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, 2021 through June 30, 2022:

## 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, 1651 S. Webster Avenue, for the premises at 1651 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 26<sup>th</sup> day of April, 2021 Carrie C. Zittlow, Allouez Clerk-Treasurer

Publish: April 29, April 30 and May 1, 2021 (Affidavit Requested)

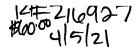
Renewal Alcohol	Beverage Lie	cense App	olication	Applicant's Wisconsin Seller's Per	mlt Number
(Submit to municipal clerk. R	lead instructions o	n page 3.)		456-000 636 FEIN Number	1251-03
For the license period heginal	na 17-21-2	a de de la constitución de la co	1-30-1-12	39-12336.	22
For the license period beginni			(mm dd yyyy)	TYPE OF LICENSE REQUESTED	FEE
To the Governing Body of the	☐ Town of	41104127		☐ Class A beer	\$
to the Governing Body of the	Village of	1/1000		Class B beer	\$100.00
_	☐ City of →			Class C wine	\$
County of Brown	\	Alderman	ic Dist. No	☐ Class A liquor	\$
		(if require	d by ordinance)	☐ Class A liquor (cider only)	\$ N/A
		, ,	,	Class B liquor	\$ 400.00
Check one: Individual	☐ Limited Liability			Reserve Class B liquor	\$
☐ Partnership	☐ Corporation/No	nprofit Organiza	tion '	Class B (wine only) winery	\$
A 1.4. 4 B 411 4				Publication fee	\$ 60,00
Complete A or B. All must o	complete G.			TOTAL FEE	\$
A. Individual or Partnership					
Full Name (Last)	(First)	(Middle Name)		City or Post Office, & Zip Code)	
Bloomer	Michael	Paul	1517 Some	rset Dr 543	01
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)	
D. I.I.O. av. Carra avetters (av. d.	A			•	
B. LLC or Corporation (and					
Full Legal Name of Corporation / Nonp	rofit Organization / Limited	Liability Company	Address of Corporation / L	lmited Liability Company (if different fro	m Ilcensed premises)
All corporations/organizations liquor must appoint an agent.	or limited liability co	mpanies applyin	g for a license to se	ll 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 Mo	mhore / Manag	ore of limited lieb	Illér Component	
President / Member Last Name	(First)	(Middle Name)		City or Post Office, & Zip Code)	
, , , , , , , , , , , , , , , , , , , ,	( not)	(Wildello Marrio)	Tionio Address (Gireet,	only of Post Office, a zip code)	
Vice President / Member Last Name	(First)	(Middle Name)	Hama Address (Olyant	Oliver Dest Office of The October	
Vice Flesident / Member Last Name	(Filst)	(Middle Name)	Hollie Adoress (Street,	City or Post Office, & Zip Code)	
Secretary / Member Last Name	(First)	(Atladala Nama)	Harra Address (Obs. 4	Olly D. J.Off. a D. J.	
decidary / Methodi Last Ivanie	(mai)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
Transver / Normals and Normals	/F/	(44, 47, 41, 41, 41, 41, 41, 41, 41, 41, 41, 41	<u> </u>		
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
5) 1 11	Irit. A				
Directors / Managers 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, o	Clty or Post Office, & Zip Code)	
	• •			•	
C. Business Information					
1. Trade NameST M	Inhand's Pr	. 4		na la	
1. Trade Name	icnaeis i a	(p	Business Pho	ne Number <u>920 43</u>	2 <i>2348</i>
2. Address of Premises 15	39 RIVERS	side Dr	Post Office & 2	Zip Code <u>Green Bay</u>	(1)T 542A
3. Does the applicant underst	tand that they must p	ourchase alcoho	l beverages only fro	m Wisconsin wholesalers, bre	,
and brewpubs?					<b>X</b> □ No
4. Premises description: De	scribe building or b	uildings where a	alcohol beverages a	re to be sold and stored. The	applicant must
معاليناهما مصمميا المماييامين	. 11. 11	ftl 1 -		41 14 1	
records. (Alcohol beverage	es may be sold and	stored only on t	he premises describ	bed.) 15tf/ 1200 50	EL BOLDON
SYR Applacin	NE corner	25/50	Rast Range	MYIN Strange	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
ONO COVIET IN	IVA WITTEL	0.2 X 2	VEO : 1/00.N/2	1 STORAGE E	or cooler,
4+1 10×42 21	rorage, 10 x	(15 0++10	e, 15 x 30 5	10×10 Storage Estorage, fr Pati	0 24 100
Back Patro 14	X18.				

5. l	_egal description (omit if street address is	given on previous page	e);				
6. 4	a. Since filing of the last application, has member, officer, director, manager or a organization licensee been convicted for violation of any federal laws, any W or municipality? If yes, complete page	agent for either a limit of any offenses (exc /isconsin laws, any lav	ed liability company lic cluding traffic offenses ws of other states, or c	censee, or n not related ordinances o	onprofit to alcohol) f any county	□ Yes	<b>₩</b> No
	<ul> <li>Are charges for any offenses present the named licensee or any other perso</li> </ul>	ly pending (excluding ns affiliated with this li	traffic offenses not rel cense? <b>If yes, explai</b> t	ated to alcol n fully on pa	nol) against a <b>ge 3</b>	☐ Yes	No
7.	Except for questions 6a and 6b, have the by you on your last application for this lic	ere been any changes ense? <b>If yes, explai</b> i	in the answers to the	questions a	s submitted	□ Yes	AD No
8,	Was the profit or loss from the sale of alco or Franchise Tax return of the licensee? It	hol beverages for the p	previous year reported	on the Wisco	onsin Income	Yes	□No
9.	Does the applicant understand they must [phone (608) 266-2776]					Yes	□No
10.	Does the applicant understand that alcoh from the date of invoice and made availal	ol beverage invoices mole for inspection by la	nust be kept at the licer w enforcement?	nsed premise	es for 2 years	Yes	□No
11.	Is the applicant indebted to any wholesal	er beyond 15 days for	beer or 30 days for liq	uor?		Yes	□No
12.	Does the applicant owe municipal proper (Note: Renewal of licenses may be den assessments or other fees).	ty taxes, assessments ed pursuant to a local	s, or other fees? ordinance, if the licens	see owes mu	unicipal taxes,	Yes	□ No
be- ap an voi thi tha	AD CAREFULLY BEFORE SIGNING: Unen truthfully answered to the best of the knolication; that the applicant has read and rd correct. The undersigned further unders d, and under penalty of state law, the apples application. Any person who knowingly pan \$1,000.	owledge of the signer. nade a complete answ tands that any license licant may be prosecut rovides materially fals	The signer agrees that er to each question, ar issued contrary to Chated for submitting false	the/she is the nd that the ar apter 125 of statements	e person namenswers in each the Wisconsir and affidavits	ed in the fo i instance i Statutes in connec	oregoing are true shall be tion with
Co	intact Person's Name (Last, First, M.I.) Bloomer Michael P gnature Michael P Bloomer		Title / Member  OWNER		Date 3-1 ·	- 206	21
SI	Michael P Bloomer	)	Phone Number 920 432 23	348	Email Address		
	BE COMPLETED BY CLERK	T-		Im			
D	ate received and filed with municipal clerk	Date reported to council / b	oard ,	Date license g			
Li	cense number Issued	Date license issued		Signature of C	lerk / Deputy Clerk	(	

5.	Legal description (omit if street address is given on	previous page):			
6.	a. Since filing of the last application, has the nam member, officer, director, manager or agent for organization licensee been convicted of any for violation of any federal laws, any Wisconsir or municipality? If yes, complete page 3	reither a limited liability compan offenses (excluding traffic offen n laws, any laws of other states,	y licensee, or nonprofit ses not related to alcohol) or ordinances of any county	☐ Yes	ÌX∕No
	b. Are <b>charges</b> for <b>any offenses</b> presently <b>pendi</b> the named licensee or any other persons affilia			☐ Yes	No
7.	Except for questions 6a and 6b, have there been by you on your last application for this license?	any changes in the answers to f yes, explain	the questions as submitted	Yes	Mνο
8.	Was the profit or loss from the sale of alcohol beve or Franchise Tax return of the Ilcensee? If not, exp	rages for the previous year report		Yes	□No
9.	Does the applicant understand they must hold a V [phone (608) 266-2776]			Yes	□No
10.	. Does the applicant understand that alcohol bevera from the date of invoice and made available for ins	age invoices must be kept at the lispection by law enforcement?	censed premises for 2 years	Yes	□No
11.	. Is the applicant indebted to any wholesaler beyon	d 15 days for beer or 30 days for	liquor?	☐ Yes	No
12.	<ul> <li>Does the applicant owe municipal property taxes,</li> <li>(Note: Renewal of licenses may be denied pursuassessments or other fees).</li> </ul>	assessments, or other fees? ant to a local ordinance, if the lic	ensee owes municipal taxes,	☐ Yes	No
becap an an voi thi	EAD CAREFULLY BEFORE SIGNING: Under pena en truthfully answered to the best of the knowledge plication; that the applicant has read and made a code correct. The undersigned further understands the lid, and under penalty of state law, the applicant mais application. Any person who knowlingly provides ran \$1,000.	of the signer. The signer agrees to complete answer to each question, at any license issued contrary to be prosecuted for submitting fa	hat he/she is the person name , and that the answers in each Chapter 125 of the Wisconsin Ise statements and affidavits	ed in the fo instance Statutes in connect	regoing are true shall be tion with
	ontact Person's Name (Last, First, M.I.) Ignature	1	Date  2-2  Email Address  G72   Chacke	2-2 r4dhe	1 Dah
	O BE COMPLETED BY CLERK				
Da	ate received and flied with municipal clerk  Date report  Date report	rted to council / board	Date license granted		
LI	Icense number issued Date licen	se issued	Signature of Clerk / Deputy Clerk		

