The following applications have been received by the Village Clerk-Treasurer of the Village of Allouez, County of Brown, State of Wisconsin, for licenses to sell fermented malt beverages and intoxicating liquors from July 1, 2020 through June 30, 2021:

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

Michael Bloomer, 517 Somerset Drive, Green Bay, WI 54301 for the premises at 1539 Riverside Drive (St. Michael's Pub)

Lorelei Inn, Inc., 1412 S. Webster Avenue, Green Bay, WI 54301 for the premises at 1412 S. Webster Avenue (Lorelei Inn - David Hack)

Mc Elrone and Mertz WI Partnersip, 1500 S. Webster Avenue, Green Bay, WI 54301 for the premises at 1500 S. Webster Avenue (Pump Room)

Ziggeys Inn LLC, 741 Hoffman Road, Green Bay, WI 54301 for the premises at 741 Hoffman Road (Ziggey's Inn - Agent: Mary DeJardin)

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)

Jimmy Seas Inc, 1330 Marine Street, for the premises at 1330 Marine Street (Jimmy Seas Pub Grill & Fender – Alex Schneider)

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

Manasanoke Chanthasena, 1350 Marine Street, for the premises at 1350 Marine Street (Nuk's Thai Cuisine)

The Village Grille LLC, 801 Hoffman Road, Green Bay, WI 54301 for the premises at 801 Hoffman Road, Ste. 109 (The Village Grille - Kathleen Proctor)

Los Magueyes Inc, 1329 S Webster Avenue, Green Bay, WI 54301 for the premises at 1329 S Webster Avenue (Los Magueyes – Julio Herrera)

Riviera Bar and Grille LLC, 2150 Riverside Drive, Green Bay, WI 54301 for the premises at 2150 Riverside Drive (The Riviera Bar and Grille – Agent: Mari O'Brien)

Wisconsin Pub and Palette, 516 Greene Avenue, Green Bay, WI 54301 for the premises at 516 Greene Avenue (Palette and Pub – Agent: Carrie Schmechel)

Zambaldi Beer LLC for the premises at 1649 S. Webster Avenue, Green Bay, WI 54301 (Zambaldi Beer - Agent: Abigail Malcolm)

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

Allouez Beer & Liquor Depot Inc., 1255 S Monroe Avenue, Green Bay, WI 54301 for the premises at 1255 S. Monroe, Ste. 101 (Allouez Beer & Liquor - Edward N. Gerczak Jr.)

Austin's Stores, Inc., 3823 S. Webster Avenue, Green Bay, WI 54301 for the premises at 3823 S. Webster Avenue (The Original Austin's - Richard P. Austin)

Foodmen 2, Inc, 1220 S Webster Avenue, Green Bay, WI 54301 for the premises at 1220 S. Webster Avenue (Webster Avenue Market - Michael F. Novak)

Everest Mart Inc., 1501 S Webster Avenue, Green Bay, WI 54301 for the premises at 1501 S Webster Avenue (Webster Shell – Jayasara Upadhyaya Sharma)

Kwik Trip, Inc., P.O. Box 2107, La Crosse, WI 54602-2107 for the premises at 1401 S Webster Avenue (Tobacco Outlet Plus Grocery 543 – Agent: Victoria L. Holmes)

Kwik Trip, Inc., P.O. Box 2107, La Crosse, WI 54602-2107 for the premises at 2203 S Webster Avenue (Kwik Trip 1030 – Agent: Jay Young)

CLASS A FERMENTED MALT BEVERAGE & CLASS A LIQUOR (CIDER ONLY)

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

Dated this 27th day of April, 2020 Debra M. Baenen, Allouez Clerk-Treasurer

Publish: April 30, May 1 and May 2, 2020 (Affidavit Requested)

R# 165133 3/27/20 \$60.00

Renewal Alcohol I	Beverage Li	cense App	olication	Applicant's Wisconsin Seller's Per	mit Number
(Submit to municipal clerk. R	ead instructions	on page 3.)		456-000361 FEIN Number	
For the license period beginni	na: 07-01-2	2 2 (2) ending: <i>(2)</i> (3-30-2020	39-123362	2
			(mm dd yyyy)	TYPE OF LICENSE REQUESTED	FEE
To the Governing Body of the:	Town of	Allowar		☐ Class A beer	\$
to the Governing Body of the	Village of \ /	House		Class B beer	\$
<i>D</i>	☐ City of 7			☐ Class C wine	\$
County of <u>Brown</u>		Alderman	ic Dist. No	Class A liquor	\$
		(if required	d by ordinance)	Class A liquor (cider only)	\$ N/A
Check one: 📈 Individual	☐ Limited Liabilit	v Company		Class B liquor	\$
Partnership		onprofit Organiza	tion	Reserve Class B liquor Class B (wine only) winery	\$ \$
E i ditticionip		inpront Organiza	(iOi)	Publication fee	\$
Complete A or B. All must o	omplete C.			TOTAL FEE	\$
A. Individual or Partnership	•				
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, C	ity or Post Office, & Zip Code)	
Bloomer Full Name (Last)	Michael	Paul	517 Somers	et Dr Green Bay W. ity or Post Office, & Zip Code	I 54301
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, C	ity or Post Office, & Zip Code)	
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, Ci	ity or Post Office, & Zip Code)	
B. I.I.C. on Corneration (and	A mandle				
 LLC or Corporation (and Full Legal Name of Corporation / Nonp 		d Linbility Community	Address of Company in Alie	aland I lability On the distance for	
ruii Legai Name oi Corporation / Nont	oront Organization / Limite	d Liability Company	Address of Corporation / Lift	nited Liability Company (if different fro	m licensed premises)
All corporations/organizations iquor must appoint an agent.	or limited liability co	ompanies applyin	g for a license to sell	fermented malt beverages a	nd/or intoxicating
Agent Last Name	(First)	(Middle Name)	Home Address (Street, Ci	ity or Post Office, & Zip Code)	
•	<u> </u> `			·, ··· , ···· - ··· - · · · · · · · · ·	
All Officer(s) Director(s) of C	Corneration and M	omboro / Monor	are of Limited Liebil	Ity Company	
President / Member Last Name	(First)	(Middle Name)		ity or Post Office, & Zip Code)	
	(, ,,,,,,	(magio mamo)	110111071001000 (05001, 01	ty of 1 out office, a zip obac,	
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, Ci	ity or Post Office, & Zip Code)	
	(iii s y	(magio mamo)	1101110 71441000 (00001) 01	ny or real office, a zip oddoj	
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, Ci	ty or Post Office, & Zip Code)	
•	, ,	,	, , , , , , , , , , , , , , , , , , , ,	,	
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, Ci	ty or Post Office, & Zip Code)	
		,		,	
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, Ci	ty or Post Office, & Zip Code)	
-				,,	
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, Cl	ty or Post Office, & Zip Code)	
	,		, ,		
		<u>- L</u>			
C. Business Information	1 1 0 1			00 1	4 - 1
1. Trade Name St Mic	haelstub		Business Phone	e Number <u>920-43</u>	2-2348
1. Trade Name <u>St Mic</u> 2. Address of Premises <u>/5</u>	39 RIVERSI	de Dr	Post Office & Zi	p Code <u>Breen</u> Bay	WI 54301
3. Does the applicant unders	tand that they must	purchase alcoho		n Wisconsin wholesalers, bre	weries
•					No □ No
 Premises description: De include all rooms including records. (Alcohol beverag 	livina avadara ifi	and forthoods		an andlanahanana af alaska	I la airean ann an an a
8x8' Cooler in	NW corner	2-545	bathrooms.	on, and/or storage of alcohology, 12°f1-1200 sqf 10×10 Storage ostorage, Frpa	Rm Eof
Coolen, 2fliox	45 Storac	je, 10×15 o	Fice, 15 x 3	ostorage, Fipa	2t10 24'x 100
Rear Patro 14X	18	· /	<i>I</i>		

5.	Legal description (omit if street address i	s given on previous pag	ge):				
6.	a. Since filing of the last application, ha member, officer, director, manager o organization licensee been convicte for violation of any federal laws, any or municipality? If yes, complete page	r agent for either a lim ed of any offenses (ex Wisconsin laws, any la	ited liability company coluding traffic offense aws of other states, or	licensee, or es not related ordinances	nonprofit I to alcohol) of any county	☐ Yes	MN
	b. Are charges for any offenses prese the named licensee or any other pers					☐ Yes	MN
7.	Except for questions 6a and 6b, have to by you on your last application for this					☐ Yes	Жn
8.	Was the profit or loss from the sale of alcor Franchise Tax return of the licensee?					Yes	□No
9.	Does the applicant understand they muse [phone (608) 266-2776]	st hold a Wisconsin Se	ller's Permit?			Yes	□ No
10.	Does the applicant understand that alco from the date of invoice and made available.					Yes	□ No
11.	Is the applicant indebted to any wholesa	aler beyond 15 days for	beer or 30 days for lie	quor?		☐ Yes	M No
12.	Does the applicant owe municipal prope (Note: Renewal of licenses may be detassessments or other fees).					☐ Yes	Φ'n
app and voi this	AD CAREFULLY BEFORE SIGNING: Usen truthfully answered to the best of the kolication; that the applicant has read and discorrect. The undersigned further under distance, and under penalty of state law, the application. Any person who knowingly in \$1,000.	nowledge of the signer. made a complete answ stands that any license blicant may be prosecu	The signer agrees tha ver to each question, a issued contrary to Ch ted for submitting false	t he/she is th nd that the a apter 125 of a statements	e person name nswers in each the Wisconsin and affidavits i	d in the fo instance Statutes n connect	regoing are true shall be ion wit
Co	ntact Person's Name (Last, First, M.I.)		Title / Member		3-25	-20	 20
Sig	Bloomer Michael P. Michael P Bloomed		Phone Number 920 432 2	348	Email Address		
то	BE COMPLETED BY CLERK						
Da	te received and filed with municipal clerk	Date reported to council / b	oard	Date license gr	anted		
Lic	ense number issued	Date license issued		Signature of Cl	erk / Deputy Clerk		.,.

R#169311 4/21/2020 \$60.00

Renewal Alcohol Beverage License Application	Applicant's Wisconsin Seller's Permit Number	
(Submit to municipal clerk. Read instructions on page 3.)	FEIN Number	
For the license period beginning: 4/1/2020 ending: 4/1/2021	1 2 117 7 2 11 12 2	
For the license period beginning: 1 1 200 ending: 4 1 200 ending: 4 (mm(dd yyyy))	TYPE OF LICENSE FEE REQUESTED	
☐ Town of)	Class A beer \$	
To the Governing Body of the: Village of	☐ Class B beer \$	
☐ City of →	☐ Class C wine \$	
County of Aldermanic Dist. No	☐ Class A liquor \$	
County of Aldermanic Dist. No (if required by ordinance)	☐ Class A liquor (cider only) \$ N/A	
(ii rodanoa by oramanoo)	☐ Class B liquor \$	
Check one: Individual Limited Liability Company	Reserve Class B liquor \$	
☐ Partnership ☐ Corporation/Nonprofit Organization	☐ Class B (wine only) winery \$	
,	Publication fee \$	
Complete A or B. All must complete C.	TOTAL FEE \$	
A. Individual or Partnership:		
Full Name (Last) (First) (Middle Name) Home Address (Street	t, City or Post Office, & Zip Code)	
1 Shanda forth 1) are d law 414 M. f	ennward Girle, GB 54301	
	t, City or Post Office, & Zip Code)	
3 total Lynne 807 Ru	Joh St. Luxemberg, 54217	
	t, Olty or Post Office, & Zip Code)	
	+ Ridge Dr. GB 54313	
COLUMNIC THEORY TO	+ Maco 4. 60 37313	
B. LLC or Corporation (and Agent):		
Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company Address of Corporation / Address of Corporation /	Limited Liability Company (if different from licensed premises)	
All corporations/organizations or limited liability companies applying for a license to se	ell fermented malt beverages and/or intoxicating	
liquor must appoint an agent.		
Agent Last Name (First) (Middle Name) Home Address (Street	t, City of Post Office, & Zip Code)	<i>s</i>
Hack barra bee 414 N	. Pennwood line 6, 65 G	T :
All Officer(s) Director(s) of Corporation and Members / Managers of Limited Lia	bility Company:	•
	t, City or Post Office, & Zip Code)	
Lee 414 N	Penwood, 6B 54301	
Vice President / Member Last Name (First) (Middle Name) Home Address (Street	t, City or Post Office, & Zip Code)	
Optomon Magan 4348 For	291 Ridge Dr. 6B 54313	
Secretary Member Last Name (First) (Middle Name) Home Address (Street	City or Post Office, & Zip;Code)	100
Stahl Lynne 801 6	Paloh St. Luxumburg, 5424	f
	, City or Post Office, & Zip Code)	′
Directors / Managers Last Name (First) (Middle Name) Home Address (Street	t, City or Post Office, & Zip Code)	
Directors / Managers Last Name (First) (Middle Name) Home Address (Street	t, City or Post Office, & Zip Code)	
C. Business Information	<u> </u>	
	Number (Q100) 422 -5021	
1. Trade Name Business Ph	one Number	
2. Address of Premises 12 5. We have Post Office 8	Zip Code 54301	
3. Does the applicant understand that they must purchase alcohol beverages only fr and brewpubs?	rom Wisconsin wholesalers, breweries Yes □ No	
 Premises description: Describe building or buildings where alcohol beverages include all rooms including living quarters, if used, for the sales, service, consum 	nption, and/or storage of alcohol beverages and	
records. (Alcohol beverages may be sold and stored only on the premises described in the premise described in the pre	ribed.) Bar even with	
18 steel bar plus of tables with 4 ste	ols each, 12 table	
dining your with 42 seats. L	iquor room in basement	-
	l	

5.	Legal description (omit if street address is given on previous page):			
6.	6. a. Since filing of the last application, has the named licensee, any member of a partn member, officer, director, manager or agent for either a limited liability company licenseation licensee been convicted of any offenses (excluding traffic offenses for violation of any federal laws, any Wisconsin laws, any laws of other states, or or municipality? If yes, complete page 3	censee, or nonprofit not related to alcohol) ordinances of any county	☐ Yes	No
	b. Are charges for any offenses presently pending (excluding traffic offenses not relative named licensee or any other persons affiliated with this license? If yes, explain		☐ Yes	L
7.	7. Except for questions 6a and 6b, have there been any changes in the answers to the by you on your last application for this license? If yes, explain		☐ Yes	No
8.	8. Was the profit or loss from the sale of alcohol beverages for the previous year reported or Franchise Tax return of the licensee? If not, explain	on the Wisconsin Income	Yes	□No
9.	9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]		Yes	□No
	10. Does the applicant understand that alcohol beverage invoices must be kept at the licen from the date of invoice and made available for inspection by law enforcement?		Yes	□No
11.	11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liqu	uor?	Yes	No
12.	 Does the applicant owe municipal property taxes, assessments, or other fees? (Note: Renewal of licenses may be denied pursuant to a local ordinance, if the license assessments or other fees). 		☐ Yes	No
becapt and and voi- this	READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned speen truthfully answered to the best of the knowledge of the signer. The signer agrees that the application; that the applicant has read and made a complete answer to each question, and and correct. The undersigned further understands that any license issued contrary to Charvoid, and under penalty of state law, the applicant may be prosecuted for submitting falses this application. Any person who knowingly provides materially false information on this applicant \$1,000.	ne/she is the person named that the answers in each pter 125 of the Wisconsin statements and affidavits in	d in the fo instance Statutes i connect	regoing are true shall be ion with
	Contact Person's Name (Last, First, M.I.) Signature Phone Number (120) 3(3) - 9	Date 2 Email Address	0 20	
			xaho	0
то	TO BE COMPLETED BY CLERK		V	
Da	Date received and filed with municipal clerk Date reported to council / board	Date license granted		
Lic	License number issued Date license issued S	Signature of Clerk / Deputy Clerk		

