11/1/20	MMMPN CM	en unem	ber
1			Officer of Corporation/N	Member/Manager of Limited Liability Compa	iny /Partner/Individual)	•
	(Clerk/Notary Public)	<u>~</u>	(Officer of Corporation/I	* Member/Manager of Limited Liability Compa	anv /Partner)	-
Му	commission expires	14	· ,			_
			(Additional Partner(s)/M	lember/Manager of Limited Liability Compar	ly if Any)	
	BE COMPLETED BY CLERK					
Date	e received and filed with municipal clerk Dat	te reported to council/bo	ard	Date license granted		
Lice		te license issued	1 🗸	Signature of Clerk / Deputy Clerk		