	Beverພge Lic	ense App	lication	Applicant's Wisconsin Seller's Pern	nlt Number
(Submit to municipal clerk. R				FEIN Number 979	1528-03
For the license period beginni	na. 7-1-21	anding: 6	-30-22	FEIN Number 39 - 14	80500
				TYPE OF LICENSE REQUESTED	FEE
To the Governing Body of the:	Town of	Allaur.	7	Class A beer	\$
to the Governing Body of the:	X Village of }	MIIONE		Class B beer	\$
County of Brow	☐ City of			Class C wine	\$
Sounty of Scow	h	Aldermanic	Dist. No	Class A liquor	\$
		(if required	by ordinance)		\$ N/A
	—			Class B liquor	\$
Check one: Individual	☐ Limited Liability				\$
ズ Partnership	Corporation/Nor	nprofit Organizati	on ·		\$
Complete A or B. All must c	amplete C				\$
•	omplete 6.	لے، حملہ اسم،س	to to to to	TOTAL FEE	\$
. Individual or Partnership:	: MICZIPONE	ara mer	tzwI Party	rsp	
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, Cl	ty or Post Office, & Zip Code)	
MICEIPONE	Russell	ratrick	1500 S. 610h	ster Ave Green Ba.	4 WI 5430)
MYFEIRORE Full Name (Last) Mert2	(First)	(Middle Name)	Home Address (Street, Cl	ty or Post Office, & Zip Code)  Shr Art Green Ban  Yor Post Office, & Zip Code)  Hr Ave Green Bay  ty or Post Office, & Zip Code)	t
Mert2/	KAHLERN	Patricia	1500 Caloba	Hr Aug Grown Bun	W154301
Full Name (Last)	(First)	(Middle Name)	Home Address (Street. Ci	ty or Post Office, & Zip Code)	
· / /				,,,,	ĺ
	.1	1			
3. LLC or Corporation (and a	Agent):				
Full Legal Name of Corporation / Nonp	profit Organization / Limited	Liability Company A	ddress of Corporation / Lim	ited Liability Company (if different from	n (icensed premises)
					' ' '
All corporations/organizations quor must appoint an agent.	or limited liability cor	npanies applying	for a license to sell	fermented malt beverages ar	nd/or intoxicating
Agent Last Name	(First)	(Middle Name)	Home Address (Street, Cl	ty or Post Office, & Zlp Code)	
	'	,	,	y	
All Officer(s) Director(s) of C					
President / Member Last Name	(First)	(Middle Name)	Home Address (Street, Ci	ty or Post Office, & Zip Code)	
	(First)	(Middle Name)	Home Address (Street, Cl	ly or Post Office, & Zip Code)	
	(First)	(Middle Name)	Home Address (Street, Cl	ly or Post Office, & Zip Code)	
Vice President / Member Last Name	(First)	(Middle Name)		ty or Post Office, & Zip Code)	
Vice President / Member Last Name	,			•	
Vice President / Member Last Name Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, Cl	ty or Post Office, & Zip Code)	
Vice President / Member Last Name Secretary / Member Last Name	,		Home Address (Street, Cl	•	
Vice President / Member Last Name Secretary / Member Last Name Freasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, Cl Home Address (Street, Cl	ty or Post Office, & Zip Code)	
Vice President / Member Last Name Secretary / Member Last Name Freasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, Cl Home Address (Street, Cl	ty or Post Office, & Zip Code)	
Vice President / Member Last Name Secretary / Member Last Name Freasurer / Member Last Name Directors / Managers Last Name	(First) (First)	(Middle Name)  (Middle Name)	Home Address (Street, Cli Home Address (Street, Cli Home Address (Street, Cli	ty or Post Office, & Zip Code)  ty or Post Office, & Zip Code)  ty or Post Office, & Zip Code)	
Vice President / Member Last Name Secretary / Member Last Name Freasurer / Member Last Name Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, Cli Home Address (Street, Cli Home Address (Street, Cli	ty or Post Office, & Zip Code)	
Vice President / Member Last Name Secretary / Member Last Name Treasurer / Member Last Name Directors / Managers Last Name	(First) (First)	(Middle Name)  (Middle Name)	Home Address (Street, Cli Home Address (Street, Cli Home Address (Street, Cli	ty or Post Office, & Zip Code)  ty or Post Office, & Zip Code)  ty or Post Office, & Zip Code)	
Vice President / Member Last Name Secretary / Member Last Name Treasurer / Member Last Name Directors / Managers Last Name	(First) (First) (First)	(Middle Name)  (Middle Name)	Home Address (Street, Cli Home Address (Street, Cli Home Address (Street, Cli	ty or Post Office, & Zip Code)  ty or Post Office, & Zip Code)  ty or Post Office, & Zip Code)	
Vice President / Member Last Name  Secretary / Member Last Name  Treasurer / Member Last Name  Directors / Managers Last Name  Directors / Managers Last Name	(First) (First) (First)	(Middle Name)  (Middle Name)  (Middle Name)	Home Address (Street, Cli Home Address (Street, Cli Home Address (Street, Cli Home Address (Street, Cli	ty or Post Office, & Zip Code)	
/Ice President / Member Last Name  Gecretary / Member Last Name  Treasurer / Member Last Name  Directors / Managers Last Name  Directors / Managers Last Name	(First) (First) (First)	(Middle Name)  (Middle Name)  (Middle Name)	Home Address (Street, Cli Home Address (Street, Cli Home Address (Street, Cli Home Address (Street, Cli	ty or Post Office, & Zip Code)	8714
Freedom / Member Last Name Freedom / Member Last Name Freedom / Member Last Name Freedom / Managers Last Name	(First) (First) (First)	(Middle Name)  (Middle Name)  (Middle Name)  (Middle Name)	Home Address (Street, Cli Home Address (Street, Cli Home Address (Street, Cli Home Address (Street, Cli Business Phone	ty or Post Office, & Zip Code)	8714
Vice President / Member Last Name  Secretary / Member Last Name  Treasurer / Member Last Name  Directors / Managers Last Name  Directors / Managers Last Name  A. Business Information  1. Trade Name	(First) (First) (First)	(Middle Name)  (Middle Name)  (Middle Name)  (Middle Name)	Home Address (Street, Cli Home Address (Street, Cli Home Address (Street, Cli Home Address (Street, Cli Business Phone	ty or Post Office, & Zip Code)	8714 1 54301
Vice President / Member Last Name  Secretary / Member Last Name  Treasurer / Member Last Name  Directors / Managers Last Name  Directors / Managers Last Name  C. Business Information  1. Trade Name	(First) (First) (First) (First)  OUMPROOF	(Middle Name)  (Middle Name)  (Middle Name)  (Middle Name)	Home Address (Street, Cil  Home Address (Street, Cil  Home Address (Street, Cil  Home Address (Street, Cil  Business Phone  Post Office & Zi  beverages only from	ty or Post Office, & Zip Code)  the Number 920 432  p Code Green Bay W  Wisconsin wholesalers, brev	/ 5430   werles
Vice President / Member Last Name  Secretary / Member Last Name  Treasurer / Member Last Name  Directors / Managers Last Name  Directors / Managers Last Name  C. Business Information  1. Trade Name  The /  2. Address of Premises /50  3. Does the applicant understand brewpubs?	(First)  (First)  (First)  (First)  OUMPROOF	(Middle Name)  (Middle Name)  (Middle Name)  (Middle Name)	Home Address (Street, Ci  Home Address (Street, Ci  Home Address (Street, Ci  Home Address (Street, Ci  Business Phone  Post Office & Zi  beverages only from	ty or Post Office, & Zip Code)  the Number 920 432  the Code Green Bay W  Wisconsin wholesalers, breven	/ 5430   veries ☑ □ No
Vice President / Member Last Name  Secretary / Member Last Name  Treasurer / Member Last Name  Directors / Managers Last Name  Directors / Managers Last Name  C. Business Information  1. Trade Name	(First)  (First)  (First)  (First)  (First)  (S. Webs+etand that they must particle building or but a living quarters if us	(Middle Name)  (Middle Name)  (Middle Name)  (Middle Name)	Home Address (Street, Cil  Home Address (Street, Cil  Home Address (Street, Cil  Home Address (Street, Cil  Business Phone Post Office & Zil  beverages only from	by or Post Office, & Zip Code)  c Number 920 432  p Code Green Bay W  Wisconsin wholesalers, brevers  e to be sold and stored. The	werles No applicant must
Vice President / Member Last Name  Secretary / Member Last Name  Treasurer / Member Last Name  Directors / Managers Last Name  Directors / Managers Last Name  C. Business Information 1. Trade Name	(First)  (First)  (First)  (First)  (First)  (S. Webs+etand that they must particle building or but a living quarters if us	(Middle Name)  (Middle Name)  (Middle Name)  (Middle Name)	Home Address (Street, Cil  Home Address (Street, Cil  Home Address (Street, Cil  Home Address (Street, Cil  Business Phone Post Office & Zil  beverages only from	by or Post Office, & Zip Code)  c Number 920 432  p Code Green Bay W  Wisconsin wholesalers, brevers  e to be sold and stored. The	werles No applicant must
Secretary / Member Last Name  Secretary / Member Last Name  Treasurer / Member Last Name  Directors / Managers Last Name  Directors / Managers Last Name  C. Business Information  1. Trade Name	(First)  (First)  (First)  (First)  (First)  (S. Webs+etand that they must particle building or but a living quarters if us	(Middle Name)  (Middle Name)  (Middle Name)  (Middle Name)	Home Address (Street, Cil  Home Address (Street, Cil  Home Address (Street, Cil  Home Address (Street, Cil  Business Phone Post Office & Zil  beverages only from	by or Post Office, & Zip Code)	werles No applicant must