R#166965 4/3/20 \$60.00

Renewal Alcohol E	Beverage Lic	ense Appl	cation	Applicant's Wisconsin Seller's Per	mit Number
(Submit to municipal clerk. Re	ad instructions or	n page 3.)		456-102697	
	7-1-10)	20-21	39-148	0500
For the license period beginning	g: (mm dd yyyy)	ending:	(mm dd yyyy)	TYPE OF LICENSE REQUESTED	FEE
To the Governing Body of the:	☐ Town of)	111046	1	Class A beer	\$
To the Governing Body of the:	✓ Village of }	Allone		☑ Class B beer	\$
_	☐ City of 🤳			Class C wine	\$
County of Brown		Aldermanic	Diet No	☐ Class A liquor	\$
County of 10 to 12			by ordinance)	☐ Class A liquor (cider only)	\$ N/A
		(ii joquilou	ay oranianou,	☑ Class B liquor	\$
Check one: Individual	☐ Limited Liability	Company		Reserve Class B liquor	\$
🔀 Partnership	☐ Corporation/Non	profit Organization	on	Class B (wine only) winery	\$
•				Publication fee	\$
Complete A or B. All must co	omplete C.	1 14.	1. 1. 0 1	TOTAL FEE	\$
A. Individual or Partnership:	MA KIRON	e and Mer	tz Wi Partn	acesto.	
Full Name (Last)	(Pirst)	(Middle Name)	Home Address (Street, Ci	ity or Post Office, & Zip Code) 265 Let Ave Green B ity or Post Office, & Zip Code) SHI Ave Green B ty or Post Office, & Zip Code)	
mc Floore	Russell	PATRICK	1500 S.W.	eloster Ave Green R	104301
MEEI POITE Full Name (Last)	(First)	(Middle Name)	Home Address (Street, Ci	ity or Post Office, & Zip Code)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Mec+2 Full Name (Last)	Vathleen	Patricia	1500 5 1126	wher An Compon Boy	41154301
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, Ci	ty or Post Office. & Zip Code)	
			, ,		
			1		
B. LLC or Corporation (and A	\gent):				
Full Legal Name of Corporation / Nonp	rofit Organization / Limited	Liability Company A	ddress of Corporation / Lim	nited Liability Company (if different fro	om licensed premises)
All corporations/organizations	or limited liability cor	mpanies applying	for a license to sell	fermented malt beverages a	nd/or intoxicating
liquor must appoint an agent.	.,				
Agent Last Name	(First)	(Middle Name)	Home Address (Street, Ci	lty or Post Office, & Zip Code)	
All Officer(s) Director(s) of C	ornoration and Ma	mhere / Manage	re of Limited Liabil	ity Company:	
President / Member Last Name	(First)	(Middle Name)		ty or Post Office, & Zip Code)	
, ,	()	,	, (,	,	
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, Ci	ity or Post Office, & Zip Code)	
	(2)	ABBLI AIL AIL AIL			
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, Ci	ty or Post Office, & Zip Code)	
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, Ci	ty or Post Office, & Zip Code)	
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, Ci	ity or Post Office, & Zip Code)	
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, Ci	ty or Post Office, & Zip Code)	`
C. Business Information					
C. Busiless information	Dung Pin	c : M		200 112	2 00011
1. Trade Name 770	rump ro	Onl	Business Phone	e Number 920 49	28117
Trade Name	00 s. Webs	ter Ave	Post Office & Z	ip Code <u>Green Ba</u>	1 WI 5830/
3. Does the applicant understand brewpubs?	and that they must p	ourchase alcohol	beverages only from	n Wisconsin wholesalers, bro	eweries .⊠ □ No
 Premises description: De include all rooms including records. (Alcohol beverage 	. 11 1				alle airean ann an ann a
20' X 20' GAM	IE ROOM	8'x 16	Beer Sturg	ed.) 20'x 80' Fro	ggor Storage
16' X 12' Offi	رو				

5.	Legal description (omit if street address i	s given on previous pag	ge):				
6.	a. Since filing of the last application, ha member, officer, director, manager o organization licensee been convicte for violation of any federal laws, any or municipality? If yes, complete page	r agent for either a lim ed of any offenses (ex Wisconsin laws, any la	ited liability company xcluding traffic offense aws of other states, or	licensee, or i es not related ordinances o	nonprofit to alcohol) of any county	☐ Yes	ЖN
	b. Are charges for any offenses prese the named licensee or any other pers	ntly pending (excludin sons affiliated with this	g traffic offenses not re license? If yes, expla	elated to alco iin fully on p	hol) against age 3	☐ Yes	No
7.	Except for questions 6a and 6b, have to by you on your last application for this					☐ Yes	Жи
8,	Was the profit or loss from the sale of alcor Franchise Tax return of the licensee?	ohol beverages for the lf not, explain	previous year reported	on the Wisco	onsin Income	Yes	□No
9.	Does the applicant understand they mus [phone (608) 266-2776]	st hold a Wisconsin Se	ller's Permit?		5/4.1	Yes	□No
10.	Does the applicant understand that alcolorom the date of invoice and made available.					Yes	□ No
11.	Is the applicant indebted to any wholesa	aler beyond 15 days for	beer or 30 days for lic	quor?		☐ Yes	ΜNο
12.	Does the applicant owe municipal prope (Note: Renewal of licenses may be der assessments or other fees).	erty taxes, assessments nied pursuant to a local	s, or other fees? ordinance, if the licen	see owes mu	nicipal taxes,	☐ Yes	MNC
bee app and voi this	AD CAREFULLY BEFORE SIGNING: Upon truthfully answered to the best of the knowledge of the substantial correct. The undersigned further undersigned durther understand under penalty of state law, the application. Any person who knowingly pons \$1,000.	nowledge of the signer. made a complete answ stands that any license blicant may be prosecu	The signer agrees tha rer to each question, all issued contrary to Ch ted for submitting false	t he/she is the nd that the an apter 125 of a statements	e person name swers in each the Wisconsin and affidavits i	d in the fo instance Statutes n connect	regoing are true shall be ion with
Co	ntact Person's Name (Last, First, M.I.) MEELCONE RUSSELL	P.	Title / Member Partner	. [3-28.	- 20	
Sig	MEELPONE RUSSEll nature MURSELL P. M. Elm	sel_	Phone Number 920 432 87	14	3-28: Email Address MUSSMCEI Yahoo	Irone E	
			,		yahoo	, coa	1
то	BE COMPLETED BY CLERK						
Da	te received and filed with municipal clerk	Date reported to council / b	oard	Date license gra	inted		
Lic	ense number issued	Date license issued		Signature of Cle	rk / Deputy Clerk		***************************************

Renewal Alcohol Beverage License Application (Submit to municipal clerk. Read instructions on page 3.) FEIN Number For the license period beginning: TYPE OF LICENSE FEE REQUESTED Town of Class A beer To the Governing Body of the: 太 Village of Class B beer \$ City of Class C wine \$ Class A liquor \$ Aldermanic Dist. No. Class A liquor (cider only) N/A (if required by ordinance) Class B liquor Check one: Individual Limited Liability Company Reserve Class B liquor ☐ Corporation/Nonprofit Organization Partnership ☐ Class B (wine only) winery Publication fee Complete A or B. All must complete C. TOTAL FEE A. Individual or Partnership: Full Name (Last) (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) Full Name (Last) (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) Full Name (Last) (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) B. LLC or Corporation (and Agent): Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company Address of Corporation / Limited Liability Company (if different from licensed premises) All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. Agent Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company: President / Member Last Name (Middle Name) Home Address (Street, City or Post Office, & Zip Code) (First) Vice President / Member Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) Secretary / Member Last Name (Middle Name) Home Address (Street, City or Post Office, & Zip Code) (First) Treasurer / Member Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) Directors / Managers Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) Directors / Managers Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) C. Business Information Business Phone Number 1. Trade Name ZIGORU Post Office & Zip Code GREEN 2. Address of Premises 3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?.... Yes 4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)

5. Legal description (omit if street address is	s given on previous pag	e):			
 a. Since filing of the last application, has member, officer, director, manager or organization licensee been convicte for violation of any federal laws, any or municipality? If yes, complete pa 	r agent for either a limi i d of any offenses (ex Wisconsin laws, any la	ted liability company l cluding traffic offense ws of other states, or	licensee, or nonprofit s not related to alcohol) ordinances of any county	☐ Yes	No
b. Are charges for any offenses preser the named licensee or any other pers	ntly pending (excluding ons affiliated with this l	g traffic offenses not re icense? If yes, expla	elated to alcohol) against in fully on page 3	☐ Yes	□No
Except for questions 6a and 6b, have the by you on your last application for this is				☐ Yes	□,N6
8. Was the profit or loss from the sale of alc or Franchise Tax return of the licensee?	ohol beverages for the	previous year reported	on the Wisconsin Income	√. □ Yes	□No
				l: !	
9. Does the applicant understand they mus [phone (608) 266-2776]	st hold a Wisconsin Sel	ler's Permit?		Yes	□No
 Does the applicant understand that alcording from the date of invoice and made availant 	nol beverage invoices n able for inspection by la	nust be kept at the lice w enforcement?	nsed premises for 2 years	Yes	□ No
11. Is the applicant indebted to any wholesa	ler beyond 15 days for	beer or 30 days for lic	quor?	☐ Yes	No
 Does the applicant owe municipal prope (Note: Renewal of licenses may be der assessments or other fees). 				☐ Yes	□No
READ CAREFULLY BEFORE SIGNING: Ur been truthfully answered to the best of the kr application; that the applicant has read and and correct. The undersigned further unders void, and under penalty of state law, the appthis application. Any person who knowingly pathan \$1,000.	nowledge of the signer. made a complete answ stands that any license slicant may be prosecut	The signer agrees that er to each question, ar issued contrary to Ch red for submitting false	t he/she is the person name nd that the answers in each apter 125 of the Wisconsin statements and affidavits i	ed in the fo instance Statutes in connect	regoing are true shall be on with
Contact Person's Name (Last, First, M.I.) De ARdin Mary E		Title / Member OWNER	Date 3-35-	2020	
Mary & Da Jarder)	Phone Number 920-609-3	Email Address DZONE	0801	1000
TO BE COMPLETED BY CLERK					
Date received and filed with municipal clerk	Date reported to council / bo	pard	Date license granted		
License number issued	Date license issued	•	Signature of Clerk / Deputy Clerk		

				R# 1703,68	\ \$1,00
Renewal Alcohol	Beverage L	icense App	olication	Applicant's Wisconsin Seller's Pe	mit Number – 03
(Submit to municipal clerk. F	Read instructions	on page 3.)		FEIN Number	799/)
For the license period beginni	ing: CD Ky/20.	onding:	1/3/22	27-12127	45
For the license period beginn	(mm dd yyyy	ending. 4	(mm dd yyyy)	TYPE OF LICENSE REQUESTED	FEE
· 	Town of	ALLOG	FT	☐ Class A beer	\$
To the Governing Body of the		112504	10	Class B beer	\$
1 Pale	☐ City of			Class C wine	\$
County of / / / / / / / / / / / / / / / / / /	N	Alderman	ic Dist. No	Class A liquor	\$
		(if require	d by ordinance)	Class A liquor (cider only)	\$ N/A
Check one:	Limited Liabil	itu Comnonu		Class B liquor	\$
=			Alam	Reserve Class B liquor	\$
∐ Partnership	Corporation/r	lonprofit Organiza	uon	Class B (wine only) winery	\$
Complete A or B. All must o	complete C.			Publication fee TOTAL FEE	\$ (6.0)
-	•			IOIAL FEE	\$ (6.6)
A. Individual or Partnership		Tantin M	10		
Full Name (Last)	(First)	(Middle Name)	Home Address (Street	t, City or Post Office, & Zip Code)	
Full Name (Last)	(First)	(Middle Name)	Home Address (Street	t, City or Post Office, & Zip Code)	
Full Name (Last)	(First)	(Middle Name)	Home Address (Street	, City or Post Office, & Zip Code)	
			- AXCON		
3. LLC or Corporation (and	Agent):		00/W.	: Limited Liability Company (if different fr	
All corporations/organizations iquor must appoint an agent. Agent Last Name	or limited liability	companies applyin		ell fermented malt beverages a	and/or intoxicating
MEIKLE	PAMES		180 K	OSFLAWN RIVO	542
All Officer(s) Director(s) of (Cornoration and I	Wembers / Manag	uers of Limited Lia	hility Company:	
President / Member Last Name	(Firet)	(Middle Name)		, City or Post Office, & Zip Code)	POSE / RAV
MEINIE	VAMES		180 RUS	ELALAL RIVA	KUEN CON
Vice President / Member Last Name	/Eirot)	(Middle Name)	1 /	, City or Post Office, & Zip Code)	3984
Vice President / Member Last Name	(riist)	(wildaic (taille)	1 lottle Addless (Offeet	, only of Post Office, & Zip Code)	′
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street	, City or Post Office, & Zlp Code)	
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street	, City or Post Office, & Zip Code)	
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street,	, City or Post Office, & Zip Code)	
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street,	, City or Post Office, & Zip Code)	
C. Business Information 1. Trade Name	CS JAK	5 5		one Number 93.63	2-7069
2. Address of Premises 360	KIVEPSI	VV PK	Post Office &	Zip Code VKCKN	15/47 G /
Does the applicant unders and brewpubs?				om Wisconsin wholesalers, bro	eweries 🔲 No
	g living quarters, it	used, for the sale	es, service, consum	are to be sold and stored. The ption, and/or storage of alcoholibed.)	
TO THE	CFO IN	OF CTAUPA	HT	IHE ENTRANCE	<u> </u>

5.	Legal description (omit if street address is	s given on previous page):		,	
6.	member, officer, director, manager or organization licensee been convicte for violation of any federal laws, any	s the named licensee, any member of a par agent for either a limited liability company d of any offenses (excluding traffic offense Wisconsin laws, any laws of other states, or age 3	licensee, or nonprofit es not related to alcohol) r ordinances of any county	☐ Yes	No
		ntly pending (excluding traffic offenses not rons affiliated with this license? If yes, explain		☐ Yes	Ø No
7.	Except for questions 6a and 6b, have the by you on your last application for this li	nere been any changes in the answers to the icense? If yes, explain	ne questions as submitted	☐ Yes	⊠No
8.	Was the profit or loss from the sale of alc or Franchise Tax return of the licensee?	ohol beverages for the previous year reported if not, explain	d on the Wisconsin Income	Yes	□No
9.	Does the applicant understand they mus [phone (608) 266-2776]	st hold a Wisconsin Seller's Permit?		Yes	□No
10.	Does the applicant understand that alcohorom the date of invoice and made availa	nol beverage invoices must be kept at the lice.ble for inspection by law enforcement?	ensed premises for 2 years	Yes	□ No
11.	Is the applicant indebted to any wholesa	ller beyond 15 days for beer or 30 days for li	iquor?	☐ Yes	X No
12.	Does the applicant owe municipal prope (Note: Renewal of licenses may be den assessments or other fees).	rty taxes, assessments, or other fees? ied pursuant to a local ordinance, if the licer	nsee owes municipal taxes,	☐ Yes	À No
app and voi this	en truthfully answered to the best of the kr blication; that the applicant has read and r I correct. The undersigned further unders d, and under penalty of state law, the app	nder penalty provided by law, the undersigne nowledge of the signer. The signer agrees the made a complete answer to each question, a stands that any license issued contrary to Ci dicant may be prosecuted for submitting fals provides materially false information on this a	at he/she is the person name and that the answers in each hapter 125 of the Wisconsir e statements and affidavits	ed in the for instance of Statutes in connec	oregoing are true shall be tion with
Co	ntact Person's Name (Last, First, M.I.)	Title Member	T Date 4/27/	2	
Sig	nature / ames & he	Phone Number 920-632-	7069 Clougs to	Ke5	a
	,		49h00	.Com'	
то	BE COMPLETED BY CLERK		/		
Da	te received and filed with municipal clerk	Date reported to council / board	Date license granted		
Lic	ense number issued	Date license issued	Signature of Clerk / Deputy Clerk	(

Damanual Alaabaal F		, 	. 15 45	7 + 167724 \ 1 06/19/4	\$60.00
Renewal Alcohol E	_		olication	Applicant's Wisconsin Seller's Peri 456102584235603	nit Number
(Submit to municipal clerk. Re				FEIN Number 20-4992407	
For the license period beginnir	ng: 07 01 2020 (mm dd yyyy)	ending: <u>06</u>	30 2021 (mm dd yyyy)	TYPE OF LICENSE REQUESTED	FEE
	Town of	101108		Class A beer	\$
To the Governing Body of the:	✓ Village of > A1	10uez		✓ Class B beer	\$
	☐ City of 7			Class C wine	\$
County of Brown		Alderman	ic Dist. No	Class A liquor	\$
		(if required	d by ordinance)	☐ Class A liquor (cider only) ☑ Class B liquor	\$ N/A \$
Check one: Individual	☐ Limited Liability	Company		Reserve Class B liquor	\$
☐ Partnership	✓ Corporation/Nor		tion	Class B (wine only) winery	\$
•				Publication fee	\$ 60
Complete A or B. All must c	omplete C.			TOTAL FEE	\$ 60
A. Individual or Partnership:		· ·			
Full Name (Last)	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
Full Name (Last)	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	•
Full Name (Last)	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
Jimmy Seas Inc All corporations/organizations	rofit Organization / Limited		1330 Marine St	lmited Liability Company (if different fro treet Green Bay WI 54 Il fermented malt beverages a	301
iquor must appoint an agent. Agent Last Name	(First)	(Middle Name)	Home Address (Street	City or Post Office, & Zip Code)	
Schneider	Alex	J		gton St Green Bay WI	54301
All Officer(s) Director(s) of C	arnaration and Ma	mboro / Manag			
President / Member Last Name	(First)	(Middle Name)		City or Post Office, & Zip Code)	
	, ,	J			
Streckenbach Vice President / Member Last Name	Troy (First)	(Middle Name)		Green Bay WI 54301 City or Post Office, & Zip Code)	
Schneider	Alex	J		gton St Green Bay WI	E4201
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	24201
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
2. Business Information 1. Trade Name <u>Jimmy Sea</u> 2. Address of Premises <u>1330</u> 3. Does the applicant underst) Marine Stree	t	Post Office &	ne Number 920-438-7640 Zip Code <u>Green Bay WI s</u> om Wisconsin wholesalers, bre	
and brewpubs?	scribe building or b living quarters, if u es may be sold and	uildings where a	alcohol beverages a		applicant must

5.	regai description (ontit it street address i	s given on previous pa	ge).				
6.	a. Since filing of the last application, ha member, officer, director, manager o organization licensee been convicte for violation of any federal laws, any or municipality? If yes, complete pa	r agent for either a lim ed of any offenses (e Wisconsin laws, any l	nited liability company xcluding traffic offense aws of other states, or	licensee, or es not relate ordinances	nonprofit d to alcohol) of any county	☐ Yes	☑ No
	b. Are charges for any offenses presenthe named licensee or any other pers					☐ Yes	☑ No
7.	Except for questions 6a and 6b, have the by you on your last application for this I	here been any change license? If yes, expla	es in the answers to th	e questions	as submitted	☐ Yes	☑ No
8	Was the profit or loss from the sale of alc		previous vear reported		•		
0.	or Franchise Tax return of the licensee?					✓ Yes	□No
	U			W			
9.	Does the applicant understand they mus [phone (608) 266-2776]	st hold a Wisconsin Se	ller's Permit?	• • • • • • • • •		✓ Yes	□ No
10.	Does the applicant understand that alcol from the date of invoice and made availa	hol beverage invoices a able for inspection by la	must be kept at the lice aw enforcement?	ensed premi	ses for 2 years	✓ Yes	□No
11.	Is the applicant indebted to any wholesa	aler beyond 15 days fo	r beer or 30 days for li	quor?	• • • • • • • • • • • • • • • • • • • •	☐ Yes	⊘ No
12.	Does the applicant owe municipal prope (Note: Renewal of licenses may be der assessments or other fees).					☐ Yes	☑ No
app and voi this	AD CAREFULLY BEFORE SIGNING: Uren truthfully answered to the best of the knolication; that the applicant has read and it correct. The undersigned further undersid, and under penalty of state law, the application. Any person who knowingly in \$1,000.	nowledge of the signer. made a complete answ stands that any license blicant may be prosecu	The signer agrees tha ver to each question, a sissued contrary to Chated for submitting false	it he/she is the nd that the a napter 125 o statements	ne person name answers in each f the Wisconsin and affidavits in	d in the fo instance : Statutes : connect	regoing are true shall be ion with
	ntact Person's Name (Last, First, M.I.)		Title / Member		Date		
	chneider, Alex J		Vice President		04/23/2020		
Sig	nature /		Phone Number		Email Address	! ¬	
<u> </u>	VYV		920-680-9933		schnaj27@g	mail.co	om
	DE COMDI ETED DV CI EDIZ						
	te received and filed with municipal clerk	Date reported to council / b	oard	Date license g	ranted		
Lie	ense number issued	Date license issued		Clanature -f C	Jork / Donate Olan		
LIC	CHICA HUITING 1994GA	Pare lineite issued		Signature of C	lerk / Deputy Clerk		

R # 163734 > \$60.00

⊿newal Alcohol	Beverage Li	cense App	lication	Applicant's Wisconsin Seller's Peri	mit Number
(Submit to municipal clerk. F				456-0000371160	
			1 1	FEIN Number	
For the license period beginni	ng: 7/1/20	ending: _ <i>&</i>	/30/21	TVDF OF HORIZO	1
			· (m#n dd yyyy)	TYPE OF LICENSE REQUESTED	FEE
To the Governing Body of the	I lown of	01		☐ Class A beer	\$
to the Governing Body of the	Village of	AUCOU Z		Class B beer	\$
	☐ City of →			☐ Class C wine	\$
County of BROWN		Aldermani	c Dist. No	☐ Class A liquor	\$
		(if required	by ordinance)	Class A liquor (cider only)	\$ N/A
				Class B liquor	\$
Check one: Individual	Limited Liability			Reserve Class B liquor	\$
☐ Partnership	Corporation/No	nprofit Organizat	ion	Class B (wine only) winery	
	•			Publication fee	\$ 60 00
Complete A or B. All must o	complete C.			TOTAL FEE	\$
A. Individual or Partnership	!				Ψ
Full Name (Last)	(First)	(Middle Name)	Home Address (Street Cit	ty or Post Office, & Zip Code)	
	(,,	(middle Hame)	Home Address (Street, Cit	ty or Post Office, & Zip Code)	
Full Name (Last)	(First)				
Ton Haine (Eddy)	(First)	(Middle Name)	Home Address (Street, Cit	y or Post Office, & Zip Code)	
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, Cit	y or Post Office, & Zip Code)	
D 110 0					
B. LLC or Corporation (and					
Full Legal Name of Corporation / Nonp		Liability Company A	Address of Corporation / Limi	ted Liability Company (if different from	n licensed premises)
<u>Gallaghers</u>	1122a Tr	10			·
All corporations/organizations liquor must appoint an agent.	or limited liability cor	mpanies applying	for a license to sell f	ermented malt beverages ar	nd/or intoxicating
Agent Last Name	(Ciret)	(A412-0- A1)			
Dradian	(First)	(Middle Name)	Home Address (Street, 2ity	y or Rost Office, & Zip Code)	. IN Obu
praajaj	Kevin	<u> </u>	13217W.1w	inkines Ct. Green Bi	(y WI 543111
All Officer(s) Director(s) of C	orporation and Me	mbers / Manage	ers of Limited Liabilit	ty Company:	,
President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City	or Post Office, & Zip Code)	
ACASTA.	izati.				
OSADJAN Vice President / Member Last Name	(First)	(Middle Name)	5217 w. Tu	OF POST Office, & Zip Code)	2AY 54311
The transfer the transfer to t	(1 1134)	(Middle Name)	nome Address (Street, Cit)	or Post Office, & Zip Code)	
Secretary / Member Last Name	(etc. 1)				l
•	(First)	(Middle Name)	Home Address (Street, City	or Post Office, & Zip Code)	
HUBBARD	JOHN	WART	370 61770	US CT. DEPERT 5	4115
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City	or Post Office, & Zip Code)	1713
				. ,	
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City	or Post Office, & Zip Code)	
	,		Trainer taurees (Suces, Sity	of toat office, a zip code)	
Directors / Managers Last Name	(First)	(Middle Name)			
Director Managers Last Marie	(11131)	(Middle Name)	Home Address (Street, City	or Post Office, & Zip Code)	
C. Business Information					
1. Trade Name GAUA	BHORS PIZZ	A	Business Phone	Number <u>920-321-</u>	としてし
2. Address of Premises 19	-				
				Code Grown 349	
Does the applicant underst and brewpubs?	and that they must p	ourchase alcohol	beverages only from	Wisconsin wholesalers, brew	eries ☑ □ No
4. Premises description: Des					
include all rooms including records. (Alcohol beverage	living quarters, if us	ed, for the sales.	. service, consumntio	n and/or storage of alcohol.	applicant must beverages and
BAR, DINING	ROOM IMA	111A1 D-12	1 Concile		
711-1108	FOUL PIND	WILKIN	1 COUNT		

5.	Legal description (omit if street address is	given on previous page	e):				
6.	a. Since filing of the last application, has member, officer, director, manager or organization licensee been convicted for violation of any federal laws, any V or municipality? If yes, complete page	agent for either a limite I of any offenses (exc Visconsin laws, any lav	ed liability company lic cluding traffic offenses ws of other states, or o	ensee, or r not related rdinances c	to alcohol) of any county	☐ Yes	X No
	b. Are charges for any offenses present the named licensee or any other person	tly pending (excluding ons affiliated with this li	traffic offenses not relacense? If yes, explain	ated to alco n fully on p	hol) against age 3	☐ Yes	X No
7.	Except for questions 6a and 6b, have the by you on your last application for this lice	ere been any changes cense? If yes, explair	in the answers to the	questions a	as submitted	☐ Yes	No
				Also Malina			
8.	Was the profit or loss from the sale of alco or Franchise Tax return of the licensee? I	hol beverages for the p	orevious year reported of	on the vvisc	,,,,,	Yes	□ No
9.	Does the applicant understand they must [phone (608) 266-2776]	t hold a Wisconsin Sell	ler's Permit?			Yes	□ No
10	. Does the applicant understand that alcoh from the date of invoice and made availa	ol beverage invoices m ble for inspection by la	nust be kept at the licer w enforcement?	nsed premis	es for 2 years	Yes	□ No
11.	. Is the applicant indebted to any wholesa	ler beyond 15 days for	beer or 30 days for liq	uor?		☐ Yes	
12	. Does the applicant owe municipal proper (Note: Renewal of licenses may be den assessments or other fees).	rty taxes, assessments ied pursuant to a local	s, or other fees? ordinance, if the licens		unicipal taxes,	☐ Yes	No
be ap ar vo th	EAD CAREFULLY BEFORE SIGNING: Uren truthfully answered to the best of the knaplication; that the applicant has read and red correct. The undersigned further undersoid, and under penalty of state law, the application. Any person who knowingly pan \$1,000.	nowledge of the signer. made a complete answ stands that any license slicant may be prosecut	The signer agrees that ver to each question, ar issued contrary to Chi ted for submitting false	ne/sne is tr id that the a apter 125 o statements	ne person name Inswers in each If the Wisconsin I and affidavits	in the following instance Statutes In connection	are true shall be stion with
C	ontact Person's Name (Last, First, M.I.)		Title / Member		Date		
_	OSADSAN, KOVIN, L		Phone Number		3/9/20 Email Address		
8	Ignature 4 - 7		619-9918		OSADJAN	<u> </u>	l.cor
	O BE COMPLETED BY CLERK						
	late received and filed with municipal clerk	Date reported to council / b	ooard	Date license	granted		
L	icense number issued	Date license issued		Signature of 0	Clerk / Deputy Clerk		

R#169535 4/24/20 \$60.00

Renewal Alcohol (Submit to municipal clerk.			lication	Applicant's Wisconsin Seller's Peri	
For the license period beginni	ng: 0 7/0//	9 ending: 00	1 30 20 (mm ddyyyy)	39-2043/8/ TYPE OF LICENSE	T
	/ /	Allana	,	REQUESTED Class A beer	\$ 100,00
To the Governing Body of the	: ☐ Village of } ှ_∕	accour		☑ Class B beer ☐ Class C wine	\$
County of Brown		Aldermani	c Dist. No	☐ Class C wine	\$ \$
			d by ordinance)	☐ Class A liquor (cider only) ☐ Class B liquor	\$ N/A \$ 400,00
Check one: Individual	☐ Limited Liability	•		Reserve Class B liquor	\$
☐ Partnership	☐ Corporation/No	nprofit Organizat	ion	Class B (wine only) winery	
Complete A or B. All must o	complete C.			Publication fee TOTAL FEE	\$ 600,00
A. Individual or Partnership	:				
Full Name (Last)	(First)	(Middle Name)		City or Post Office, & Zip Code)	
Full Name (Last)	Manusting 6/CE (First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	(AII5420)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
B. LLC or Corporation (and				4,411	
Full Legal Name of Corporation / Nonp	profit Organization / Limited	f Liability Company	Address of Corporation / L	imited Liability Company (if different from	n licensed premises)
All corporations/organizations liquor must appoint an agent.	or limited liability co	mpanies applying	g for a license to se	Il fermented malt beverages a	nd/or intoxicating
Agent Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
All Officer(s) Director(s) of C	Corporation and Me	mbers / Manage	ers of Limited Liab	ility Company:	
President / Member Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, 6	City or Post Office, & Zip Code)	
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, 0	City or Post Office, & Zip Code)	
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, 0	City or Post Office, & Zip Code)	
C. Business Information	.1				
1. Trade Name Maks	Thai Car	15/10 E	Business Phor	ne Number <u>920) 455</u>	-0383
2. Address of Premises 13	50 Marin	254		Zip Code <u>54201</u>	
	tand that they must	ourchase alcohol	beverages only fro	m Wisconsin wholesalers, brev	weries 🔲 No
 Premises description: De include all rooms including records. (Alcohol beverag 	scribe building or b g living quarters, if uses es may be sold and	uildings where a sed, for the sales stored only on t	Icohol beverages a s, service, consump he premises describ	re to be sold and stored. The tion, and/or storage of alcohol	applicant must
	Bar, Restau	want do	id back Pa	ho	

5.	Legal description (omit if street address is given on	orevious page):			
6.	a. Since filing of the last application, has the name member, officer, director, manager or agent for organization licensee been convicted of any of for violation of any federal laws, any Wisconsin or municipality? If yes, complete page 3	either a limited liability company l offenses (excluding traffic offenses laws, any laws of other states, or	icensee, or nonprofit s not related to alcohol) ordinances of any county	☐ Yes	∭No
	b. Are charges for any offenses presently pendir the named licensee or any other persons affiliate	ng (excluding traffic offenses not reed with this license? If yes, explain	lated to alcohol) against in fully on page 3	☐ Yes	™ No
7.	Except for questions 6a and 6b, have there been by you on your last application for this license? If	any changes in the answers to the yes, explain	questions as submitted	☐ Yes	⊠ _No
8.	Was the profit or loss from the sale of alcohol bever or Franchise Tax return of the licensee? If not, exp	ages for the previous year reported lain	on the Wisconsin Income	Yes	□No
9.	Does the applicant understand they must hold a W [phone (608) 266-2776]	sconsin Seller's Permit?		Yes	□No
10.	. Does the applicant understand that alcohol beverage from the date of invoice and made available for ins	ge invoices must be kept at the lice pection by law enforcement?	nsed premises for 2 years	Yes	□No
11.	. Is the applicant indebted to any wholesaler beyond	l 15 days for beer or 30 days for lic	juor?	☐ Yes	No
12.	. Does the applicant owe municipal property taxes, a (Note: Renewal of licenses may be denied pursua assessments or other fees).	assessments, or other fees? ant to a local ordinance, if the licen	see owes municipal taxes,	☐ Yes	⊠ No
app and voi this	EAD CAREFULLY BEFORE SIGNING: Under penalter truthfully answered to the best of the knowledge of plication; that the applicant has read and made a cold correct. The undersigned further understands that id, and under penalty of state law, the applicant may application. Any person who knowingly provides man \$1,000.	of the signer. The signer agrees that mplete answer to each question, ar t any license issued contrary to Ch t be prosecuted for submitting false	the/she is the person name nd that the answers in each apter 125 of the Wisconsin statements and affidavits i	ed in the fo instance Statutes n connect	regoing are true shall be ion with
Co	ontact Person's Name (Last, First, M.I.) Manalono Ke	Title / Member	Date 4-12-	20	
Sig	gnature grant gran	Phone Number	Email Address	60 m	
4		(100)515 1	NKSJ4	ocya	400 .Co
то	D BE COMPLETED BY CLERK			(
Da	ate received and filed with municipal clerk Date report	ed to council / board	Date license granted		
Lic	cense number issued Date license	e issued	Signature of Clerk / Deputy Clerk		