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 limit I <b>of any offenses (</b> ex Visconsin laws, any la	ted liability company li cluding traffic offenses ws of other states, or o	censee, or a not related ordinances o	nonprofit I to alcohol) of any county	☐ Yes	Νο
	b. Are <b>charges</b> for <b>any offenses</b> presenthe named licensee or any other personal transfer of the named licensee or any other personal transfer of the named licensee.	tly <b>pending (excl</b> uding ons affiliated with this li	g traffic offenses not re icense? <b>If yes, explai</b>	lated to alco	ohol) against page 3	☐ Yes	Ĭ∭No
7.	Except for questions 6a and 6b, have the by you on your last application for this lie	cense? <b>if yes, explai</b>	s in the answers to the			☐ Yes	×иο
8.	Was the profit or loss from the sale of alco	hol beverages for the	previous year reported	on the Wisc	onsin Income	Yes	□ No
					·	, •	
	Does the applicant understand they mus		Handa Dannelta			XI vaa	□No
	[phone (608) 266-2776]					) To res	□ IAC
10	. Does the applicant understand that alcoh from the date of invoice and made availa	ble for inspection by la	w enforcement?			Yes	□No
11.	. Is the applicant indebted to any wholesa	ler beyond 15 days for	beer or 30 days for liq	uor?		☐ Yes	X No
12	<ul> <li>Does the applicant owe municipal proper</li> <li>(Note: Renewal of licenses may be dental assessments or other fees).</li> </ul>	rty taxes, assessments led pursuant to a local	s, or other fees?	see owes m	unicipal taxes,	☐ Yes	Жna
be ap an vo thi	ead carefully before signing: Uren truthfully answered to the best of the krelication; that the applicant has read and it decreet. The undersigned further undersid, 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 dicant may be prosecu	The signer agrees that ver to each question, ar sissued contrary to Ch ted for submitting false	the/she is the nd that the a apter 125 of statements	ne person name inswers in each f the Wisconsin a and affidavits	ed in the fo i instance i Statutes in connec	oregoing are true shall be tion with
C	ontact Person's Name (Last, First, M.I.)	ρ	Title / Member PAN+N'EC		Date 3 - 29 -	- 2(	
s	ncelrone Russell  gnature  Russell Russell		PANTN'ET Phone Number 920 432 8	714	3-29- Email Address russ mc	el rone 00.Co	M
			-				<del></del>
	O BE COMPLETED BY CLERK	T5-4		Data !!ar===	wantad		
	ate received and filed with municipal clerk 3·3o·3o]	Date reported to council / b	Dard	Date license g	granteo		
L	icense number issued	Date license issued		Signature of C	Clerk / Deputy Clerk		



Renewal Alcohol E	_		lication	Applicant's Wisconsin Seller's Perr 456-10292 FEIN Number	nlt Number
For the license period beginning	lulu 1,20	2 Landing J	he 20, 2027	81-544'	138
For the license period beginning.	(IIIII dd yyyy)	El ending.	(mm dd yyyy)	TYPE OF LICENSE REQUESTED	FEE
	Town of	Allouez		Class A beer	\$
To the Governing Body of the:	Village of }	FIIIOUC C	-	☐ Class B beer	\$
	City of			Class C wine	\$
County of Brown		Aldermanic	: Dist. No.	Class A liquor	\$
County of 10 vo			by ordinance)	Class A liquor (cider only)	\$ N/A
	_	, ,	,	☐ Class B liquor	\$
Check one:  Individual	Limited Liability	Company		Reserve Class B liquor	\$
☐ Partnership	Corporation/Non	profit Organizati	on '	☐ Class B (wine only) winery	\$
				Publication fee	\$ \$60.00
Complete A or B. All must co	omplete C.			TOTAL FEE	\$
A. Individual or Partnership:					
Full Name (Last)	(First)	(Middle Name)	Hame Address (Street, Cl	ty or Post Office, & Zip Code)	
ruii Name (Last)	(i list)	(Middle Marrie)	Tiomo Address (Gireo, Gr	ly of Four Office, a zip code,	
		45.41.4.11.5.4	11. 11. 10. 10.		
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, Ci	ty or Post Office, & Zip Code)	
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, Ci	ty or Post Office, & Zlp Code)	
	<u> </u>		1		
B. LLC or Corporation (and A					
Full Legal Name of Corporation / Nonpo	ofit Organization / Limited	Liability Company A	ddress of Corporation / Lim	lited Llability Company (If different fro	m licensed premises) DAY WI
All corporations/organizations of liquor must appoint an agent.	or limited liability con	npanies applying			nd/or intoxicating 30
Agent Last Name	(First)	(Middle Name)		ly or Post Office, & Zip Code)	^ ~ / .
DeJARdIN	MARY	E.	18/032 H	WY54 KAX W	1 34217
All Officer(s) Director(s) of C		mbore / Manage	re of Limited Liabili	ity Company:	
President / Member Last Name	(First)	(Middle Name)		ty or Post Office, & Zip Code)	
	,		·		
Vice President / Member Last Name	(First)	(Mlddle Name)	Home Address (Street, Ci	ty or Post Office, & Zip Code)	
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, Cl	ty or Post Office, & Zip Code)	
		4.11.11			
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)	
				•	
C. Business Information		LLC.	Park Diagram	e Number <i>930 339</i> ·	4000
1. Trade Name 2199	EGD FIVIN			, ,	1000
2. Address of Premises 7	41 HOLLMAN	V Rd an	KAU Post Office & Zi	p Code <u>5430/</u>	NIS
3. Does the applicant understand brewpubs?		ourchase alcohol	beverages only from		eweries \( \Bar\) No
4. Premises description: De	scribe building or building or building quarters, if us	uildings where a sed, for the sales	lcohol beverages ares, service, consumpti	e to be sold and stored. The on, and/or storage of alcoho	e applicant must
Donh. 1	Knn - A	11 Kan	In star	0013	7
_ Joceth /	soum o	y XXIII	goz x scor	acy	
			-		

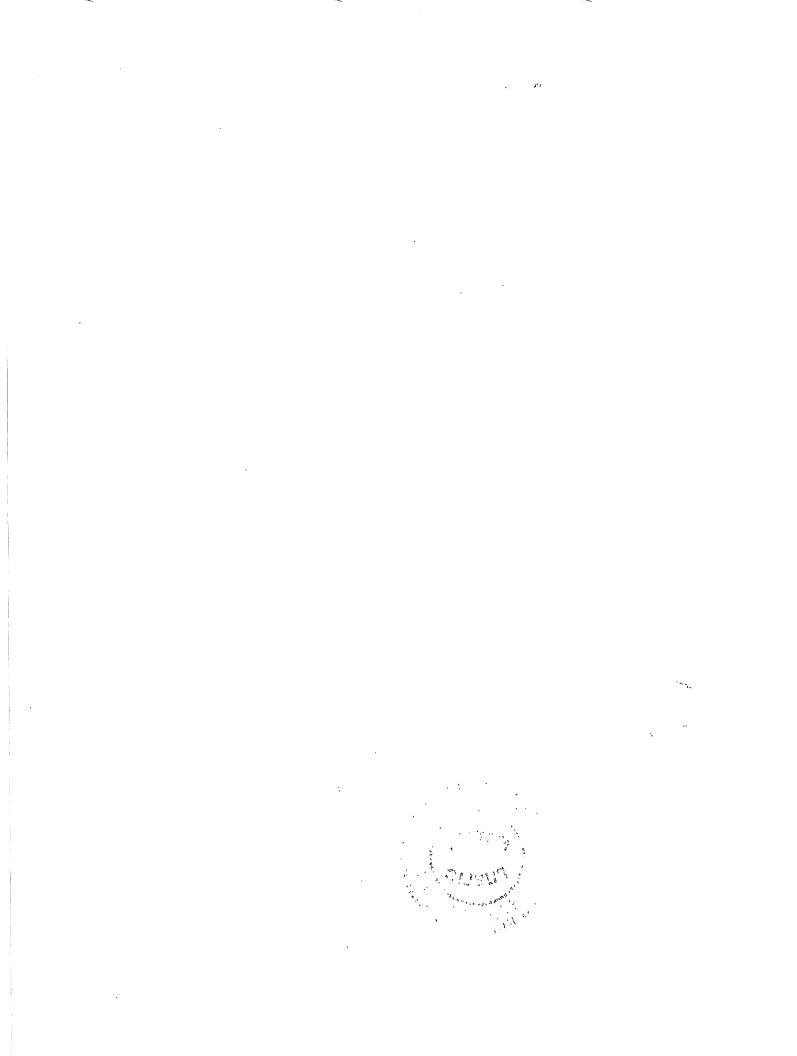
5. Legal description (omit if street addres	s is given on previous page):		
organization licensee been convi- for violation of any federal laws, as	has the named licensee, any member or agent for either a limited liability of the of any offenses (excluding trains). Wisconsin laws, any laws of other page 3	company licensee, or nonprofit fic offenses not related to alcohol) states, or ordinances of any county	
b. Are <b>charges</b> for <b>any offenses</b> pre the named licensee or any other p	sently <b>pending</b> (excluding traffic offer ersons affiliated with this license? <b>If</b>		. 🗆 Yes 🗵 No
7. Except for questions 6a and 6b, have by you on your last application for this	there been any changes in the ans s license? If yes, explain	wers to the questions as submitted	. □Yes ☑No
•			<del>-</del> - -
8. Was the profit or loss from the sale of or Franchise Tax return of the licensee			
			- - - <i>/</i>
9. Does the applicant understand they n [phone (608) 266-2776]	nust hold a Wisconsin Seller's Permit	?	. ∠Yes □ No
<ol> <li>Does the applicant understand that al from the date of invoice and made ava</li> </ol>	cohol beverage invoices must be kept allable for inspection by law enforcem	at the licensed premises for 2 years	Yes No
11. Is the applicant indebted to any whole	esaler beyond 15 days for beer or 30	days for liquor?	. □Yes ☑No
<ol> <li>Does the applicant owe municipal pro (Note: Renewal of licenses may be of assessments or other fees).</li> </ol>	perty taxes, assessments, or other for denied pursuant to a local ordinance,	es?if the licensee owes municipal taxes	. □Yes ☑No
READ CAREFULLY BEFORE SIGNING: been truthfully answered to the best of the application; that the applicant has read ar and correct. The undersigned further und void, and under penalty of state law, the athis application. Any person who knowing than \$1,000.	knowledge of the signer. The signer and made a complete answer to each questands that any license issued complicant may be prosecuted for submapplicant may be prosecuted for	agrees that he/she is the person nam uestion, and that the answers in eac trary to Chapter 125 of the Wisconsi uitting false statements and affidavits	ed in the foregoing h instance are true n Statutes shall be in connection with
Contact Person's Name (Last, First, M.I.)  Signature  Signature	E . Title / Member OUTILE . Phone Number	E 4/5,	zozi
Mary & Karons	les 920 6	Email Address DZON	le 08 BA
	work-92033	97820	
TO BE COMPLETED BY CLERK  Date received and filed with municipal clerk	Date reported to council / board	Date Ilcense granted	
45/2021			
License number issued	Date license Issued	Signature of Clerk / Deputy Cler	k