84162148 > \$60.00

Renewal Alcohol I	Beverage Lic	ense App	lication	Applicant's Wisconsin Seller's Perr	mjt Number
(Submit to municipal clerk. R				456-0003277884- FEIN Number	٠٥ كل
			122 20 2021	LEM Mallipel	
For the license period beginning			(mm dd lyyy)	TYPE OF LICENSE REQUESTED	FEE
To the Governing Body of the:	☐ Town of	111111		☐ Class A beer	\$
To the Governing Body of the:	☑ Village of }	HIIOUEZ		Class B beer	\$
	☐ City of 🤳			Class C wine	\$
County of Brown		Aldermanic	Diat No	☐ Class A liquor	\$
County of			by ordinance)	Class A liquor (cider only)	\$ N/A
		(ii roquirou	by ordinarioo)	☐ Class B liquor	\$
Check one: Individual	Limited Liability	Company		Reserve Class B liquor	\$
☐ Partnership	☐ Corporation/Nor	profit Organization	on	Class B (wine only) winery	\$.
			,	Publication fee	\$ 60,00
Complete A or B. All must c	omplete C.		Ī	TOTAL FEE	\$
A. Individual or Partnership:					
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, Cit	y or Post Office, & Zip Code)	
Full Name (Last)	(First)	(Middle Name)	Home Address (Street City	y or Post Office, & Zip Code)	
Tan Name (2004)	(Trioty	(Wildele Harrie)	Trome Address (Street, Oit	y di Post Ollice, a zip Gode)	
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City	y or Post Office, & Zip Code)	
B. LLC or Corporation (and A	Agent):			WAAR-AA	
Full Legal Name of Corporation / Nonp	rofit Organization / Limited	Liability Company A	ddress of Corporation / Limi	ted Liability Company (if different from	m licensed premises)
THE VILLAGE Q	BRILLE LLC	-			
All corporations/organizations liquor must appoint an agent.	or limited liability cor	npanies applying	for a license to sell f	ermented malt beverages a	nd/or intoxicating
Agent Last Name	(First)	(Middle Name)	Home Address (Street, City	y or Post Office, & Zip Code)	
PROCTOR	KATHLEEN	ANN	2022 Rushway	Cir DePare WI 5	34115
All Officer(a) Director(a) of C	arnoration and No.	nahawa / Mawawa	7		
All Officer(s) Director(s) of C President / Member Last Name	(First)	(Middle Name)		y or Post Office, & Zip Code)	
· ·	(1.135)	(wilder Harrie)	nome Address (Greet, Oil)	y or Post Office, & Zip Code)	
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City	y or Post Office, & Zip Code)	
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City	vor Post Office, & Zip Code)	
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City	or Post Office, & Zip Code)	
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City	or Post Office, & Zip Code)	
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City	or Post Office, & Zip Code)	
C. Business Information	_			0	~~··
1. Trade Name THE VIL	LAGE GRILLE	<u> </u>	Business Phone	Number 920 336	4401
2. Address of Premises 80/	Hoffman Rd 8	Ste 109	Post Office & Zip	Number 920 336 Code 6/cen Bay	54301
3. Does the applicant understand brewpubs?	and that they must p	urchase alcohol	beverages only from	Wisconsin wholesalers, brev	weries
Premises description: Desinclude all rooms including records. (Alcohol beverage)	living quarters, if us	ed, for the sales,	service, consumptio	to be sold and stored. The n, and/or storage of alcohold.) Dining Arca 3	beverages and
60 x 8.3	38 x 30	, BAR	AREA 28 x	(115 , STORAGE	9×10
				·	

5.	Legal description (omit if street address is	given on previous pag	je):				
6.	a. Since filing of the last application, has member, officer, director, manager or organization licensee been convicted for violation of any federal laws, any V or municipality? If yes, complete page	agent for either a limi d of any offenses (ex Visconsin laws, any la	ted liability company I coluding traffic offense ws of other states, or	icensee, or s not related ordinances	nonprofit d to alcohol) of any county	☐ Yes	I ∤No
	b. Are charges for any offenses presenthe named licensee or any other personal transfer of the named licensee or any other personal transfer of the named licensee.	tly pending (excluding ons affiliated with this l	g traffic offenses not re license? If yes, expla	lated to alco	ohol) against page 3	☐ Yes	₽ No
7.	Except for questions 6a and 6b, have the by you on your last application for this lie	ere been any changes cense? If yes, expla i	s in the answers to the	questions	as submitted	☐ Yes	₽₩o
8.	Was the profit or loss from the sale of alcor Franchise Tax return of the licensee?	ohol beverages for the f not, explain	previous year reported	on the Wisc	consin Income	⊉ Ýes	□ No
9.	Does the applicant understand they must [phone (608) 266-2776]	t hold a Wisconsin Sel	ller's Permit?			¥Yes	□No
10.	Does the applicant understand that alcoh from the date of invoice and made available	ol beverage invoices note for inspection by la	nust be kept at the lice w enforcement?	nsed premis	ses for 2 years	¥es	□No
11.	Is the applicant indebted to any wholesal	er beyond 15 days for	beer or 30 days for lic	Juor?		☐ Yes	₩
12.	Does the applicant owe municipal proper (Note: Renewal of licenses may be deni assessments or other fees).	rty taxes, assessments ied pursuant to a local	s, or other fees? ordinance, if the licen	see owes m	unicipal taxes,	☐ Yes	1 4No
app and voi this	AD CAREFULLY BEFORE SIGNING: Unen truthfully answered to the best of the knolication; that the applicant has read and not correct. The undersigned further unders d, and under penalty of state law, the application. Any person who knowingly pen \$1,000.	owledge of the signer. nade a complete answ tands that any license licant may be prosecu	The signer agrees that ver to each question, ar issued contrary to Ch ted for submitting false	the/she is that the a apter 125 of statements	ne person name nswers in each f the Wisconsin and affidavits in	d in the fo instance Statutes n connect	regoing are true shall be ion with
-	Nact Person's Name (Last, First, M.I.) ROCTOR , KATHUSEN	A	Title / Member M.E.M.B.E.R.		Date 2-28	3-20	
Sign	Harth A. Frod		MEMBER Phone Number 920 655 4464		Date 2-28 Email Address Kathy@ Vi green h	1109091	ille
<u></u>	/				greenb	ay .	com
TC	BE COMPLETED BY CLERK						
	te received and filed with municipal clerk	Date reported to council / b	oard .	Date license g	ranted		•
Lic	ense number issued	Date license Issued		Signature of C	lerk / Deputy Clerk		

Renewal Ale (Submit to municip For the license period To the Governing B		erage Li	ćense Ann		R#165413 3(25)=	
For the license peri	- Olom Head III	structions of		olication	Applicant's Wisconsin Seller's Per 456 10264112	60 62
			•	2001	FEIN Number 236459	g
To the Governina B					TYPE OF LICENSE REQUESTED	FEE
	☐ To ody of the: ☒️Vil ☐ Ci	lage of	though		☐ Class A beer	\$
County of	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	ty Oi		c Dist. No	☐ Class C wine ☐ Class A liquor	\$
-			(if required	d by ordinance)	☐ Class A liquor (cider only) Class B liquor	\$ N/A \$
Check one: Ind		mited Liability prporation/No	[,] Company nprofit Organizat	tion	Reserve Class B liquor Class B (wine only) winery	\$
Complete A or B.	All must comple	te C.			Publication fee TOTAL FEE	\$
A. Individual or Pa	artnership:					ΙΦ
Full Name (Last) Full Name (Last)	(First)	Utro	(Middle Name) (Middle Name)		City or Post Office, & Zip Code) Marene Are City or Post Office, & Zip Code)	over Bag
Full Name (Last)	(First)		(Middle Name)	Home Address (Street, 0	City or Post Office, & Zip Code)	
liquor must appoint a Agent Last Name HCCCC	an agent.	ulio	(Middle Name)		fermented malt beverages a	me of intoxicating
		ation and Me	mbers / Manage	ers of Limited Liabi	lity Company:	
President / Member Last	Name (First)		(Middle Name)	Home Address (Street, C	City or Post Office, & Zip Code)	
Vice President / Member	Last Name (First)		(Middle Name)	Home Address (Street, C	city or Post Office, & Zip Code)	
Secretary / Member Last	Name (First)		(Middle Name)	Home Address (Street, C	sity or Post Office, & Zip Code)	
Treasurer / Member Last	Name (First)	ı	(Middle Name)	Home Address (Street, C	ity or Post Office, & Zip Code)	
Directors / Managers Las	t Name - (First)		(Middle Name)	Home Address (Street, C	ity or Post Office, & Zip Code)	
Directors / Managers Las	t Name (First)		(Middle Name)	Home Address (Street, C	ity or Post Office, & Zip Code)	
C. Business Inforn	nation	.,		.1	<i>(</i> -)	
1. Trade Name	-05 Magre	eyes		Business Phon	e Number <u>(4) 20)</u> 4	30-3755
2. Address of Prem	ises <u>1090</u> 08	1329 5	· webster A	Business Phon Post Office & Z	ip Code 54301	
3. Does the applica and brewpubs?	ant understand the	at they must i	purchase alcohol		n Wisconsin wholesalers, brey	weries
4. Premises descri	ption: Describe s including living	building or b	uildings where a sed, for the sales	ilcohol heverages ar	e to be sold and stored. The ion, and/or storage of alcohol	applicant must
don	g room					<u> </u>

. 1				
	Legal description (omit if street address is given on previ			27
ŧ	a. Since filing of the last application, has the named line member, officer, director, manager or agent for either organization licensee been convicted of any offen for violation of any federal laws, any Wisconsin laws or municipality? If yes, complete page 3	o, aniv lavvo di Utilei Stat	JU1360 G G	LIVES A AND
I	b. Are charges for any offenses presently pending (enthe named licensee or any other persons affiliated w	xcluding traffic offense: ith this license? If yes	nopicohol) aga expn page 3.	ainst □ Yes No
	Except for questions 6a and 6b, have there been any by you on your last application for this license? If yes	changes in the answer	s to ins as subi	mitted ☐ Yes ☑ No
	, 18,6=		. ^	
	Was the profit or loss from the sale of alcohol beverages or Franchise Tax return of the licensee? If not, explain	for the previous year i	eporte Nisconsi	n Income XYes □ No
			1.	
	Does the applicant understand they must hold a Wisco [phone (608) 266-2776]	nsin Seller's Permit?		Yes □ No
	Does the applicant understand that alcohol beverage in from the date of invoice and made available for inspecti	on by law emorocinom		·
	·			Yes No
	. Is the applicant indebted to any wholesaler beyond 15	days for beer or 30 day	s for liqu ·	
	 Does the applicant owe municipal property taxes, asse (Note: Renewal of licenses may be denied pursuant to assessments or other fees). 	ssments, or other fees o a local ordinance, if th	?	nunicipal taxes,
י ו	. Does the applicant owe municipal property taxes, asset (Note: Renewal of licenses may be denied pursuant to assessments or other fees). EAD CAREFULLY BEFORE SIGNING: Under penalty proper truthfully answered to the best of the knowledge of the polication; that the applicant has read and made a completed correct. The undersigned further understands that anyolid, and under penalty of state law, the applicant may be is application. Any person who knowingly provides mater	ssments, or other fees of a local ordinance, if the ovided by law, the undersigner. The signer agreete answer to each query license issued contrains.	rsigned states the sees that heleha is stion, and that they to Chapter 125	at each of the above questions has the person named in the foregoing answers in each instance are true of the Wisconsin Statutes shall be the and affidavits in connection with may be required to forfeit not more
	Does the applicant owe municipal property taxes, asset (Note: Renewal of licenses may be denied pursuant to assessments or other fees). EAD CAREFULLY BEFORE SIGNING: Under penalty proper truthfully answered to the best of the knowledge of the polication; that the applicant has read and made a completed correct. The undersigned further understands that anyold, and under penalty of state law, the applicant may be is application. Any person who knowingly provides materian \$1,000.	ovided by law, the undersigner. The signer agree answer to each query license issued contrar prosecuted for submittivially false information of	rsigned sites the striction, and that the y to Chapter 125 ng false statemer n this application	At each of the above questions has the person named in the foregoing answers in each instance are true of the Wisconsin Statutes shall be this and affidavits in connection with may be required to forfeit not more
	Does the applicant owe municipal property taxes, asset (Note: Renewal of licenses may be denied pursuant to assessments or other fees). EAD CAREFULLY BEFORE SIGNING: Under penalty proper truthfully answered to the best of the knowledge of the opplication; that the applicant has read and made a complete docrrect. The undersigned further understands that anyold, and under penalty of state law, the applicant may be is application. Any person who knowingly provides materian \$1,000.	ovided by law, the undersigner. The signer agree answer to each query license issued contrar prosecuted for submittivially false information of	rsigned sites the striction, and that the y to Chapter 125 ng false statemer n this application	At each of the above questions has the person named in the foregoing answers in each instance are true of the Wisconsin Statutes shall be not and affidavits in connection with may be required to forfeit not more
	Does the applicant owe municipal property taxes, asset (Note: Renewal of licenses may be denied pursuant to assessments or other fees). EAD CAREFULLY BEFORE SIGNING: Under penalty proper truthfully answered to the best of the knowledge of the uplication; that the applicant has read and made a completed correct. The undersigned further understands that anyolid, and under penalty of state law, the applicant may be its application. Any person who knowingly provides materian \$1,000.	ovided by law, the undersigner. The signer agree answer to each query license issued contrar prosecuted for submittivially false information of	rsigned states the sees that heleha is stion, and that they to Chapter 125	At each of the above questions has the person named in the foregoing answers in each instance are true of the Wisconsin Statutes shall be this and affidavits in connection with may be required to forfeit not more
	Does the applicant owe municipal property taxes, asset (Note: Renewal of licenses may be denied pursuant to assessments or other fees). EAD CAREFULLY BEFORE SIGNING: Under penalty proper truthfully answered to the best of the knowledge of the uplication; that the applicant has read and made a completed correct. The undersigned further understands that anyolid, and under penalty of state law, the applicant may be its application. Any person who knowingly provides materian \$1,000.	ovided by law, the undersigner. The signer agree answer to each query license issued contrar prosecuted for submittivially false information of	rsigned sites the striction, and that the y to Chapter 125 ng false statemer n this application	At each of the above questions has the person named in the foregoing answers in each instance are true of the Wisconsin Statutes shall be this and affidavits in connection with may be required to forfeit not more
	. Does the applicant owe municipal property taxes, asset (Note: Renewal of licenses may be denied pursuant to assessments or other fees). EAD CAREFULLY BEFORE SIGNING: Under penalty proper truthfully answered to the best of the knowledge of the oplication; that the applicant has read and made a complete of correct. The undersigned further understands that anyold, and under penalty of state law, the applicant may be is application. Any person who knowingly provides materian \$1,000. Sontact Person's Name (Last, First, M.I.)	ovided by law, the undersigner. The signer agree answer to each query license issued contrar prosecuted for submittivially false information of	rsigned states the resigned states that helpho is stion, and that the y to Chapter 125 ng false statement in this application	at each of the above questions has the person named in the foregoing answers in each instance are true of the Wisconsin Statutes shall be at and affidavits in connection with may be required to forfeit not more Date
	CO BE COMPLETED BY CLERK	ovided by law, the undersigner. The signer agree answer to each query license issued contrar prosecuted for submittivially false information of	rsigned states the resigned states that helpho is stion, and that the y to Chapter 125 ng false statement in this application	At each of the above questions has the person named in the foregoing answers in each instance are true of the Wisconsin Statutes shall be this and affidavits in connection with may be required to forfeit not more
	EAD CAREFULLY BEFORE SIGNING: Under penalty present truthfully answered to the best of the knowledge of the oplication; that the applicant has read and made a complete of correct. The undersigned further understands that anyold, and under penalty of state law, the applicant may be his application. Any person who knowingly provides materian \$1,000. Contact Person's Name (Last, First, M.I.)	ovided by law, the undersigner. The signer agreete answer to each query license issued contrar prosecuted for submittivially false information of the council / board	rsigned sittes that he stion, and that the y to Chapter 125 ng false statemen in this application	at each of the above questions has the person named in the foregoing answers in each instance are true of the Wisconsin Statutes shall be at and affidavits in connection with may be required to forfeit not more Date

R#166962 4/3/20 \$60.00

Renewal Alcohol I	Beverage L	icense App.	olication	Applicant's Wisconsin Seller's Pe	rmit Number
Submit to municipal clerk. R	ead instructions	on page 3.)	•	FEIN Number	
or the license period beginni	na:	ending:			
er are meenee period beginning	(mm dd yyyy)	(mm dd yyyy)	TYPE OF LICENSE REQUESTED	FEE
o the Governing Body of the:	Town of	Allower		Class A beer	\$
o the Governing Body of the:	Village of }	Prilotte		☐ Class B beer	\$
12 0 12-0	☐ City of			☐ Class C wine	\$
ounty of DYDWI		Alderman	ic Dist. No	☐ Class A liquor	\$
	u,		d by ordinance)	Class A liquor (cider only)	\$ N/A
	.	, ,	•	☐ Class B liquor	\$
heck one: 🔲 Individual	Limited Liabil			Reserve Class B liquor	\$
☐ Partnership	☐ Corporation/N	Nonprofit Organiza	tion	☐ Class B (wine only) winer	/ \$
ammiliate A an D. All minist				Publication fee	\$
omplete A or B. All must o	ompiete C.			TOTAL FEE	\$
. Individual or Partnership:					
ull Name (Last)	(First)	(Middle Name)	Home Address (Street	t, City or Post Office, & Zip Code)	,
Oberen	1 Mars	1 1/2	11904 11/1	er lane De Pere	SYIIK
Full Name (Last)	(First)	(Middle Name)	1000	t, City or Post Office, & Zip Code)	
•				· · · · · · · · · · · · · · · · · · ·	
full Name (Last)	(First)	(Middle Name)	Home Address (Street	t, City or Post Office, & Zip Code)	
3. LLC or Corporation (and	Agent):				
Full Legal Name of Corporation / Nonp	rofit Organization / Lim	ted Liability Company	Address of Corporation /	Limited Liability Company (if different fr	om licensed premises)
The Riviera Bay &	only W		2150 River	side Dr. Green	BAN WISB
II corporations/organizations quor must appoint an agent.	or limited liability	companies applyin	g for a license to s	ell fermented malt beverages	and/or intoxicating
Agent Last Name	(First)	(Middle Name)	Home Address /Street	, City or Post Office, & Zip Code)	
	(= 7	((0.000)	, o.i, o. i ooi o.iioo, a 2.ip obac,	
					~
Il Officer(s) Director(s) of C					
President / Member Last Name	(First)	(Middle Name)	Home Address (Street	, City or Post Office, & Zip Code)	· Aluc
MONT OBJUEN	MARY	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	11959 1418	v lane betere W	13/11/2
/ice President / Member Last Name	(First)	(Middle Name)	Home Address (Street	, City or Post Office, & Zip Code)	
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street	, City or Post Office, & Zip Code)	
reasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street	, City or Post Office, & Zip Code)	
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street	, City or Post Office, & Zip Code)	
			1	• •	
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street	, City or Post Office, & Zip Code)	
		,			
	L				
. Business Information	" 0				
. Trade Name The Re	Mess Bair	min &) (-solle	Business Pho	one Number 927-246	3-2827
<i>P</i> 1 \	CO O Division	WIR CHA			2 20001
. Address of Premises 2	DU KIVEV	Swelde!	OVERN 18144	Zip Code	
Does the applicant unders and brewpubs?			ol beverages only fr	om Wisconsin wholesalers, br	eweries □ ☑ □ No
•					- 1
include all rooms including records. (Alcohol beverage)	i livina quarters, if	used, for the sale	s. service, consum	are to be sold and stored. The ption, and/or storage of alcohibed.)	e applicant must ol beverages and
1.10 A - 1: 10 -C	R. 11	, 1		· Delow WC	Duck
WEST STALL OS	Bruid	ung lowe	k area		
		O		-	
PAC	inversed dec	1 + formed	in connect	e pation-adjacent to	DACLE AFL

5.	Legal description (omit if street address is	given on previous pag	je):				
6.	a. Since filing of the last application, has member, officer, director, manager or organization licensee been convicted for violation of any federal laws, any \u00b1 or municipality? If yes, complete pa	agent for either a limi d of any offenses (ex Visconsin laws, any la	ited liability company l coluding traffic offense lws of other states, or	icensee, or a s not related ordinances o	nonprofit I to alcohol) of any county	☐ Yes	∑ Wo
	b. Are charges for any offenses presenthe named licensee or any other persenthe	ntly pending (excluding ons affiliated with this	g traffic offenses not re license? If yes, expla	elated to alco in fully on p	hol) against age 3	☐ Yes	₩No
7.	Except for questions 6a and 6b, have th by you on your last application for this li					☐ Yes	Ŋνο
							-
8.	Was the profit or loss from the sale of alcor Franchise Tax return of the licensee?	ohol beverages for the		on the Wisc	onsin Income	Yes	□No
)		
9.	Does the applicant understand they mus [phone (608) 266-2776]	t hold a Wisconsin Se	ller's Permit?			∕l⊠∕Yes	□ No
10.	Does the applicant understand that alcoh from the date of invoice and made availa	nol beverage invoices r ble for inspection by la	must be kept at the lice w enforcement?	nsed premis	es for 2 years	Yes	□No
11.	Is the applicant indebted to any wholesa	ler beyond 15 days for	beer or 30 days for lic	quor?		Yes	□No
12.	Does the applicant owe municipal proper (Note: Renewal of licenses may be den assessments or other fees).					☐ Yes	. ∖∑ (No
be ap an voi thi	AD CAREFULLY BEFORE SIGNING: Unen truthfully answered to the best of the knolication; that the applicant has read and rid correct. The undersigned further undersid, and under penalty of state law, the application. Any person who knowingly pars \$1,000.	owledge of the signer. made a complete answ stands that any license licant may be prosecu	The signer agrees that ver to each question, and issued contrary to Chated for submitting false	t he/she is th nd that the ar apter 125 of statements	e person name nswers in each the Wisconsin and affidavits in	d in the fo instance Statutes n connect	regoing are true shall be ion with
Co	ntact Person's Name (Last, First, M.I.)		Title / Member		Date 3/30/	, 3030	
Si	martin & Brien		Phone Number 980-846-3	827	Email Address Muri C	lew,v	r.Con
	(
	BE COMPLETED BY CLERK te received and filed with municipal clerk	Date reported to council / b	oard	Date license gr	ranted		
	4/3/30		vuiu				
Lie	ense number issued	Date license issued		Signature of Cl	erk / Deputy Clerk		

				DULLION, III-	1-0 +1x
	,) h		R#166961 413	3/20 \$60
Renewal Alcohol E	3everage Li	cense App	lication	Applicant's Wisconsin Seller's Pern	nit Number
Submit to municipal clerk. R	ead instructions o	n page 3.)		FEIN Number	
or the license period beginning	ng: 07 01 2020	ending: 06	30 2021	and the second s	<u> </u>
, ,	(mm dd yyyy)		(mm dd yyyy)	TYPE OF LICENSE REQUESTED	FEE
	☐ Town of 】	7		Class A beer	\$
To the Governing Body of the:	∇ Village of $\sum_{i=1}^{A_1}$	Louez		☑ Class B beer	\$
	☐ City of			Class C wine	\$
County of Brown			c Dist. No	Class A liquor	\$
		(if required	d by ordinance)	Class A liquor (cider only)	\$ N/A
Check one: Individual	✓ Limited Liability	Company		Class B liquor	\$
☐ Partnership	Corporation/No		ion	Reserve Class B liquor Class B (wine only) winery	\$
rannership	Corporation/10	ripioni Organizat	ion	Publication fee	\$
Complete A or B. All must c	omplete C.				\$
A. Individual or Partnership:	1				
Full Name (Last)	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
Schmechel.	Carrie	Ann	1043 Marvelle	e Ln #A5 Green Bay Wi	I 54304
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, 0	City or Post Office, & Zip Code)	
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, (City or Post Office, & Zip Code)	
3. LLC or Corporation (and A	Agent):				
		d Liability Company	Address of Corporation / Li	imited Liability Company (if different from	m licensed premises)
Wisconsin Pub and Pa			•	, , , ,	, ,
All corporations/organizations iquor must appoint an agent.	or limited liability co	empanies applying	g for a license to sel	ll fermented malt beverages a	nd/or intoxicating
Agent Last Name	(First)	(Middle Name)	1	City or Post Office, & Zip Code)	
Schmechel	Carrie	Ann	1043 Marvelle	e Ln #A5 Green Bay Wl	54304
All Officer(s) Director(s) of C	orporation and Mo	embers / Manag	ers of Limited Liab	llity Company:	
President / Member Last Name	(First)	(Middle Name)	Home Address (Street, 0	City or Post Office, & Zip Code)	
Schmechel	Carrie	Ann	1043 Marvelle	e Ln #A5 Green Bay Wl	54304
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, 0	City or Post Office, & Zip Code)	
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street. (City or Post Office, & Zip Code)	
•	,	,		,,,,,	
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, 0	City or Post Office, & Zip Code)	
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, 0	City or Post Office, & Zip Code)	
		(0.00)	111 121 121	21. 2. (27. 27. 2. 1)	~
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, C	City or Post Office, & Zip Code)	
C. Business Information					
1. Trade Name Palette a	ınd Pub		Business Pho	ne Number <u>9209408448</u>	
2. Address of Premises 516	Greene Ave		Post Office & 2	Zip Code 54301	- Annual Control of the Control of t
3. Does the applicant unders and brewpubs?				m Wisconsin wholesalers, bre	weries ☑ □ No
include all rooms including	a living quarters, if u	ised for the sale	s service consumn	re to be sold and stored. The tion, and/or storage of alcoho bed.) 516 Greene Ave;	I heverages and

interior of the business.

5.	Legal description (omit if street address	s given on previous pa	ge):			
6.	a. Since filing of the last application, had member, officer, director, manager of organization licensee been convicted for violation of any federal laws, any or municipality? If yes, complete p	r agent for either a lim ed of any offenses (e Wisconsin laws, any l	nited liability company excluding traffic offense aws of other states, or	licensee, or nonprofit es not related to alcohol) r ordinances of any county	∐ Yes	☑ No
	b. Are charges for any offenses prese the named licensee or any other per				☐ Yes	☑ No
7.	Except for questions 6a and 6b, have t by you on your last application for this				☐ Yes	☑ No
8.	Was the profit or loss from the sale of ald or Franchise Tax return of the licensee?				☑ Yes	□ No
9.	Does the applicant understand they mu [phone (608) 266-2776]	st hold a Wisconsin Se	eller's Permit?		V Yes	□No
	Does the applicant understand that alco from the date of invoice and made availa				✓ Yes	□No
11.	Is the applicant indebted to any wholesa	aler beyond 15 days fo	r beer or 30 days for li	quor?	☐ Yes	☑ No
12.	Does the applicant owe municipal prope (Note: Renewal of licenses may be det assessments or other fees).	erty taxes, assessment nied pursuant to a loca	s, or other fees? I ordinance, if the licer	nsee owes municipal taxes,	☐ Yes	☑ No
bee app and voic this	AD CAREFULLY BEFORE SIGNING: Un truthfully answered to the best of the kilication; that the applicant has read and correct. The undersigned further under and under penalty of state law, the application. Any person who knowingly a \$1,000.	nowledge of the signer. made a complete answ stands that any license blicant may be prosecu	The signer agrees tha ver to each question, a sissued contrary to Ch ted for submitting false	it he/she is the person named nd that the answers in each napter 125 of the Wisconsin e statements and affidavits in	d in the fo instance a Statutes s n connect	regoing are true shall be on with
	tact Person's Name (Last, First, M.I.) Chynechel (Cavvienature)	A 0	Title / Member Owner Phone Number G M - G U O - C	Date 331313 Email Address	NOSO	10
L	en vincer		1190-170-8	Mys carnelapale	TRANA	pulation
то	BE COMPLETED BY CLERK					
Dat	e received and filed with municipal clerk	Date reported to council / b	oard	Date license granted		
Lice	nse number issued	Date license issued		Signature of Clerk / Deputy Clerk		

Fell Name (Last) CFirst) (Middle Name) Home Address (Street, City or Post Office, All corporations/Organization / Limited Liability Company Home Address (Street, City or Post Office, All corporations/organizations or limited liability companies applying for a license to sell fermented miguor must appoint an agent. All officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company Address (Street, City or Post Office, City or P	eer ine quor quor (cider only) quor Class B liquor vine only) winery eation fee EE	FEE \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
For the license period beginning: \(\frac{\frac	F LICENSE UESTED eer eer ine quor quor (cider only) quor Class B liquor vine only) winery eation fee	FEE \$ \$ \$ \$ \$ \$ \$ N/A \$ \$ \$ \$ \$ \$ \$ \$
Trype C REQ Class A lb Class A lb Class B lb Clas	F LICENSE UESTED eer eer ine quor quor (cider only) quor Class B liquor vine only) winery eation fee EE	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
To the Governing Body of the: Town of Class A b Class B b	eer eer ine quor quor (cider only) quor Class B liquor vine only) winery eation fee	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
To the Governing Body of the: Village of Class B Class C Class A Class C Class A C	eer ine quor quor (cider only) quor Class B liquor vine only) winery eation fee EE	\$ \$ \$ N/A \$ 6 O OO \$ \$
County of County of County of Class Ali Class Bloom Complete A or B. All must complete C. Class Bloom Clas	eer ine quor quor (cider only) quor Class B liquor vine only) winery eation fee EE	\$ \$ \$ N/A \$ 6 O OO \$ \$
County of Grown	ine quor quor (cider only) quor Class B liquor vine only) winery ation fee EE	\$ N/A \$ \(\oldsymbol{O} \cdot \oldsymbol{O}
County of Grown	quor quor (cider only) quor Class B liquor vine only) winery ation fee EE & Zip Code)	\$ N/A \$ \(\oldsymbol{O} \cdot \oldsymbol{O}
(If required by ordinance) (If real Name) (If required by ordinance) (If real Name) (If required by ordinance (If real Name) (If real Name) (If required by ordinance (If real Name) (If real Name) (If real Name) (If required by ordinance (If real Name) (If real	quor (cider only) quor Class B liquor vine only) winery sation fee EE & Zip Code)	\$ N/A \$ 6 0 00 \$ \$ \$
Check one: Individual Z Limited Liability Company Reserved Reserved Class B (included and partnership Corporation/Nonprofit Organization Reserved Class B (included and partnership Complete A or B. All must complete C. Public TOTAL File Individual or Partnership: (First) (Middle Name) Home Address (Street, City or Post Office,	quor Class B liquor vine only) winery sation fee EE & Zip Code)	\$ 60.00 \$ \$ \$
Check one: Individual Partnership Corporation/Nonprofit Organization Reserve (Class B liquor vine only) winery ation fee EE & Zip Code)	\$ \$ \$
Partnership Corporation/Nonprofit Organization Class B (Notation Public Public TOTAL File	vine only) winery ation fee EE & Zip Code)	\$
Public TOTAL Fill Name (Last) (First) (Middle Name) Home Address (Street, City or Post Office, Full Name (Last) (First) (Middle Name) Home Address (Street, City or Post Office, Full Name (Last) (First) (Middle Name) Home Address (Street, City or Post Office, Full Name (Last) (First) (Middle Name) Home Address (Street, City or Post Office, Full Name (Last) (First) (Middle Name) Address of Corporation / Limited Liability Company Address of Corporation	ation fee EE & Zip Code)	\$
TOTAL Fill Name (Last) Individual or Partnership: Full Name (Last) (First) (Middle Name) Home Address (Street, City or Post Office, (Middle Name) Home Address (Street, City or Post Office, (Middle Name) Home Address (Street, City or Post Office, (Middle Name) LLC or Corporation (and Agent): Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company Ill corporations/organizations or limited liability companies applying for a license to sell fermented may nor must appoint an agent. Agent Last Name (First) (Middle Name) Abigal (Middle Name) Home Address (Street, City or Post Office, Middle Name) (Middle Name) (Middle Name) Home Address (Street, City or Post Office, Middle Name) (Middle Name) Home Address (Street, City or Post Office, Middle Name) (Middle Name) Home Address (Street, City or Post Office, Middle Name) (Middle Name) Home Address (Street, City or Post Office, Middle Name) Home Address (Street, City or Post Office, Middle Name) (Middle Name) Home Address (Street, City or Post Office, Middle Name) (Middle Name) Home Address (Street, City or Post Office, Middle Name) Home Address (Street, City or Post Office, Middle Name) (Middle Name) Home Address (Street, City or Post Office, Middle Name)	& Zip Code)	
Individual or Partnership: Full Name (Last) (First) (Middle Name) Home Address (Street, City or Post Office, (Middle Name) Home Address (Street, City or Post Office, (First) (Middle Name) Home Address (Street, City or Post Office, (First) (Middle Name) Home Address (Street, City or Post Office, (First) (Middle Name) Address of Corporation / Limited Liability Company Address (Street, City or Post Office, Address Office, Address (Street, City or Post Office,	& Zip Code)	* WOOF
Comporation (and Agent): Corporation (and Ag		
Home Address (Street, City or Post Office, Wildle Name) Home		
Full Name (Last) (First) (Middle Name) Home Address (Street, City or Post Office, City or	0 7th O - 1-1	
LLC or Corporation (and Agent):	9 7th O1-1	
Full Name (Last) (First) (Middle Name) Home Address (Street, City or Post Office, City or	a zip Code)	
LLC or Corporation (and Agent): Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company Address of Corporation must appoint an agent. It officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company Street City or Post Office,	. ,	
LLC or Corporation (and Agent): Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company Address of Corporation Address o	& Zin Code\	
Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company Zambald Res LLC	a zip code)	
Zander Wade Andrew Hogg Upton Ave. S. Mg reasurer / Member Last Name (First) (Middle Name) Home Address (Street, City or Post Office, Directors / Managers Last Name (First) (Middle Name) Home Address (Street, City or Post Office,	8 Zip Code) 8 Zip Code) 8 Zip Code)	54301
Directors / Managers Last Name (First) (Middle Name) Home Address (Street, City or Post Office,	,	
	ANCAROUS, M.W. & Zip Code)	33110
	& Zip Code)	
Directors / Managers Last Name (First) (Middle Name) Home Address (Street, City or Post Office,		
2. Address of Premises 1645 S. Webster Avenu Post Office & Zip Code C. 3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin vand brewpubs? 4. Premises description: Describe building or buildings where alcohol beverages are to be sold include all rooms including living quarters, if used, for the sales, service, consumption, and/or strecords. (Alcohol beverages may be sold and stored only on the premises described.)	& Zip Code)	
1649 S. Webster he. including, taproom, walkin cooler, be	Yean Bay wholesalers, brew Yes and stored. The orage of alcoholds	weries applicant must beverages an