Renewal Alcohol E	_		lication	Applicant's Wisconsin Seller's Permit Number 73 ( 7026 9999 3 - 03
•	,	<i>,</i>	1/2/22	27-1212145
For the license period beginnir	ng: <u> </u>	<u>≪ /</u> ending: <u> <i>(<sub>/</sub></i></u>	(mm dd yyyy)	TYPE OF LICENSE FEE REQUESTED
To the Governing Body of the:	☐ Town of ☐ Village of ☐ City of	ALLOUI	2	☐ Class A beer \$ ☐ Class B beer \$
<i>1</i> .				Class C wine \$
County of	/V	Aldermanic		☐ Class A liquor \$ ☐ Class A liquor (cider only) \$ N/A
		(ir required	by ordinance)	Class A liquor (cider only) \$ N/A  Class B liquor \$
Check one:  Individual	Limited Liability	y Company		Reserve Class B líquor \$
	Corporation/No		lon '	☐ Class B (wine only) winery \$
		, –		Publication fee \$
Complete A or B. All must c	omplete C.			TOTAL FEE \$
A. Individual or Partnership:	1	,		
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, C	lty or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, C	ity or Post Office, & Zlp Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, C	ity or Post Office, & Zip Code)
B. LLC or Corporation (and a				
Full Legal Name of Corporation / Nong	orofit Organization / Limite	ed Liability Company   A	Address of Corporation / Lin	nited Liability Company (If different from licensed premises)
All corporations/organizations liquor must appoint an agent.	or limited liability co	ompanies applying		fermented malt beverages and/or intoxicating
Agent Last Name MEIKEE	(First) AMES	(Middle Name)	Home Address (Street, C	Han SLV NI 54301
All Officer(s) Director(s) of C	orporation and M	embers / Manage	ers of Limited Liabil	lity Company:
President / Member Last Name	(First)	(Middle Name)	Home Address (Street, C	ity or Post Office, & Zip Code) ( LEEN BAY
MEIKLE	JAMES	$\mid P \mid$	180 RUSE	LAWN BLVP NI 5434 Ity or Post Office, & Zip Code)
Vice 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)
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. Trade Name	GOO RIVER.	E 5 SIDE DR.		e Number <u>920 132 - 7069</u> ip Code <u>GREEN BAY N1-</u> 3
and brewpubs? 4. Premises description: De	escribe building or	buildings where a	ilcohol beverages ar	e to be sold and stored. The applicant must
include all rooms including records. (Alcohol beverag	living quarters, if	used, for the sales	s, service, consumpt	ion, and/or storage of alcohol beverages and
ALL AREAS	S /N / /2	71 3600	KIVERSID.	E DR. INCLUDING
TO THE	BAR 1	RESTAIN	CANT	TI LIVINITIVEE
	/ /	,		

AT-115 (R. 5-19)

5.	Legal description (omit if street address is	given on previous page):			
6.	member, officer, director, manager or organization licensee been <b>convicted</b> for violation of any federal laws, any V	the named licensee, any member of a parting agent for either a limited liability company I at of any offenses (excluding traffic offenses visconsin laws, any laws of other states, or ge 3	icensee, or nonprofit s not related to alcohol) ordinances of any county	☐ Yes ∠E	₫No
		tly pending (excluding traffic offenses not reons affiliated with this license? If yes, explain		☐ Yes	<b></b> √No
7.		ere been any changes in the answers to the cense? If yes, explain		☐ Yes	ZNo
•					,
8.	Was the profit or loss from the sale of alco or Franchise Tax return of the licensee? I	ohol beverages for the previous year reported f not, explain	on the Wisconsin Income	∕ Yes [	⊒ No
9.		t hold a Wisconsin Seller's Permit?		⊠Yes [	] No
10	. Does the applicant understand that alcoh from the date of invoice and made availa	ol beverage invoices must be kept at the lice ble for inspection by law enforcement?	nsed premises for 2 years		□ No
11	. Is the applicant indebted to any wholesa	ler beyond 15 days for beer or 30 days for lic	quor?	☐ Yes Æ	₫ No
12	<ul> <li>Does the applicant owe municipal prope (Note: Renewal of licenses may be den assessments or other fees).</li> </ul>	rty taxes, assessments, or other fees? ied pursuant to a local ordinance, if the licen	see owes municipal taxes,	□ Yes ⊅	ŹNo
ar ar vo	en truthfully answered to the best of the kn oplication; that the applicant has read and r nd correct. The undersigned further unders old, and under penalty of state law, the app	der penalty provided by law, the undersigned owledge of the signer. The signer agrees that nade a complete answer to each questlon, at stands that any license issued contrary to Chilicant may be prosecuted for submitting false provides materially false information on this a	t he/she is the person name nd that the answers in each apter 125 of the Wisconsin e statements and affidavits in	d in the foreg instance are Statutes sha n connection	going e true all be n with
	ontact Person's Name (Last, First, M.I.)  MEISEE Ignature	Title / Member  Phone Number	Date 3/29/ Email Address	21	
	James D.	heila 920-632-	7069 dougs	take	5
_			a jaho	, 20. Co,	m
	O BE COMPLETED BY CLERK		/		
D	ate received and filed with municipal clerk	Date reported to council / board	Date license granted		
L	loense number Issued	Date license Issued	Signature of Clerk / Deputy Clerk		

RENEWAL ALCOHOL BEVERAG	E LICENSE APPLICATION	Applicant's Wisconsin Seller's Permit Number: 456-102	5842356-0
Submit to municipal clerk. Read instructions	on reverse side.	Federal Employer Identification Number (FEIN):	1002407
For the license period beginning:07/01/20	021 ending: 06/30/2022	LICENSE REQUESTED	1332401
(MM DD		TYPE	FEE
	vn of	☐ Class A beer	\$
TO THE GOVERNING BODY of the: 🛛 Villa	age of Allouez	Class B beer	\$
☐ City	y of 🬖	☐ Wholesale beer	\$
County of Brown Aldern	nanic Dist. No. (If required by ordinance)	Class C wine	\$
		Class A liquor	\$
CHECK ONE   Individual   Par	tnership	Class B liquor	\$
✓ Corporation/Nonprofit Org	ganization	Reserve Class B liquor	\$
Complete A or B. All must complete C		Publication fee	\$ 60.00
Complete A or B. All must complete C.  A. Individual or Partnership:		TOTAL FEE	\$ 60.00
A. Individual or Partnership:  Full Name(s) (Last, First and Middle Na	ame) Home Address	Post Office & ZI	p Code
	- A line of Line William Company A Timmy Seas	Inc.	
	on/Limited Liability Company Jimmy Seas,	mo.	
Address of Corporation/Limited Liability Comp.	any (if different from licensed premises)  iion and Members/Managers and Agent of Limited L	iability Company:	
	Inc. Middle Name) Home Add		office & Zip Cod
Brasident/Member Troy J. Streckenbac	ch - 205 Miramar Street - Green Bay.	WI 54301	
Vice President/Member Alex Schneider	- 118 S Washington Street - Green Ba	iy, WI 54301	
Secretary/Member			
Transurar/Mambar	A CONTRACTOR OF THE PROPERTY O		
Agent Alex Schneider - 118 S Wa	shington Street - Green Bay, WI 5430	01	
Directors/Managers			
C 1 Trade Name Jimmy Seas Pub Grill	& Fenders Business P	hone Number 920-438-76	40
2. Address of Premises 1330 Marine Str	ceet. Post Office	& Zip Code Dreen Bay	WI 54301
3 Does the applicant understand that they must	purchase alcohol beverages only from Wisconsin w		
4 Premises description: Describe building or building	Idings where alcohol beverages are to be sold and s	stored. The applicant must	
include all rooms including living quarters, if us (Alcohol beverages may be sold and stored or	sed, for the sales, service, and/or storage of alcohol nly on the premises described.) 3268 SF 1nsto	beverages and records. ie bar, 2034 SF outside	patio
5. Legal description (omit if street address is give	en above):		
6. a. Since filing of the last application, has the r	named licensee, any member of a partnership licens	ee, or any member, officer,	
director, manager or agent for either a limit	ed liability company licensee, corporation licensee,	or nonprofit organization	
licensee been convicted of any offenses	(excluding traffic offenses not related to alcohol) for states, or ordinances of any county or municipality? If	violation of any federal	☐ Yes 🔽
	ending (excluding traffic offenses not related to alco		∐ les ⊯
licensee or any other persons affiliated with	n this license? <b>If yes, explain fully on reverse sid</b> e		☐ Yes
last application for this license? If yes, explain			☐ Yes 📿
Franchise Tax return of the licensee? If not, ex			✓ Yes   ☐
	eller's Permit must be applied for and issued in the : 3-2776]		✓ Yes   ☐
<ol> <li>Does the applicant understand that alcohol be date of invoice and made available for inspect</li> </ol>	everage invoices must be kept at the licensed premision by law enforcement?	ses for 2 years from the	<b>☑</b> Yes □
11. Is the applicant indebted to any wholesaler be	yond 15 days for beer or 30 days for liquor?		☐ Yes 🔽
Elithited Elability Companies must signif	ity worked by law the applicant states that each of the population of a partnership applicant in the population of a partnership applicant in the population of the population	a above questions has been truth ghts and responsibilities conferred must sign; correspate officer(s), mo	ully answered to I by the license(s embers/manager
this April day of April 50	1 .20 41 5 = / A'V' X	Anbert anguer of Limited Liability Compa	nny /Partner/individua
ANAYON A MUCLANE	Officer of Corporation/M	ember/Manager of Limited Liability Compa	ny /Partner)
My commission expires $\frac{4 4 24}{}$		mber/Manager of Limited Liability Compar	ny if Any)
TO BE COMPLETED BY CLERK			
Date received and filed with municipal clerk	Date reported to council/board	Date license granted	
		Clanature of Clark / Descrits Clark	
License number issued	Date license issued	Signature of Clerk / Deputy Clerk	



Renewal Alcohol	Beverage Lic	ense App	lication	Applicant's Wisconsin Seller's Perr	
(Submit to municipal clerk.	<del>-</del>			456-0000371160-	<i>0</i> 3
(Capitii to mamoipai oloik. K	7. 1	$\varphi$	1 1	FEIN Number	9
For the license period beginni	ng: 1/1/2021	ending:	/30/2022	27001944	<u>(C</u>
			(min dd yyyy)	TYPE OF LICENSE REQUESTED	FEE
	Town of			☐ Class A beer	\$
To the Governing Body of the	∑ Village of }	400082		☐ Class B beer	\$
	☐ City of			Class C wine	\$
County of BROWN		Aldermania	c Dist. No	☐ Class A liquor	\$
Country of Bit 18014			by ordinance)	☐ Class A liquor (cider only)	\$ N/A
		(		☐ Class B liquor	\$
Check one: Individual	☐ Limited Liability	Company		Reserve Class B liquor	\$
☐ Partnership	Corporation/Nor	nprofit Organizat	ion '	☐ Class B (wine only) winery	\$
				Publication fee	\$ (00.00
Complete A or B. All must of	complete 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)	
. 211 (1211)	()	(,	(2,000,000	ny or r out official at 21p occasy	
Full Name (Last)	(First)	(Middle Name)	Home Address (Street C	ity or Post Office, & Zip Code)	
i di Namo (Labi)	(i not)	(Wildelie Hallie)	Tiomo Address (Olicol, O	ny of 1 oat Office, it zip oode)	
L. E. , III MANUS PRIMITING	1				
B. LLC or Corporation (and	Agent):				
Full Legal Name of Corporation / Nonp	orofit Organization / Limited	Liability Company /	Address of Corporation / Lin	nited Liability Company (if different from	m licensed premises)
GALLAGHORS +	P122A, INC.	}	3217 W. TWIN	I PING OF. G.B. 5	4211
All corporations/organizations					
liquor must appoint an agent.	or inflitted liability cor	ripariios applyiris	y lor a liceriae to aeli	Termented mait beverages a	nd/or intoxicating
Agent Last Name	(First)	(Middle Name)	Home Address (Street, C	lty or Post Office, & Zip Code)	
OSADJAN	Kovin			IN PINES OF G.B.	\$40V
					34311
All Officer(s) Director(s) of C	<del></del>				
President / Member Last Name	(First)	(Middle Name)		lty or Post Office, & Zip Code)	
Vice President / Member Last Name	ピンハ (First)	<u> </u>	3217 W. Th	The Post Office, & Zip Code)	54311
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, C	lty or Post Office, & Zip Code)	
Secretary / Member Last Name	(First)	(Mlddle Name)	Home Address (Street, C	ty or Post Office, & Zip Code)	
HUBBARD	ZOHN	$\sim$	370 GITTIM	S CT. DEPETED, WIS	54715
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, C	ty or Post Office, & Zip Code)	- 1110
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)	
				,	
		ŧ			
C. Business Information					
1. Trade Name GALLA	SHORL PIZZ	A	Business Phone	e Number <u>920 - 321 - 3</u>	5555
\ <u>\</u>	4				
2. Address of Premises 16.	si s. webster	2	Post Office & Z	p Code <u>Geran Bay</u>	>430 I
3. Does the applicant unders and brewpubs?					weries ☑ □ No
<ol> <li>Premises description: De include all rooms including records. (Alcohol beverag</li> </ol>	g living quarters, if u	sed, for the sales	s, service, consumpti	on, and/or storage of alcoho	applicant must I beverages and
STORED: WALK IN	CENT 50 7 2346	במינים בי	AD DINING P	com & Paris	
21 2 201 - W. 12K IV	- SCOLOIL TONIC	ع دمات محاصد	11C 71101170 C	-V- \ 7 VITIU	
EMARKS.					

5.	Legal description (omit if street address is	given on previous pag	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 to or municipality? If yes, complete page	agent for either a limi d <b>of any offenses (</b> ex Visconsin laws, any la	ted liability company licluding traffic offenses ws of other states, or	lcensee, or s not related ordinances	nonprofit I to alcohol) of any county	∐ Yes	<b>⊠</b> No
	b. Are <b>charges</b> for <b>any offenses</b> presenthe named licensee or any other personal transfer of the named licensee or any other personal transfer of the named licensee or any other personal transfer of the named licensee or any other personal transfer or the named licensee or any other personal transfer or the named licensee or any other personal transfer or the named licensee or any other personal transfer or the named licensee or any other personal transfer or the named licensee or any other personal transfer or the named licensee or any other personal transfer or the named licensee or any other personal transfer or the named licensee or any other personal transfer or the named licensee or any other personal transfer or the named licensee or any other personal transfer or the named licensee or the name	tly <b>pending</b> (excluding ons affiliated with this l	g traffic offenses not re icense? <b>If yes, expl</b> ai	lated to alco in fully on p	ohol) against page 3	☐ Yes	<b>⊠</b> No
7.	Except for questions 6a and 6b, have th by you on your last application for this li	cense? <b>If yes, explai</b>	n				□No
	OUR ADDRESS CHANGER					•	
	on our fato.		'				
8.	Was the profit or loss from the sale of alco or Franchise Tax return of the licensee? I		previous year reported	on the Wisc	onsin Income	∑ Yes	□No
9.	Does the applicant understand they mus [phone (608) 266-2776]	t hold a Wisconsin Sel	ller's Permit?		• • • • • • • • • • • • • • • • • • • •	∑dYes	□No
10	. Does the applicant understand that alcohorom the date of invoice and made availa	nol beverage invoices n ble for inspection by la	nust be kept at the lice w enforcement?	nsed premis	es for 2 years	<b>⊠</b> Yes	□No
11	. Is the applicant indebted to any wholesa	ler beyond 15 days for	beer or 30 days for lic	luor?		☐ Yes	<b>⊠</b> No
12	<ul> <li>Does the applicant owe municipal prope (Note: Renewal of licenses may be den assessments or other fees).</li> </ul>					☐ Yes	ØNo
ap ar vo	EAD CAREFULLY BEFORE SIGNING: Ureen truthfully answered to the best of the knoplication; that the applicant has read and and correct. The undersigned further undersold, 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 prosecu	The signer agrees that ver to each question, as sissued contrary to Ch ted for submitting false	t he/she is the nd that the a apter 125 of statements	e person name nswers in each the Wisconsin and affidavits i	d in the fo instance Statutes n connect	oregoing are true shall be tion with
C	ontact Person's Name (Last, First, M.I.)		Title / Member		Date		
8	OSADJAN KOVN L.		りいいの Phone Number	·····	Email Address		
	4-9>		920-619-9918	?	UPZTAZO	(1) AOL	com
_							
T	O BE COMPLETED BY CLERK						
C	Date received and filed with municipal clerk	Date reported to council / b	oard	Date Ilcense g	ranted		
L	Icense number Issued	Date license Issued	*	Signature of C	lerk / Deputy Clerk		***************************************