5.	Legal description (omit if street address i	s given on previous pag	ge):				
6.	a. Since filing of the last application, ha member, officer, director, manager o organization licensee been convicte for violation of any federal laws, any or municipality? If yes, complete page	r agent for either a lim ed of any offenses (ex Wisconsin laws, any la	ited liability company xcluding traffic offense aws of other states, or	licensee, or no s not related to ordinances of	nprofit o alcohol) any county	☐ Yes	Œ X No
	b. Are charges for any offenses prese the named licensee or any other pers					☐ Yes	(X) No
	Except for questions 6a and 6b, have the syou on your last application for this l					☐ Yes	ØNo
	Was the profit or loss from the sale of alcor Franchise Tax return of the licensee?					Yes Yes	□No
	Does the applicant understand they mus [phone (608) 266-2776]	st hold a Wisconsin Se	ller's Permit?			⊠ Yes	□No
10.	Does the applicant understand that alcol from the date of invoice and made avails	nol beverage invoices rable for inspection by la	must be kept at the lice aw enforcement?	ensed premises	for 2 years	∑ Yes	□No
11.	Is the applicant indebted to any wholesa	aler beyond 15 days for	r beer or 30 days for lic	quor?	•	☐ Yes	[∑ /No
	Does the applicant owe municipal prope (Note: Renewal of licenses may be der assessments or other fees).					☐ Yes	Į≱νο
app and voic this tha	AD CAREFULLY BEFORE SIGNING: Un truthfully answered to the best of the knication; that the applicant has read and correct. The undersigned further underst, and under penalty of state law, the application. Any person who knowingly in \$1,000.	nowledge of the signer. made a complete answ stands that any license blicant may be prosecu	The signer agrees that ver to each question, and issued contrary to Che ted for submitting false e information on this a	t he/she is the p nd that the ansv apter 125 of the e statements ar pplication may	person named wers in each e Wisconsin ad affidavits in be required t	d in the fo instance : Statutes : n connect	regoing are true shall be ion with
Cor	tact Person's Name (Last, First, M.I.) Malcalm, David W		Title / Member Managan a Mea	mber Da	1/7/20		
Sig	nature 2		Managing Men Phone Number 0 920-646-22		ail Address	In@Za	mbald,
	BE COMPLETED BY CLERK						
Dat	e received and filed with municipal clerk	Date reported to council / b	oard	Date license grant	ed		
Lice	nse number issued	Date license issued	Signature of Clerk / Deputy Clerk				

R#166964 4/3/20 \$60.00

Renewal Alcohol I (Submit to municipal clerk. R	_		lication	Applicant's Wisconsin Seller's Perr 456-00023/267'	
For the license period beginning	ng: <u>07 01 2</u> (mm dd yyyy)	<i>020</i>)ending:	06 30 2021 (mm dd yyyy)	/6~/7287// TYPE OF LICENSE	FEE
To the Governing Body of the:	☐ Town of ☐ Village of ☐ City of	Allouez		REQUESTED Class A beer Class B beer	\$
County of <u>Brown</u>		Aldermanio	c Dist. No l by ordinance)	☐ Class C wine ☐ Class A liquor ☐ Class A liquor (cider only)	\$ \$ \$ N/A
Check one: Individual Partnership	☐ Limited Liability ☐ Corporation/No		ion	☐ Class B liquor ☐ Reserve Class B liquor ☐ Class B (wine only) winery Publication fee	\$ \$ \$
Complete A or B. All must o				TOTAL FEE	\$
A. Individual or Partnership:		(Atindal a Name a)	Itlama Addusas (Chast O	h D1 0/5 8 7/- 01-)	
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, C.	ity or Post Office, & Zip Code)	
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, Ci	ity or Post Office, & Zip Code)	
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, Ci	ity or Post Office, & Zip Code)	
B. LLC or Corporation (and Allouez Beer & Light All	rofit Organization / Limited	nc .			
liquor must appoint an agent.	or limited liability co	mpanies applying	j for a license to sell	rermented mait beverages a	no/or intoxicating
Agent Last Name Genczak, Jr.	(First) Edward	(Middle Name)		ity or Post Office, & Zip Code) Ine Lane Green Be	ay, WI 54311
All Officer(s) Director(s) of C	orporation and Me				
President / Member Last Name Gerczak, Jr. Vice President / Member Last Name	(First) Edward	(Middle Name) (Middle Name)		ity or Post Office, & Zip Code) Sine Lane Green Ba ity or Post Office, & Zip Code)	y,W1 54311
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, Cr	ity of Post Office, & Zip Code)	,
Secretary / Member Last Name Genczak	(First) Marv	(Middle Name)	Home Address (Street, Ci	ity or Post Office, & Zip Code) NE Lane Green ity or Post Office, & Zip Code)	Bay W/1
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, Ci	ity or Post Office, & Zip Code)	7)
Directors / Managers Last Name	(First)	(Middle Name)		ity or Post Office, & Zip Code)	
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, Ci	ity or Post Office, & Zip Code)	
C. Business Information			4		
Trade Name	55 S. Monro	e Ave Ste	Business Phone	e Number <u>(920) 432-</u> ip Code <i>Green Bay - N</i>	<u>852 </u> 11 5420
Does the applicant unders and brewpubs?	tand that they must	purchase alcoho	l beverages only from	n Wisconsin wholesalers, bre	
records. (Alcohol beverag	g living quarters, if u es may be sold and	sed, for the sale: I stored only on t	s, service, consumpti he premises describ	ion, and/or storage of alcoho ed.)	I beverages and
60×30 Woo Mall	od frame	building-	- Brick Ex	terior in a	Strip

5.	Legal description (omit if street address is	s given on previous pag	ge):				
6.	a. Since filing of the last application, ha member, officer, director, manager o organization licensee been convicte for violation of any federal laws, any or municipality? If yes, complete pa	r agent for either a lim ed of any offenses (e: Wisconsin laws, any la	ited liability company xcluding traffic offense aws of other states, or	licensee, or r es not related ordinances c	nonprofit to alcohol) if any county	☐ Yes	[X No
	b. Are charges for any offenses prese the named licensee or any other pers					☐ Yes	⊠ ,No
7.	Except for questions 6a and 6b, have the by you on your last application for this l					☐ Yes	⊠(No
8.	Was the profit or loss from the sale of alcor Franchise Tax return of the licensee?					Yes	□ No
9.	Does the applicant understand they mus [phone (608) 266-2776]	st hold a Wisconsin Se	ller's Permit?			Ž Yes	□No
10.	Does the applicant understand that alcol from the date of invoice and made availa					ĭ ⊠ Yes	□ No
11.	Is the applicant indebted to any wholesa	aler beyond 15 days fo	r beer or 30 days for lid	quor?		☐ Yes	⊠No
12.	Does the applicant owe municipal prope (Note: Renewal of licenses may be der assessments or other fees).					☐ Yes	⊠ No
bee app and voi this	AD CAREFULLY BEFORE SIGNING: Use the truthfully answered to the best of the knowlication; that the applicant has read and a correct. The undersigned further undersid, and under penalty of state law, the application. Any person who knowingly in \$1,000.	nowledge of the signer. made a complete answ stands that any license blicant may be prosecu	The signer agrees tha ver to each question, and issued contrary to Chated for submitting false	t he/she is the nd that the an apter 125 of t e statements a	person name swers in each he Wisconsin and affidavits in	d in the fo instance Statutes n connect	regoing are true shall be ion with
Co	ntact Person's Name (Last, First, M.I.) Gerczak, Ir. Edward N.		Title / Member	É	Pate		
Sig	nature		Phone Number (920) 468-89	87 a	mail Address 2//ouezligu	ior@g	mail. Com
	DE COMPLETED BY OLERA						
	te received and filed with municipal clerk	Date reported to council / b	oard	Date license gra	nted		,
Lic	ense number issued	Date license issued		Signature of Cle	rk / Deputy Clerk		
1		1		1			

R#165319 \$60.00

Renewal Alcohol E	_		lication	Applicant's Wisconsin Seller's Per	mit Number 4 名 6 3 . 0 3
(Submit to municipal clerk. Re	ead instructions of	on page 3.)		FEIN Number 3억- ねんちょ	C3 (5)
For the license period beginnin	g: <u>Q0</u> (mm dd yyyy)	(<u>) ()</u> ending:	20,2 (mm dd yyyy)	TYPE OF LICENSE REQUESTED	FEE
	☐ Town of `	Δ			
To the Governing Body of the:		Allouez	•	☐ Class A beer☐ Class B beer	\$
	City of			Class C wine	\$
and the same of th					\$
County of <u>うべっしょ</u>)		c Dist. No		
		(if required	d by ordinance)	<u> </u>	\$ N/A
Check one: Individual	☐ Limited Liability	/ Company		☐ Class B liquor ☐ Reserve Class B liquor	\$
	Corporation/No		ion	Class B (wine only) winery	
	M corboration/14	inprome Organizat		Publication fee	\$
Complete A or B. All must co	omplete C.			TOTAL FEE	\$
				TOTALTEL	Ψ
A. Individual or Partnership:	Lieu	LOUIS N	T		
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, C	City or Post Office, & Zip Code)	i
Full Name (Last)	(First)	(Middle Name)	Home Address (Street. C	City or Post Office, & Zip Code)	
	`]		• · · · · · · · · · · · · · · · · · · ·	
Full Name (Last)	(First)	(Middle Name) Home Address (Street, City or Post Office, & Zip Code)			
B. LLC or Corporation (and A	.gent):			White the control of	
Full Legal Name of Corporation / Nonpr		d Liability Company	Address of Corporation / Lir	mited Liability Company (if different fro	m licensed premises)
Austins S		vc.	and the second s		es Bay. WI
All corporations/organizations of iquor must appoint an agent.	,		g for a license to sell	fermented malt beverages a	and/or intoxicating
Agent Last Name	(First)	(Middle Name)		City or Post Office, & Zip Code)	
Austin	Richard	۲.	1 826 Glen	wood Detere.	N 54115
All Officer(s) Director(s) of C	orporation and Mo	embers / Manage	ers of Limited Liabil	lity Company:	
President / Member Last Name	(First)	(Middle Name)		ity or Post Office, & Zip Code)	
Auck	DIL	J.	360000		112 CU2/1
Vice President / Member Last Name	Robert (First)	(Middle Name)	Home Address (Street C	haven G. GreenBar	1.00 3 1.301
Α	Richard	P			
Fustry			Home Address (Street C	ord Defere Willy or Post Office, & Zip Code)	24112
Secretary / Member Last Name	(First)	(Middle Name)			
Austia	Steven	J	183818 Kiverus	ity or Post Office, & Zip Code)	W1 55014
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, C	ity or Post Office, & Zip Code)	F .2 .2 111
Hustin	Steven	J	N3878 Kivervier	W 11 of hs Cl. Chilton.	MISSON
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, C	ity or Fost Office, & Zip Code)	
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, C	ity or Post Office, & Zip Code)	
C. Business Information					
				(0 - \ -	1500
1. Trade Name The Wid	<u>inal Austini</u>	3	Business Phon	e Number <u>(920) 337-</u>	0249
2. Address of Premises 38	23 S. Webs	ter Ave	Post Office & Z	ip Code Green Bay, L	N 54301
3. Does the applicant underst and brewpubs?	-	•	_ · ·		eweries 🔲 No
	living quarters, if u	ised, for the sale:	s, service, consumpt	ion, and/or storage of alcoho	e applicant must
12,000	0 39 ft 1	Block. • me	tal Buildin	9	
	۳			\mathcal{J}	
records. (Alcohol beverage	living quarters, if uses may be sold and	used, for the sale d stored only on t	s, service, consumpt the premises describ	ion, and/or storage of alcohoed.)	

5.	Legal description (omit if street address is	given on previous pag	je):				
6.	a. Since filing of the last application, has member, officer, director, manager or organization licensee been convicted for violation of any federal laws, any V or municipality? If yes, complete page	agent for either a limi I <mark>of any offenses</mark> (ex Visconsin laws, any la	ited liability company it coluding traffic offense lws of other states, or	icensee, or s not relate ordinances	nonprofit d to alcohol) of any county	∐ Yes	⊠ No
	b. Are charges for any offenses present the named licensee or any other person					☐ Yes	⊠ No
7.	Except for questions 6a and 6b, have the by you on your last application for this lic					☐ Yes	IX No
8.	Was the profit or loss from the sale of alco or Franchise Tax return of the licensee? If					⊠ Yes	□No
9.	Does the applicant understand they must [phone (608) 266-2776]	hold a Wisconsin Sel	ler's Permit?	• • • • • • • • • •		₩ Yes	□No
10.	Does the applicant understand that alcohol from the date of invoice and made available					Yes	□ No
11.	Is the applicant indebted to any wholesale	er beyond 15 days for	beer or 30 days for lic	ιuor?		☐ Yes	⊠ No
12.	Does the applicant owe municipal proper (Note: Renewal of licenses may be denicassessments or other fees).					☐ Yes	⊠ No
bea app and voi this	AD CAREFULLY BEFORE SIGNING: Under truthfully answered to the best of the knowlication; that the applicant has read and mid correct. The undersigned further understid, and under penalty of state law, the application. Any person who knowingly profits 1,000.	owledge of the signer. nade a complete answ ands that any license icant may be prosecut	The signer agrees that er to each question, ar issued contrary to Ch ted for submitting false	the/she is the nd that the a apter 125 of statements	e person named nswers in each the Wisconsin and affidavits ir	d in the fo instance : Statutes : n connect	regoing are true shall be ion with
Co	ntact Person's Name (Last, First, M.I.)		Title / Member	04	Date		
Sig	nature Mulaul Pi Cu	2	vice Preside Phone Number (920) 337-02	99	Email Address The original	alaus	hins (
					J	gma	J. (01
то	BE COMPLETED BY CLERK						-
Da	te received and filed with municipal clerk	Date reported to council / bo	oard	Date license g	ranted		
Lic	ense number issued	Date license issued		Signature of C	lerk / Deputy Clerk		