1 -- 1 -- 11 0110010

Renewal Alcohol	Beverage Lic	cense App	lication	Applicant's Wisconsin Seller's Per	mit Number
(Submit to municipal clerk.	lead instructions o	n page 3.)		456-000025	104303
Forther House and at headers	and alail	2 1	1/9 /00	39-204318	7/
For the license period beginni	ng: // // / / / / / / / / / / / / / / / /	c/ ending: 6	Imm dd yyfy)	TYPE OF LICENSE	FEE
	☐ Town of >	. 11		REQUESTED	
To the Governing Body of the	:   Village of }	Mouer	7	Class A beer	\$ 100,00
	☐ City of			Class B beer	\$
County of Brown				☐ Class A liquor	\$
County of 1510001		Aldermani	c Dist. No l by ordinance)	Class A liquor (cider only)	\$ N/A
		(ii roquiroc	by ordinarioo;	☐ Class B liquor	\$ 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	\$ 60.00
-	•			TOTAL FEE	\$ 60.00
A. Individual or Partnership		Tau du Nomes			
Full Name (Last)	(First)	(Middle Name)	1	City or Post Office, & Zip Code)	6 3 T 600
Man Yhor Se-nor Full Name (Last)	ManasanoK	(Middle Name)	1350 May 1)	City or Post Office, & Zip Code)	JUL 5830,
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, C	City or Post Office, & Zlp Code)	***
		1			
B. LLC or Corporation (and					
Full Legal Name of Corporation / Non	orofit Organization / Limited	Liability Company	Address of Corporation / Li	mited Liability Company (if different fro	m licensed premises)
All corporations/organizations liquor must appoint an agent.	or limited liability co	mpanies applying	g for a license to sell	I fermented malt beverages a	ind/or intoxicating
Agent Last Name	(First)	(Middle Name)	Home Address (Street C	City or Post Office, & Zip Code)	
, gont Edut Hamb	(i ii oi)	(Middle Marrie)	Tromo radiosa (oticot, e	only of 1 dat office, at zip code)	
AU 0/5/-> Di/->			F. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		
All Officer(s) Director(s) of Opening President / Member Last Name	(First)	(Middle Name)		City Company:	<del></del>
Troduction Last talle	(, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(madio ramo)	Tromo ridardas (Giradi, G	ony or rest office, a zip occes	.(
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	City or Post Office, & Zip Code)	
<b>,</b>	( )	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		ony or i out onlook a zip oodo)	
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, C	City or Post Office, & Zip Code)	
·					
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, C	City or Post Office, & Zip Code)	
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, C	City or Post Office, & Zip Code)	
C. Business Information			1		
1. Trade Name Muk	c that	luisine	D	ne Number (920) 453	-0383
		700 SI 1002	Business Phon	ie Number ( 700 ) 75 5	-0303
2. Address of Premises 13	50 Marin	u 57.	Post Office & Z	ip Code Ancer Bu, W	I 5430/
3. Does the applicant unders and brewpubs?			l beverages only fror	m Wisconsin wholesalers, bre	ewerles
4. Premises description: De					<i>j</i>
include all rooms including records, (Alcohol beverag	g living quarters, if u	sed, for the sales	s, service, consumpt	ion, and/or storage of alcoho	beverages and
in Coolers	at to	e bar	<i>u</i>	Care & Inna	13 770160
	000				<del></del>
				Alter grand gr	

Legal description (omit if street address is	given on previous pag	e):				
member, officer, director, manager or organization licensee been <b>convicted</b> for violation of any federal laws, any V	agent for either a limi I <b>of any offenses</b> (ex Visconsin laws, any la	ted llability company I cluding traffic offense ws of other states, or	icensee, or no s not related t ordinances of	onprofit to alcohol) any county	☐ Yes	×Νο
<ul> <li>Are charges for any offenses present the named licensee or any other person</li> </ul>	tly pending (excluding ons affiliated with this l	g traffic offenses not re icense? <b>If yes, expla</b>	elated to alcoh in fully on pa	ol) against i <b>ge 3</b>	☐ Yes	No
Except for questions 6a and 6b, have the by you on your last application for this lie	ere been any changes cense? If yes, explai	s in the answers to the	e questions as	s submitted	☐ Yes	ĬZN∘
Was the profit or loss from the sale of alco or Franchise Tax return of the licensee? I	ohol beverages for the f not, explain	previous year reported	on the Wisco	nsin Income	Yes	□No
					Yes	□No
from the date of invoice and made availa	ble for inspection by la	w enforcement?				□No
is the applicant indebted to any wholesa	ler beyond 15 days fo	r beer or 30 days for lic	quor?		☐ Yes	₩\o
Does the applicant owe municipal proper (Note: Renewal of licenses may be den assessments or other fees).	rty taxes, assessment ied pursuant to a loca	s, or other fees? I ordinance, if the licen	see owes mu	nicipal taxes,	☐ Yes	No
en truthfully answered to the best of the kn plication; that the applicant has read and r d correct. The undersigned further unders d, and under penalty of state law, the app s application. Any person who knowingly p	owledge of the signer. nade a complete answatands that any license licant 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 nd that the an napter 125 of t e statements a	e person name swers in each the Wisconsin and affidavits	ed in the for instance i Statutes in connec	oregoing are true shall be tion with
intact Person's Name (Last, First, M.I.)  Main A Ma	Sano Ke	Title / Member  O(a/NL/ Phone Number		3-24	-2/	. / /
f f f f f f f f f f f f f f f f f f f	Well-define regionalist device as a re-	1720 15 75	1004	MK > 5 4	UES JE	CAGO -
	Date reported to council / I	ooard	Date license gra	anted		
	Date license issued		Signature of Cle	erk / Deputy Clerk	:	
-115 (R. 5-19)		- 2 -				·
	a. Since filing of the last application, has member, officer, director, manager or organization licensee been convicted for violation of any federal laws, any Wor municipality? If yes, complete pages b. Are charges for any offenses present the named licensee or any other personant the named licensee? It was the profit or loss from the sale of alcoor Franchise Tax return of the licensee? It was the applicant understand that alcohors from the date of invoice and made availated list the applicant indebted to any wholesated. Does the applicant owe municipal proper (Note: Renewal of licenses may be den assessments or other fees).  EAD CAREFULLY BEFORE SIGNING: Under the truthfully answered to the best of the kinglication; that the applicant has read and red correct. The undersigned further undersid, and under penalty of state law, the appears application. Any person who knowlingly pages application pages application pages appli	a. Since filing of the last application, has the named licensee, member, officer, director, manager or agent for either a limi organization licensee been convicted of any offenses (ex for violation of any federal laws, any Wisconsin laws, any le or municipality? If yes, complete page 3	member, officer, director, manager or agent for either a limited liability company organization licensee been convicted of any offenses (excluding traffic offense for violation of any federal laws, any Wisconsin laws, any laws of other states, or or municipality? If yes, complete page 3.  b. Are charges for any offenses presently pending (excluding traffic offenses not re the named licensee or any other persons affiliated with this license? If yes, explain.  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.  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.  Does the applicant understand they must hold a Wisconsin Seller's Permit?	a. Since filing of the last application, has the named licensee, any member of a partnership licens member, officer, director, manager or agent for either a limited liability company licensee, or m organization licensee been convicted of any offensee (excluding traffic offenses not related for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of or municipality? If yes, complete page 3  b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcoh the named licensee or any other porsons affiliated with this license? If yes, explain fully on path of the named licensee or any other porsons affiliated with this license? If yes, explain fully on path you on your last application for this license? If yes, explain  Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wiscon or Franchise Tax return of the licensee? If not, explain  Does the applicant understand that alcohol beverage involces must be kept at the licensed premise from the date of involce and made available for inspection by law enforcement?  Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Does the applicant owe municipal property taxes, assessments, or other fees?  Does the applicant owe municipal property taxes, assessments, or other fees?  AD CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersighed states that en truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the pilication, that the applicant has read and made a complete answer to each question, and that the an or other fees).  AD CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersighed states that en truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the pilication, that the applicant has read and made a complete answer to each question, and that the an any \$1,000.  Does the applicant has read and made a complet	a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or engroff or graphization (licensee) and convicted of any offensee (soutloing traffic femses ent related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete page 3.  b. Ana charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on page 3.  Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain  Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain  Does the applicant understand that alcohol beverage involces must be kept at the licensed premises for 2 years from the date of involce and made available for Inspection by law enforcement?  Is the applicant understand that alcohol beverage involces must be kept at the licensed premises for 2 years from the date of involce and made available for Inspection by law enforcement?  Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Does the spilicant own municipal property taxes, assessments, or other fees?  (Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).  And CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the abon truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person name placiation; that the applicant have the applicant on the analysis of the penalty provides materially false i	a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or not profit or general color of the profit or either a limited liability company licensee, or not profit or or violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete page 3