R# 162362 > \$60.00

				R# 1623621	+1.00
				3/3/2020/	\$60.00
Renewal Alcohol	Beverage Li	cense App	lication	Applicant's Wisconsin Seller's Perr	nit Number
(Submit to municipal clerk. R				Applicant's Wisconsin Seller's Perr 456-000 22-80	498-03
For the license period beginni	na Kulu 1 20	20 anding 1	1100 AA 2021	rem Mulibel	
	•			TYPE OF LICENSE REQUESTED	FEE
To the Governing Body of the	lown of UNI	ALLONEZ	_	Class A beer	\$
to the Coverning body of the	City of	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		☐ Class B beer ☐ Class C wine	\$
County of Brown			c Dist. No	Class A liquor	\$
County of			by ordinance)	Class A liquor (cider only)	\$ N/A
Check one: Individual	☐ Limited Liability	Company		☐ Class B liquor ☐ Reserve Class B liquor	\$ \$
Partnership	Corporation/No		ion		\$
·	•			Publication fee	\$ 60.00
Complete A or B. All must o	-			TOTAL FEE	\$
A. Individual or Partnership Full Name (Last)	(First)	(Middle Name)	Home Address (Street C	ity or Post Office, & Zip Code)	
I uli Maillo (Last)	(i list)	(Widdle Wallie)	Home Address (Street, C	nty of Post Office, a Zip Code,	
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, C	ity or Post Office, & Zip Code)	
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, C	ity or Post Office, & Zip Code)	
B. LLC or Corporation (and	Agent):				
Full Legal Name of Corporation / None FOODMEN 2, INC.				nited Liability Company (if different from FRE GRENBAY, WI	
All corporations/organizations liquor must appoint an agent.					nd/or intoxicating
Agent Last Name NOVAK	(First) Michael	(Middle Name) Frank	Home Address (Street, C 1815 Zion	ity or Post Office, & Zip Code) Lw., Abrams; W.I.	54101
All Officer(s) Director(s) of C	Corporation and Me		ers of Limited Liabi	lity Company:	
President / Member Last Name	(First)	(Middle Name)		ity or Post Office, & Zip Code)	elini
Novak Vice President / Member Last Name	Michael (First)	Middle Name	1815 LION L	N. Abrams, WI.5.	4701
Last handan	PAUL	(Middle Name)	211119 Taralia	ing or Post Clife, a Zip Code,	WI.54311
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, C	iso BUFF Green BAY, ity or Post Office, & Zip Code)	, , , , , , , , , , , , , , , , , , , ,
Novak	Catherine	Ann	1815 Zion L	N. Abrams WI. 5	4101
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, C	ity or Post Office, & Zip Code)	
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, C	ity or Post Office, & Zip Code)	
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, C	ity or Post Office, & Zip Code)	
C. Business Information			1		
1. Trade Name <u>A/LhSfe</u>	on Allamin	Manivot	Dunings Dha	e Number <i>920 - 432 - 7</i>	7784
2. Address of Premises 12	<u> 20 S. NEBST</u>	lR	Post Office & Z	ip Code GREN BAY,	3 4301
3. Does the applicant unders and brewpubs?					weries ⊠ ⊓ No
records. (Alcohol beverag	g living quarters, if u es may be sold and	sed, for the sale: I stored only on t	s, service, consumpt	ion, and/or storage of alcoho	
Inside Builden	ug + BASE	ment			

5. Le	gal description (omit if street address is	s given on previous pag	je):				
6. а.	Since filing of the last application, harmember, officer, director, manager or organization licensee been convicte for violation of any federal laws, any or municipality? If yes, complete pa	agent for either a limi d of any offenses (ex Wisconsin laws, any la	ited liability company coluding traffic offense ws of other states, or	licensee, or es not relate ordinances	nonprofit d to alcohol) of any county	□ Yes	Ɗ a'No
	of mumorpanty: If yes, complete pe	.go 0 ,				□ 100	<u>M</u> 1110
b.	Are charges for any offenses presenthe named licensee or any other pers	ntly pending (excluding ons affiliated with this l	g traffic offenses not re license? If yes, expla	elated to alconing fully on particular in the second secon	ohol) against page 3	☐ Yes	⊠ No
	ccept for questions 6a and 6b, have the you on your last application for this I					∵ ☐ Yes	Ż No
 8. W	as the profit or loss from the sale of alc	ohol beverages for the	previous year reported	d on the Wisc	consin Income		
	Franchise Tax return of the licensee?					⊠ Yes	□No
— — 9. Da	pes the applicant understand they mus	st hold a Wisconsin Se	ller's Permit?			⊠ Yes	□No
	none (608) 266-2776]					L.	
	pes the applicant understand that alcolors the date of invoice and made availa					⊠ Yes	□No
1. Is	the applicant indebted to any wholesa	ler beyond 15 days for	beer or 30 days for lie	quor?		☐ Yes	⊠ No
(N	pes the applicant owe municipal proper lote: Renewal of licenses may be deressesments or other fees).	rty taxes, assessments lied pursuant to a local	s, or other fees? ordinance, if the licer	isee owes m	unicipal taxes,	☐ Yes	No IX
een tapplicand colors and colors old, a his ap	CAREFULLY BEFORE SIGNING: Unterthe truthfully answered to the best of the knation; that the applicant has read and priect. The undersigned further understand under penalty of state law, the application. Any person who knowingly polication.	nowledge of the signer. made a complete answ stands that any license plicant may be prosecut	The signer agrees that wer to each question, a issued contrary to Ch ted for submitting false	it he/she is the nd that the a napter 125 of statements	ne person name inswers in each f the Wisconsin and affidavits in	d in the fo instance Statutes n connect	regoing are true shall be ion with
Contac	et Person's Name (Last, First, M.I.)	Carry	Title / Member	_	Date 2 7-74	20	
etgna	lovak, Michael	FRANK	Phone Number		3-2-2 <i>i</i> Email Address		
	Mihm VF. Morale		920-432-720	34	Email Address MIKEN 123	SV Ha	rbor, co
				 			
ов	E COMPLETED BY CLERK						
	eceived and filed with municipal clerk	Date reported to council / b	oard	Date license g			
Licens	e number issued	Date license issued		Signature of C	lerk / Deputy Clerk		
		<u> </u>					

				R#161738 \ 2/26/2030 (+1600
	.	F 1/2 29		2/26/2030/	\$60.00
Renewal Alcohol	Beverage L	icense App	olication	Applicant's Wisconsin Seller's Perr	
(Submit to municipal clerk.	Read instructions	on page 3.)		456-102956611 FEIN Number	19-02
			- 1 - 1 - ·	82-511754	18
For the license period beginn	ing: 0-110-112	22 ending: C	6 3012-020	TYPE OF LICENSE	
		t	(mm dd yyyy)	REQUESTED	FEE
To the Governing Body of the	☐ Town of 🕥	Mana		☑ Class A beer	s
To the Governing Body of the	:Ⅸ Village of <code>〉_</code>	1110067		Class B beer	\$
	☐ City of			☐ Class C wine	\$
County of <u>Brow</u>	n	Aldorman	ic Dist. No	Class A liquor	\$
			d by ordinance)	Class A liquor (cider only)	\$ N/A
		(- 10 , 0, -1, 10, 10, 10, 10, 10, 10, 10, 10, 10, 1	☐ Class B liquor	\$
Check one: 🔲 Individual	Limited Liabili	ity Company		Reserve Class B liquor	\$
☐ Partnership	Corporation/N	lonprofit Organiza	ition	Class B (wine only) winery	\$
				Publication fee	\$ 60,00
Complete A or B. All must	complete C.			TOTAL FEE	\$
A. Individual or Partnership) :				
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, C	ity or Post Office, & Zip Code)	1
				. , ,	
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, C	ity or Post Office, & Zip Code)	***************************************
, ,	1			· · · · · · · · · · · · · · · · · · ·	
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, Ci	ity or Post Office, & Zip Code)	
(222)	(, ,,,,,,,	(1)	1101110 / 1441 000 (011001, 01	ny or r out onido, a zip oddo)	
B. LLC or Corporation (and	Agent):				
Full Legal Name of Corporation / Non	profit Organization / Limi	ted Liability Company	Address of Corporation / Lim	nited Liability Company (if different from	n licensed premises)
Everest Mart			1501 S Wel	ster Ave, Green 1	201 17 34121
All corporations/organizations	or limited liability of				
liquor must appoint an agent.	or inflited liability c	companies applyin	ig for a licerise to self	remented mait beverages at	id/or intoxicating
	(First)	(Middle Name)	Home Address (Street, Ci	ty or Post Office, & Zip Code)	
Agent Last Name Upadhyaya Sharm	a Jayasar	a	2040 E H19	gains Hill , Deperc,	WI 54115
	•			1 3	
All Officer(s) Director(s) of of President / Member Last Name					
-	(First)	(Middle Name)	Home Address (Street, Ci	ty or Post Office, & Zip Code)	104 1 7 64 11 17
Sharma	Hem	Key	2040 6 M	agins Hill, De Pc	rc, W.2 54)
Vice President / Member Last Name	1 4	(Middle Name)	Home Address (Street, Ci	tylor Post Office, & Zip Code)	
Josh)	Bash	Dev	2205 Sylvar	, way, H2, West D	send, WI 53
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, Ci	ty or Post Office, & Zip Code)	
Sharma	Hem	Rain			
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, Ci	ty or Post Office, & Zip Code)	
Joshi	Basn	Der			
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, Cit	ty or Post Office, & Zip Code)	
			, ,		
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, Cit	ty or Post Office, & Zip Code)	
	,y			., , o	ĺ
C. Business Information					
1. Trade Name Neb	ster sh	10/11	Pusinosa Dhana	Number (A.) 0 3 4 0 5	72
1. Hade Name / /CB	$\frac{1}{2\pi i}$	1 1		Number <u>920 437</u>	
2. Address of Premises 150	1 S Web	Stev Ave	Post Office & Zi	p Code <u>Green Bar</u>	, WI 5430
2. Dogg the applicant under	,			i de la companya de	
3. Does the applicant unders					
and brewpubs?					Æ □ No
4. Premises description: De	escribe building or	buildings where a	alcohol beverages are	e to be sold and stored. The	applicant must
include all rooms including	g living quarters, if	used, for the sale	s, service, consumption	on, and/or storage of alcohol	
records. (Alcohol beverag	jes may be sold an	ia stored only on t	tne premises describe	ed.) Inside th	e store
Camlor					
<u></u>					

5. Legal description (omit if street address is	given on previous pag	ıe):			
6. a. Since filing of the last application, has member, officer, director, manager or organization licensee been convicte for violation of any federal laws, any \u03b1 or municipality? If yes, complete pa	agent for either a limi d of any offenses (ex <i>N</i> isconsin laws, any la	ted liability company li coluding traffic offensed ws of other states, or o	icensee, or nonprofit s not related to alcohol) ordinances of any county	☐ Yes	\(\Sigma\)
b. Are charges for any offenses preser the named licensee or any other pers	ntly pending (excluding ons affiliated with this l	g traffic offenses not re icense? If yes, explai	lated to alcohol) against in fully on page 3	☐ Yes	N
7. Except for questions 6a and 6b, have the by you on your last application for this li	ere been any change: cense? If yes, explai	s in the answers to the	questions as submitted	☐ Yes	Χþ
8. Was the profit or loss from the sale of alcoror Franchise Tax return of the licensee?	ohol beverages for the If not, explain	previous year reported	on the Wisconsin Income	. ⊠ Yes	<u></u> 10
9. Does the applicant understand they mus [phone (608) 266-2776]	_			X Yes	□Ио
 Does the applicant understand that alcor from the date of invoice and made availa 	nol beverage invoices r ble for inspection by la	must be kept at the lice w enforcement?	nsed premises for 2 years	⊠ Yes	∏Ио
11. Is the applicant indebted to any wholesa	ler beyond 15 days for	beer or 30 days for liq	uor?	☐ Yes	No
 Does the applicant owe municipal prope (Note: Renewal of licenses may be den assessments or other fees). 	rty taxes, assessment lied pursuant to a local	s, or other fees?	see owes municipal taxes,	☐ Yes	ØNo
READ CAREFULLY BEFORE SIGNING: Ur been truthfully answered to the best of the kr application; that the applicant has read and r and correct. The undersigned further unders void, and under penalty of state law, the app this application. Any person who knowingly r than \$1,000.	nowledge of the signer. made a complete answ stands that any license dicant may be prosecu	The signer agrees that ver to each question, ar sissued contrary to Chated for submitting false	he/she is the person name nd that the answers in each apter 125 of the Wisconsin statements and affidavits i	d in the for instance Statutes n connect	regoing are fue shall be ion with
Contact Person's Name (Last, First, M.I.) Sharma, Hem R Signature Shar:	na	Title / Member Pres Len Phone Number 920 437 20	Date 2/23 Email Address hemmsh	202 arme	-b- Løgm
TO BE COMPLETED BY CLERK Date received and filed with municipal clerk	Date reported to council / b	oard	Date license granted		
License number issued	Date license issued		Signature of Clerk / Deputy Clerk		
Libertae Hulliper 1994eu					

	_	icense App	,,	Applicant's Wisconsin Seller's Peri	
Submit to municipal clerk. Re			· · · · · · · · · · · · · · · · · · ·	FEIN Number 39-1036365	
or the license period beginning:	07/01/2020 (mm dd yyyy)		/30/2021 dd yyyy)	TYPE OF LICENSE	FEE
				REQUESTED	
	Town of			Class A beer	250
the Governing Body of the:	_Village of <u>Allou</u>	ez Village of		Class B beer	\$
l	City of			Class C wine	\$
4 Duna				Class A liquor	\$2500
ounty of Brown	······································	Aldermanic Dist. (if required by ord		Class A liquor (cider only)	\$ N/A
		(ii required by ord	umance)	Class B liquor	\$
eck one:	☐ Limited Liability	Company		Reserve Class B liquor	\$
Partnership	Corporation/Non			Class B (wine only) winery	\$
	1.			Publication fee	\$ 6000
mplete A or B. All must com	plete C.			TOTAL FEE	\$ 56000
Individual or Partnership	:			•	
ull Name (Last)	(First)	(Middle Name)	Home Address (Street	, City or Post Office, & Zip Code)	
ull Name (Last)	(First)	(Middle Name)	Home Address (Street	, City or Post Office, & Zip Code)	
ull Name (Last)	(First)	(Middle Name)	· Home Address (Street	, City or Post Office, & Zip Code)	
LLC or Corporation (and	Agent):				
	iprofit Organization / Lin	lited Liability Company		Limited Liability Company (if different fro	m licensed premises)
(wik Trip, Inc.			F.O. BOX 2107, L	a Crosse, WI 54602	
Agent Last Name Holmes	(First) Victoria	(Middle Name) Lynn		; City or Post Office, & Zip Code) ck St Green Bay WI 54301	
I Officer(s) Director(s) of C			ers of Limited Liabi	lity Company:	
resident / Member Last Name Zietlow	(First) Donald	(Middle Name)	·	, City or Post Office, & Zip Code)	'n
rietiow		Faui		ot Pl., Onalaska, WI 54650	J
ice President / Member Last Name	(First)	(Middle Name)	Home Address (Street	, City or Post Office, & Zip Code)	
ecretary / Member Last Name	(First)	(Middle Name)	Home Address (Street	, City or Post Office, & Zip Code)	
		(Middle Name)	Home Address (Street	City or Post Office, & Zip Code)	
reasurer / Member Last Name	(First)				
	Jeffrey	James	3633 Bentwoo	od Pl., La Crosse, WI 5460)1
Vrobel	Jeffrey		į.)1
Vrobel Directors / Managers Last Name	1'	James (Middle Name) Paul	Home Address (Street	City or Post Office, & Zip Code)	
Vrobel Directors / Managers Last Name Zietlow	Jeffrey (First) Donald	(Middle Name) Paul	Home Address (Street, 2802 Bergamo	City or Post Office, & Zip Code) ot PI., Onalaska, WI 54650	
Vrobel Directors / Managers Last Name Zietlow	Jeffrey (First)	(Middle Name)	Home Address (Street, 2802 Bergamo	City or Post Office, & Zip Code)	
Nrobel Directors / Managers Last Name Zietlow	Jeffrey (First) Donald	(Middle Name) Paul	Home Address (Street, 2802 Bergamo	City or Post Office, & Zip Code) ot PI., Onalaska, WI 54650	
Vrobel Directors / Managers Last Name Zietlow Directors / Managers Last Name	Jeffrey (First) Donald	(Middle Name) Paul	Home Address (Street, 2802 Bergamo	City or Post Office, & Zip Code) ot PI., Onalaska, WI 54650	
Vrobel Directors / Managers Last Name Zietlow Directors / Managers Last Name Business Information	Jeffrey (First) Donald (First)	(Middle Name) Paul (Middle Name)	Home Address (Street, 2802 Bergamo	City or Post Office, & Zip Code) of Pl., Onalaska, WI 54650 , City or Post Office, & Zip Code))
Vrobel irectors / Managers Last Name Zietlow irectors / Managers Last Name Business Information . Trade Name	Jeffrey (First) Donald (First)	(Middle Name) Paul	Home Address (Street, 2802 Bergamo	City or Post Office, & Zip Code) of Pl., Onalaska, WI 54650 , City or Post Office, & Zip Code))
Vrobel irectors / Managers Last Name Zietlow irectors / Managers Last Name Business Information Trade Name TOBA	Jeffrey (First) Donald (First) ACCO OUTLET PL	(Middle Name) Paul (Middle Name) US GROCERY 54	Home Address (Street, 2802 Bergamo Home Address (Street	City or Post Office, & Zip Code) of Pl., Onalaska, WI 54650 , City or Post Office, & Zip Code) Business Pf)
Vrobel Directors / Managers Last Name Zietlow Directors / Managers Last Name Directors / Managers Last Name Business Information TOBA 36-0490 Address of Premises 1401	Jeffrey (First) Donald (First) ACCO OUTLET PL S Webster Ave	(Middle Name) Paul (Middle Name) US GROCERY 54	Home Address (Street, 2802 Bergamo Home Address (Street 3	City or Post Office, & Zip Code) of Pl., Onalaska, WI 54650 , City or Post Office, & Zip Code) Business Ph) none Number <u>920</u>
Wrobel Directors / Managers Last Name Zietlow Directors / Managers Last Name Business Information Trade Name TOBA 36-0490 Address of Premises 1401	Jeffrey (First) Donald (First) ACCO OUTLET PL S Webster Ave	(Middle Name) Paul (Middle Name) US GROCERY 54	Home Address (Street, 2802 Bergamo Home Address (Street 3 Post Office & Zip beverages only from	City or Post Office, & Zip Code) Ot PI., Onalaska, WI 54650 , City or Post Office, & Zip Code) Business Photocode Code Green Bay 54301 The Wisconsin wholesalers, brewe	none Number <u>920</u>
Virobel Directors / Managers Last Name Zietlow Directors / Managers Last Name Directors / Man	Jeffrey (First) Donald (First) ACCO OUTLET PL S Webster Ave and that they must	(Middle Name) Paul (Middle Name) US GROCERY 54 purchase alcohol	Home Address (Street, 2802 Bergamo Home Address (Street 3 Post Office & Zipbeverages only from tol beverages are to	City or Post Office, & Zip Code) of PI., Onalaska, WI 54650 City or Post Office, & Zip Code) Business Pi Code Green Bay 54301 Wisconsin wholesalers, brewe	none Number <u>920</u> ries No \square
Virobel Virectors / Managers Last Name Vietlow Virectors / Managers Last Name Business Information Trade Name TOB/ 36-0490 Address of Premises 1401 Does the applicant understand brewpubs? Premise description: Descrooms including living quar	Jeffrey (First) Donald (First) ACCO OUTLET PL S Webster Ave land that they must cribe building or building or building for the	(Middle Name) Paul (Middle Name) US GROCERY 54 purchase alcohol	Home Address (Street, 2802 Bergamo Home Address (Street 3 Post Office & Zip beverages only from nol beverages are to insumption, and/or s	City or Post Office, & Zip Code) of Pl., Onalaska, WI 54650 City or Post Office, & Zip Code) Business Phana Code Green Bay 54301 Ni Wisconsin wholesalers, brewe Wes be sold and stored. The applicatorage of alcohol beverages and	none Number <u>920</u> ries No ant must include a
2. Address of Premises 1401 3. Does the applicant understand brewpubs?	Jeffrey (First) Donald (First) ACCO OUTLET PL S Webster Ave and that they must cribe building or builters, if used, for the	(Middle Name) Paul (Middle Name) US GROCERY 54 purchase alcohol dings where alcohes sales, service, coepremises describ	Home Address (Street, 2802 Bergamo Home Address (Street) 3 Post Office & Zip beverages only from the street on sumption, and/or street.) One-street on Street on Street on Street.	City or Post Office, & Zip Code) of PI., Onalaska, WI 54650 City or Post Office, & Zip Code) Business Pf Code Green Bay 54301 Ni Wisconsin wholesalers, brewe Yes be sold and stored. The applicatorage of alcohol beverages and cory frame construction with	none Number <u>920</u> ries No ant must include a