Renewal Alcohol E	Renewal Alcohol Beverage Liggnse Application				It Number
(Submit to municipal clerk. Re	· ·			450-0032-778 FEIN Number	84-07
Cautha Harras washed barriante	-11.120	71	~ 20 7077	20-02/09/0	2_
For the license period beginning	g: JOH 1 20 (n/m dd yyyy)	<u>∠</u>   er <sub>&amp;</sub> (ng: <u>√√</u>	(mm dd yyyy)	TYPE OF LICENSE REQUESTED	FEE
To the Governing Body of the:  County of	☐ Town of )	111115			\$
To the Governing Body of the:	Village of \	HUUGE			\$ \$
_	☐ City of 🤳				\$
County of Brown	į	Aldormania	Dist. No		\$
County of		(if required	by ordinance)		\$ N/A
		(ii roquirou	by ordinarios)		\$
Check one:  Individual	Limited Liability	Company			\$
☐ Partnership	Corporation/Nor	profit Organizati	on ·	☐ 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, Cl	ty or Post Office, & Zip Code)	
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, Cit	ty or Post Office, & Zlp Code)	
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, Cit	ty or Post Office, & Zip Code)	
	J				
B. LLC or Corporation (and A					
Full Legal Name of Corporation / Nonport		Liability Company A	ddress of Corporation / Lim	ited Liability Company (if different from	licensed premises)
THE VILLAGE GA	LILLE LLC				
All corporations/organizations	or limited liability cor	npanies applying	for a license to sell	fermented malt beverages an	d/or intoxicating
liquor must appoint an agent.	-			_	5
Agent Last Name	(First)	(Middle Name)	Home Address (Street, Cit	ty or Post Office, & Zip Code)	
PROCTOR	KATHLEEN	ANN	BODD MUSHWAY	y or Post Office, & Zip Gode) Y CUCLE DE, PEXE	M 54/15
All Officer(s) Director(s) of C	orporation and Me	mbers / Manage			-
President / Member Last Name	(First)	(Middle Name)		ly or Post Office, & Zip Code)	
Vice President / Member Last Name	(First)	(Mlddle Name)	Home Address (Street, Cli	ly or Post Office, & Zlp Code)	
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, Cit	ty or Post Office, & Zip Code)	
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, Cit	ly or Post Office, & Zip Code)	
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, Cit	y or Post Office, & Zip Code)	
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street Cit	y or Post Office, & Zlp Code)	
Directors / Managers Last Manie	(1 1151)	(windle (value)	Tiome Address (Street, Cit	y or most Office, & Zip Code)	
	<u> </u>		<u> </u>		
C. Business Information	^	_		0/	$\alpha$ . $\iota$
1. Trade Name THE V	ILLAGE GRI	LLE	Business Phone	Number 920 336	7901
1. Trade Name THE V  2. Address of Premises 80	1 HOFFMAN	RO STE 100	Post Office & 7	p Code GROW BAY	54301
		•		/	
3. Does the applicant underst and brewpubs?				,	veries
<ol> <li>Premises description: De- include all rooms including records. (Alcohol beverage</li> </ol>	living quarters, if us	sed, for the sales	s, service, consumption	on, and/or storage of alcohol	applicant must beverages and
DINING AREA	30 x40 . 6	0 x 2 3	38 × 30 B	ARAREA 28×1	15
STORAGE AR	A 9410				
<u> </u>	1 2/0				

5.	Legal description (omit if street address is	given on previous pag	e):				
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 \ or municipality? If yes, complete pa	agent for either a limi d <b>of any offenses</b> (ex <i>N</i> isconsin laws, any la	ted liability company l cludinç traffic offense ws of other states, or	icensee, or s not related ordinances	nonprofit I to alcohol) of any county	∐ Yes	Ľ¥Ño
	b. Are <b>charges</b> for <b>any offenses</b> preser 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 li					☐ Yes	⊡∕Ño
8.	Was the profit or loss from the sale of alcor Franchise Tax return of the licensee?	phol beverages for the	previous year reported	on the Wisc	consin Income	<b>∐</b> Yes	∏No
9.	Does the applicant understand they mus [phone (608) 266-2776]					Yes	□No
10.	Does the applicant understand that alcording the date of invoice and made available.					Yes	□No
11.	Is the applicant indebted to any wholesa	ler beyond 15 days for	beer or 30 days for lic	luor?		☐ Yes	No
12	Does the applicant owe municipal prope (Note: Renewal of licenses may be der assessments or other fees).	rty taxes, assessments lied pursuant to a local	s, or other fees? ordinance, if the licen	see owes m	unicipal taxes,	☐ Yes	No
be ap an vo thi	EAD CAREFULLY BEFORE SIGNING: Use the truthfully answered to the best of the keplication; that the applicant has read and discorrect. 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 that ver to each question, ar issued contrary to Ch ted for submitting false	t he/she is that the a apter 125 o 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
Co	intact Person's Name (Last, First, M.I.) ROCTOR KATHUTTN	A	Title / Member  MEMBER		Date 3-3/-	-21	
Si	Hotel A. Trod		Phone Number 920 655 44		Email Address		
		Ki	ithy@ Villag.	egrille	greenbo	ay . c	om
	BE COMPLETED BY CLERK	1					
D	ate received and filed with municipal clerk	Date reported to council / b	oard	Date license g	ranted		
Li	cense number issued	Date license Issued		Signature of C	Clerk / Deputy Clerk		

Renewal Alcohol I	Beverage Li	icanse App	lication	Applicant's Wisconsin Seller's Peri	nit Number
(Submit to municipal clerk. R	ead instructions	on page 3.)		466-102641126 FEIN Number 26-236459	7.03
			12/200	26. 236459	7
For the license period beginnle	ng: 07   01   00   00   00   00   00   00	ending: 6	(mm de yyyy)	TYPE OF LICENSE REQUESTED	FEE
To the Governing Body of the:	☐ Town of	MINIEZ	_	☐ Cjass A beer	\$
To the Governing Body of the:	∶ 🗫 Village of 🎖 _	7110000	•	Class B beer	\$
	☐ City of			☐ Class C wine	\$
County of Brown		Δldermani	c Dist. No	☐ Class A liquor	\$
County of 4 1 0 0 - C			d by ordinance)	☐ Class A liquor (cider only)	\$ N/A
		(** 1 ***	· · · · <b>,</b>	Class B liquor	\$
Check one: 🛛 Individual	Limited Liabilit			Reserve Class B liquor	\$
☐ Partnership	☐ Corporation/N	onprofit Organizat	tion	Class B (wine only) winery	\$
Complete A or B. All must o	complete C.			Publication fee TOTAL FEE	\$ 60.00
A. Individual or Partnership	<u>:</u>				
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, C	City or Post Office, & Zip Code)	
Herrera	Julio	1	rat Commo	andre AR (	an wor cuter
Full Name (Last)	(First)	(Middle Name)	Home Address (Street C	anche Arc, Green Bilty or Post Office, & Zip Code)	my 00 11 31
, an mano (mast)	1, 100	(madio Hallio)			)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, C	city or Post Office, & Zip Code)	
B. LLC or Corporation (and	Agent):			·····	
Full Legal Name of Corporation / Nonz		ed Liability Company	Address of Corporation / Lir	mited Liability Company (if different fro	m licensed premises)
LOS mague		_	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,, (	in hadridda promiddo)
			C 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
All corporations/organizations liquor must appoint an agent.	or limited liability c				nd/or intoxicating
Agent Last Name	(First)	(Middle Name)	Home Address (Street, C	City or Post Office, & Zip Code)	
TUICO	Heirerg				
All Officer(s) Director(s) of 0	Cornoration and M	lembers / Manag	ers of Limited Liabi	lity Company:	
President / Member Last Name	(First)	(Middle Name)		City or Post Office, & Zip Code)	
	<b>\</b>		,	. , ,	
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	City or Post Office, & Zlp Code)	
-					
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, C	City or Post Office, & Zip Code)	
	**************************************			,	
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street C	City or Post Office, & Zip Code)	
Pileotora i Mattagera Edat Mattie	(1 1134)	(windon Haitte)	, ionio / totrosa (otrost, o	my or i our ormoof a cip oode)	
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, C	lity or Post Office, & Zip Code)	
	<u> </u>				
C. Business Information		_	•	(00)	
1 Trade Name 1 & Ma	on reves Mox	ican Rosta	Want Business Phon	ne Number (9720)	
<ol> <li>Business Information</li> <li>Trade Name Los Ma</li> <li>Address of Premises <u>132</u></li> </ol>	of Chapele	AR Ga	Ray Destar as	Su Code KUZNI	
2. Address of Premises 132	~ 1 3. Menster	i iv oreen	Post Office & Z	rib Code 7 (20)	
3. Does the applicant unders and brewpubs?	stand that they mus	si purchase alconi	or beverages only from	n wisconsin wholesalers, pre	weries 🔲 No
Premises description: De include all rooms including records, (Alcohol beverage)	g living quarters, if	used, for the sale	s, service, consumpt	tion, and/or storage of <u>al</u> coho	l beverages and
Kitchen, br	•	<del>-</del>	•		
KITCHEN, BY	MI MINING	1 DONN 12		191000000000000000000000000000000000000	
	O				