5.	Legal description (omit it street address	is given on previous pa	age):				
	a. Since filing of th member, officer	e last application, had director, manager o ensee been convicte	s the named licensee, r agent for either a limi ed of any offenses (ex Wisconsin laws, any la	any member of a partn ted liability company lic cluding traffic offenses	nership licens censee, or no not related	see, or any onprofit to alcohol)		
	or municipality?	If yes, complete pa	age 3				Yes 🗌	NoX
	b. Are charges for the named licer	r any offenses presensee or any other per	ntl y pending (excludin sons affiliated with this	ng traffic offenses not re license? If yes, expla	elated to alcoain fully on	ohol) against page 3	Yes[No⊠
7.	Except for question by you on your last	ns 6a and 6b, have the application for this lies.	ere been any changes cense? If yes, explair Re <i>ported 12</i>)	in the answers to the o	questions as	submitted	Yes <mark>i</mark>	No[]
			•				-	
8.	Was the profit or lo	oss from the sale of al eturn of the licensee?	cohol beverages for th	e previous year reporto	ed on the Wi	sconsin Incom	e . Yes	No[]
							-	
9.	Does the applicant [phone (608) 266-2		st hold a Wisconsin Se	eller's Permit?			Yes 📰	No□
10	. Does the applicar from the date of in	nt understand that alc voice and made avail	ohol beverage invoices lable for inspection by l	s must be kept at the lid	censed prem	ises for 2 years	s . Yes ≡	No 🗌
11			saler beyond 15 days fo					No 📰
12	. Does the applicar (Note: Renewal o assessments or of	of licenses may be de	erty taxes, assessmen nied pursuant to a loca	its, or other fees? I ordinance, if the licen	see owes m	unicipal taxes,	. Yes □	No 📕
ha for ar sh	is been truthfully ar regoing application; e true and correct. all be void, and ur	nswered to the best of that the applicant has The undersigned furth nder penalty of state application. Any perso	Under penalty provide of the knowledge of the great and made a comparer understands that are law, the applicant maps who knowingly provi	e signer. The signer ag plete answer to each qu ny license issued contra ny be prosecuted for s	rees that he lestion, and t ary to Chapt submitting fa	/she is the per that the answer er 125 of the W lse statements	son name s in each /isconsin and affic	ed in the instance Statutes davits in
	ct Person's Name (Last, etlow, Donald P.	First, M.I.)		Title / Member President		Date 3-20	·202	
Signa	ature Cona	Willel	Lore	Phone Number 608-791-7385		Email Address LicensingDep		
T	D BE COMPLETED	BY CLERK						
	received and filed with r		Date reported to council / bo	pard	Date license g			
Licer	se number issued	- Andrews Control of the Control of	Date license issued		Signature of C	lerk / Deputy Clerk		
AT-11	5 (R. 5-19)		- 2		<u> </u>			

			ĕ	4#106969 4/3/20	\$660.00		
Renewal Alcohol E	Beverage Li	cense App	lication	Applicant's Wisconsin Seller's Perr 456-0000287614-03	mit Number		
(Submit to municipal clerk. Re	ad instructions o	n page 3.)		FEIN Number	***************************************		
, For the license period beginning: _		•	30/2021	39-1036365			
	(mm dd yyyy)		dd yyyy)	TYPE OF LICENSE REQUESTED	FEE		
	Town of			Class A beer	2500		
To the Governing Body of the:	Village of <u>Alloue</u>	z Village of		Class B beer	\$		
	City of		•	Class C wine	\$		
				Class A liquor	\$350		
County of Brown		Aldermanic Dist.		Class A liquor (cider only)	\$ N/A		
		(if required by ord	ilnance)	Class B liquor	\$		
Check one:	Limited Liability C	ompany		Reserve Class B liquor	\$		
Partnership	Corporation/Nonp			Class B (wine only) winery	\$		
Complete A or B. All must comp	olete C			Publication fee	\$ 600 000		
•				TOTAL FEE	\$560°		
A. Individual or Partnership:				TO THE RESERVE OF THE			
Full Name (Last)	(First)	(Middle Name)	Home Address (Stree	et, City or Post Office, & Zip Code)			
Full Name (Last)	(First)	(Middle Name)	Home Address (Stree	(Street, City or Post Office, & Zip Code)			
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)				
All corporations/organizations of liquor must appoint an agent. Agent Last Name Young	or limited liability co (First) Jay	mpanies applying (Middle Name) Allen	Home Address (Stree	ll fermented malt beverages and et, City or Post Office, & Zip Code) I Dr Green Bay WI 54304	or intoxicating		
All Officer(s) Director(s) of Control President / Member Last Name	orporation and Mic	(Middle Name)	Home Address (Stree	t, City or Post Office, & Zip Code)			
Zietlow	Donald	Paul		ot Pl., Onalaska, WI 54650			
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Stree	t, City or Post Office, & Zip Code)			
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Stree	t, City or Post Office, & Zip Code)			
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street	t, City or Post Office, & Zip Code)			
Wrobel	Jeffrey	James	3633 Bentwo	od Pl., La Crosse, WI 5460)1		
Directors / Managers Last Name Zietlow	(First) Donald	(Middle Name) Paul		t, City or Post Office, & Zip Code) ot PI., Onalaska, WI 54650			
Directors / Managers Last Name	(First)	(Middle Name)		t, City or Post Office, & Zip Code)			
C. Business Information 1. Trade NameKWIK 2. Address of Premises 2203 9	TRIP 1030 S Webster Ave	ourchase alcohol	Busine Post Office & Zilupterages only from	ss Phone Number <u>920-437-2035</u> p Code <u>Green Bay 54301</u> n Wisconsin wholesalers, brewe			

License number issued					
I who be insued	Date license issued		Signature of Clerk / Deputy Cle	rk	
Date received and filed with municipal clerk	Date reported to council	/ board	Date license granted		
TO BE COMPLETED BY CLERK		·			
Romald & fee	llow	608-791-7385	LicensingDe	ept@kwik	rip.com
Zietlow, Donald P.		President Phone Number	Email Address) <i>-QCQC)</i> ept@kwiktrip.com	
READ CAREFULLY BEFORE SIGNII has been truthfully answered to the beforegoing application; that the applican are true and correct. The undersigned shall be void, and under penalty of sconnection with this application. Any p to forfeit not more than \$1,000.	est of the knowledge of thas read and made a co further understands that trate law, the applicant	the signer. The signer omplete answer to each tany license issued comay be prosecuted for ovides materially false	agrees that ne/she is the pe question, and that the answentrary to Chapter 125 of the r submitting false statemen	erson nam ers in each Wisconsin ts and aff	instance Statutes Idavits ir
12. Does the applicant owe municipal (Note: Renewal of licenses may be assessments or other fees).	property taxes, assessm e denied pursuant to a lo	ents, or other fees?	ensee owes municipal taxes	Yes	No m
11. Is the applicant indebted to any wh					
10. Does the applicant understand that from the date of invoice and made a	available for inspection b	y law enforcement? .		168	
9. Does the applicant understand they [phone (608) 266-2776]	must hold a Wisconsin	Seller's Permit?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes 🔣	No□
					•
				-	
Was the profit or loss from the sale or Franchise Tax return of the licens	of alcohol beverages for see? If not, explain	the previous year repo		ne Yes ⊯	No□
New agen, 1-10					
by you on your last application for the		<u> </u>		-	140
the named licensee or any other	persons aniliated with the there been any change	es in the answers to th	e questions as submitted	ن ن	No.
h Are sharees for any offenses or	scenily nending (exclud	ling traffic offenses not	related to alcohol) against	Yes□	No.
organization licensee been conv for violation of any federal laws, a or municipality? If yes, complete	icted of any offenses (excluding traffic offens laws of other states, o	es not related to alconol) r ordinances of any county	. Yes⊡	Noit
6. a. Since filing of the last application, member, officer, director, manage	ar or agent for either a lit	mited liability company	licensee, or nonprofit		

		e .4		R# 163335 }	\$60.00
Renewal Alcohol E	Beverage Lic	ense Appl	lication	Applicant's Wisconsin Seller's Pern	
(Submit to municipal clerk. Re	ead instructions or	n page 3.)		456000053547403 FEIN Number	
,				39-0704880	
For the license period beginnin			30 2021 (mm dd yyyy)	TYPE OF LICENSE REQUESTED	FEE
To the Governing Body of the:	☐ Town of	. 01188		✓ Class A beer	\$
To the Governing Body of the:	✓ Village of	TOOEZ		Class B beer	\$
	City of			☐ Class C wine	\$
County of BROWN		Aldermanic	Diet No	☐ Class A liquor	\$
County of		(if required	by ordinance)	✓ Class A liquor (cider only)	\$ N/A
		(11 10 4 4 11 10 4	<i>-</i> , -, -, -, -, -, -, -, -, -, -, -, -, -,	☐ Class B liquor	\$
Check one: 🗌 Individual 🦳 Limited Liability Company			Reserve Class B liquor	\$	
☐ Partnership	ship ✓ Corporation/Nonprofit Organization ☐ Class B (wine only) winery \$,				
				Publication fee	\$ 60.00
Complete A or B. All must c	omplete C.			TOTAL FEE	\$
A. Individual or Partnership:					
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, C	ity or Post Office, & Zip Code)	
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, C	ity or Post Office, & Zip Code)	
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, C	ity or Post Office, & Zip Code)	
B. LLC or Corporation (and A	\gent):	,h,,,-,,-	<u> </u>		
Full Legal Name of Corporation / Nonportion	rofit Organization / Limited		ddress of Corporation / Lin .26 E JACKSON F		n licensed premises)
All corporations/organizations oliquor must appoint an agent.	or limited liability cor	npanies applying	for a license to sell	fermented malt beverages at	nd/or intoxicating
Agent Last Name	(First)	(Middle Name)	1	ity or Post Office, & Zip Code)	
BAUMAN	KRAIG	DEAN	434 STONEHEDG	E CT RIPON WI 5497	71
All Officer(s) Director(s) of C					
President / Member Last Name	(First)	(Middle Name)		ity or Post Office, & Zip Code)	
BAUMAN	KRAIG	DEAN	434 STONEHEDG	E CT RIPON WI 5497	71
Viçe President / Member Last Name	(First)	(Middle Name)	Home Address (Street, C	ity or Post Office, & Zip Code)	
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, C	ity or Post Office, & Zip Code)	
BLOCK	KARLA	K	N7930 DOTY DR	RIPON WI 54971	
Treasurer / Member Last Name	(First)	(Middle Name)		ity or Post Office, & Zip Code)	
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, C	ity or Post Office, & Zip Code)	

Directors / Managers Last Name

(First)

C.	Business Information					
1.	Trade Name MIDWAY MOBIL	Business Phone Number 920-336-1161				
2.	Address of Premises 3907 S WEBSTER ST	Post Office & Zip Code GREEN BAY WI 54304				
3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes						
4.	Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)					
	GASOLINE STATION/CONVENIENCE STORE/FAST FOOD					

Home Address (Street, City or Post Office, & Zip Code)

(Middle Name)

5.	Legal description (omit if street address is given of	on previous page):					
6.	a. Since filing of the last application, has the namember, officer, director, manager or agent organization licensee been convicted of an for violation of any federal laws, any Wisconsor municipality? If yes, complete page 3	for either a limited y offenses (exclusion laws, any laws	d liability company li uding traffic offenses of other states, or o	censee, or no s not related to ordinances of	onprofit o alcohol) any county	☐ Yes	☑ No
	b. Are charges for any offenses presently pen the named licensee or any other persons affil	ding (excluding to liated with this lice	raffic offenses not rel ense? If yes, explai	ated to alcoho n fully on pa	ol) against ge 3	☐ Yes	☑ No
7.	Except for questions 6a and 6b, have there been by you on your last application for this license?	en any changes ir If yes, explain	n the answers to the	questions as	submitted	☐ Yes	☑ No
8.	Was the profit or loss from the sale of alcohol be or Franchise Tax return of the licensee? If not, e	explain				✓ Yes	□No
9.	Does the applicant understand they must hold a [phone (608) 266-2776]	wisconsin Seller	's Permit?			√ Yes	□No
10.	Does the applicant understand that alcohol beve from the date of invoice and made available for	erage invoices must inspection by law	st be kept at the licer enforcement?	nsed premises	s for 2 years	✓ Yes	□ No
11.	Is the applicant indebted to any wholesaler beyon	ond 15 days for be	eer or 30 days for liq	uor?		☐ Yes	☑ No
12.	Does the applicant owe municipal property taxe (Note: Renewal of licenses may be denied pur assessments or other fees).	s, assessments, o suant to a local or	or other fees? dinance, if the licens	see owes mur	 iicipal taxes,	☐ Yes	✓ No
app and voi this	AD CAREFULLY BEFORE SIGNING: Under per en truthfully answered to the best of the knowledge olication; that the applicant has read and made and correct. The undersigned further understands to d, and under penalty of state law, the applicant mess application. Any person who knowingly provides in \$1,000.	e of the signer. The complete answer hat any license is nay be prosecuted	e signer agrees that to each question, an sued contrary to Cha I for submitting false	he/she is the and that the ans apter 125 of the statements as	person named wers in each ine Wisconsin S and affidavits in	l in the for nstance a Statutes s connecti	regoing are true shall be on with
	ntaci Person's Name (Last, First, M.I.) auman , Kratig D	TIE	President	Da	3/5/20)30	
Sig (inatule	. 11.	none Number 920) 748 - 1		nall Address Bauman @	Conder	ncompanies Co
то	BE COMPLETED BY CLERK						
Da	te received and filed with municipal clerk Date rep	oorted to council / boar	d	Date license grar	ited		
Lic		ense issued		Signature of Cler	k / Deputy Clerk		