5.	Legal description (omit if street address is given	on previous page):			
6.	a. Since filing of the last application, has the n member, officer, director, manager or agent organization licensee been convicted of a for violation of any federal laws, any Wiscor or municipality? If yes, complete page 3.	for either a limited liability company I ny offenses (excluding traffic offense asin laws, any laws of other states, or	icensee, or nonprofit s not related to alcohol) ordinances of any county	☐ Yes	IN/No
	oao, panet, or you, competent page or				4
	<ul> <li>b. Are charges for any offenses presently per the named licensee or any other persons aff</li> </ul>			☐ Yes	□No
	Except for questions 6a and 6b, have there be by you on your last application for this license			☐ Yes	DX(V)
8,	Was the profit or loss from the sale of alcohol be or Franchise Tax return of the licensee? If not,			Yes	□No
	•				
9.	Does the applicant understand they must hold [phone (608) 266-2776]	a Wisconsin Seller's Permit?		Yes Yes	□No
10.	Does the applicant understand that alcohol bev from the date of invoice and made available for	erage invoices must be kept at the lice inspection by law enforcement?	nsed premises for 2 years	<b>∀</b> Yes	□No
11.	Is the applicant indebted to any wholesaler bey	ond 15 days for beer or 30 days for lig	uor?	☐ Yes	₽KN0
12.	Does the applicant owe municipal property tax (Note: Renewal of licenses may be denied pure assessments or other fees).			☐ Yes	Mνο
becappe and voi this	AD CAREFULLY BEFORE SIGNING: Under person truthfully answered to the best of the knowled blication; that the applicant has read and made and correct. The undersigned further understands d, and under penalty of state law, the applicant is application. Any person who knowingly provident \$1,000.	ge of the signer. The signer agrees that a complete answer to each question, ar that any license issued contrary to Ch may 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	d in the fo instance Statutes n connect	regoing are true shall be ion with
Co	ntact Person's Name (Last, First, M.I.)  Herrera, Julio	Title / Member	Date 83/24/	SOS	(
Sig	gnature	(Phone Number (920) 265 - 323	83/24/ Email Address Juliohem	era52	20
V			gm	anl. Co	m
	BE COMPLETED BY CLERK				
ı	ate received and filed with municipal clerk  Date re	eported to council / board	Date license granted		
Lic	cense number issued Date il	cense issued	Signature of Clerk / Deputy Clerk		

Renewal Alcohol E (Submit to municipal clerk. Re	ead instructions or	n page 3.)		Applicant's Wisconsin Seller's Perr	60-15
For the license period beginning	ig: 7/11202	1 ending: <u>Lo</u>	130/2022 (mm dd yyyy)	TYPE OF LICENSE	FEE
To the Governing Body of the:	Town of Village of City of	Hlouez		REQUESTED  Class A beer Class B beer  Class C wine	\$ \$ \$
County of Brown		Aldermanic (if required	: Dist. No by ordinance)	☐ Class A liquor ☐ Class A liquor (cider only) ☐ Class B liquor	\$ N/A \$
heck one: Individual Imited Liability Company I Partnership Corporation/Nonprofit Organization  omplete A or B. All must complete C.				Reserve Class B liquor Class B (wine only) winery Publication fee TOTAL FEE	\$ \$ \$
A. Individual or Partnership:	_			101/12/22	ĮΨ
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		Li-bille O	diameter of Ocus and Inc.	- 11 - 11 - 11 - 11 - 11 - 11 - 11 - 1	
Full Legal Name of Corporation / Nonpolic Wisconsin Puba	und Palette	LLC.			
All corporations/organizations of liquor must appoint an agent.					nd/or intoxicating
Agent Last Name Schmechel	(First)	(Middle Name)	Home Address (Street, Ci	ity or Post Office, & Zip Code) Ne Ln#A5 Green (	Baywi Syax
All Officer(s) Director(s) of C					•
President / Member Last Name	(First)	(Middle Name)	,	Ity or Post Office, & Zip Code)	
SChwechel Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, C	LLN AS G-B WI SH Ity or Post Office, & Zip Code)	304
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, C	ity or Post Office, & Zip Code)	
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, Ci	ty or Post Office, & Zlp Code)	
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, Cl	ity or Post Office, & Zip Code)	
C. Business Information  1. Trade Name Palette	and Pub		Business Phon	e Number <u>920 - 94</u> 0	>-8448
2. Address of Premises 510	OGreene A	ve	Post Office & Z	ip Code Green Bruy	5430
3. Does the applicant understand brewpubs?	tand that they must p	ourchase alcohol	beverages only fron	n Wisconsin wholesalers, bre	
<ol> <li>Premises description: De include all rooms including records. (Alcohol beverage</li> </ol>	living quarters, if us	sed, for the sales	s, service, consumpti	ion, and/or storage of alcoho	l beverages and
which include	les 516/9	518, No c	hange from	prior years.	
No. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.				A CONTRACTOR OF THE PROPERTY O	

5.	Legal description (omit if street address is	given on previous pag	ie):				
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 vor or municipality? If yes, complete pa	agent for either a limi <b>d of any offenses</b> (ex <i>N</i> isconsin 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	ŻΝο
	b. Are <b>charges</b> for <b>any offenses</b> preser the named licensee or any other pers					☐ Yes	<b>⊠</b> No
<b>7.</b>	Except for questions 6a and 6b, have th by you on your last application for this li					☐ Yes	X No
٠							
8.	Was the profit or loss from the sale of alcoror Franchise Tax return of the licensee?	ohol beverages for the	previous year reported	on the Wisc	consin Income	Yes	□No
9.	Does the applicant understand they mus [phone (608) 266-2776]			, , , , , , , , , , , , , , , , , , , ,		Yes	□No
10.	Does the applicant understand that alcordrom the date of invoice and made availa					Yes	□No
11.	Is the applicant indebted to any wholesa	ler beyond 15 days for	beer or 30 days for lic	ιuor?		☐ Yes	MΝο
12.	Does the applicant owe municipal prope (Note: Renewal of licenses may be den assessments or other fees).	rty taxes, assessments lied pursuant to a local	s, or other fees? ordinance, if the licen	see owes m	unicipal taxes,	☐ Yes	∑(No
be ap an voi thi	AD CAREFULLY BEFORE SIGNING: Uren truthfully answered to the best of the knolication; that the applicant has read and it correct. The undersigned further undersigned	nowledge of the signer. made a complete answ stands that any license blicant may be prosecu	The signer agrees that ver to each question, ar issued contrary to Ch ted for submitting false	t he/she is the nd that the a apter 125 of statements	ne person name inswers in each f the Wisconsin and affidavits in	d in the fo instance Statutes n connect	oregoing are true shall be tion with
C	ntact Person's Name (Last, First, M.I.)		Title / Member		Date 2 2 1 2 1		
Si	mature Schneadel		Phone Number 920 - 940 - 8	1448	Email Address Carrie@pale	streardy	pulscon
							·
	BE COMPLETED BY CLERK						P. I.
Da	te received and filed with municipal clerk 3・3ト	Date reported to council / b	oard	Date license g	ranted		
Li	cense number issued	Date license issued		Signature of C	lerk / Deputy Clerk		

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 given on	previous page):			
6.	a. Since filing of the last application, has the nam member, officer, director, manager or agent for organization licensee been convicted of any for violation of any federal laws, any Wisconsir or municipality? If yes, complete page 3	r either a limited liability company li offenses (excluding traffic offenses n laws, any laws of other states, or o	censee, or nonprofit not related to alcohol) ordinances of any county	☐ Yes	<b>Z</b> YNo
	b. Are <b>charges</b> for <b>any offenses</b> presently <b>pendi</b> the named licensee or any other persons affilia	ng (excluding traffic offenses not re ted with this license? If yes, explai	lated to alcohol) against n fully on page 3	☐ Yes	[XNc
7.	Except for questions 6a and 6b, have there been by you on your last application for this license?	any changes in the answers to the	questions as submitted	☐ Yes	ĭ⊠No
٠					
8.	. Was the profit or loss from the sale of alcohol beve or Franchise Tax return of the licensee? If not, ex			Yes	□No
9.	Does the applicant understand they must hold a V [phone (608) 266-2776]	Visconsin Seller's Permit?		[X]Yes	□No
10	Does the applicant understand that alcohol bevera from the date of invoice and made available for inc	age invoices must be kept at the lice spection by law enforcement?	nsed premises for 2 years	∯Yes	□No
11	1. Is the applicant indebted to any wholesaler beyon	d 15 days for beer or 30 days for lic	uor?	☐ Yes	[X) No
12	<ol><li>Does the applicant owe municipal property taxes, (Note: Renewal of licenses may be denied pursuassessments or other fees).</li></ol>	assessments, or other fees? uant to a local ordinance, if the licen	see owes municipal taxes,	☐ Yes	(And
ar ar vo th	EEAD CAREFULLY BEFORE SIGNING: Under penaleen truthfully answered to the best of the knowledge pplication; that the applicant has read and made a cond correct. The undersigned further understands the oid, and under penalty of state law, the applicant manis application. Any person who knowingly provides man \$1,000.	of the signer. The signer agrees that omplete answer to each question, at at any license issued contrary to Ch by be prosecuted 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 fo instance Statutes n connect	regoing are true shall be ion with
C	Contact Person's Name (Last, First, M.I.)  Malcolm, David W.	Title / Member	bac H/HH		1.74
S	Signature Old Figure 1	Maragina Mana Phone Number 0 420 ~646-2	Emall Address  david ma	lcolme	 }
_		1	Zamb	alds, co	Yh
T	TO BE COMPLETED BY CLERK				
Ē	Date received and filed with municipal clerk  Date repo	rted to council / board	Date license granted		
Ī	License number issued Date licen	se Issued	Signature of Clerk / Deputy Clerk		

5.	Legal description (omit if street address is	given on previous pag	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 W or municipality? If yes, complete page	agent for either a limi I <b>of any offenses (</b> ex Visconsin laws, any la	ted liability company li cluding traffic offenses ws of other states, or o	censee, or not relate ordinances	nonprofit d to alcohol) of any county	∐ Yes	<b>⊠</b> .No
	b. Are <b>charges</b> for <b>any offenses</b> present the named licensee or any other perso					☐ Yes	<b>∑</b> No
7.	Except for questions 6a and 6b, have the by you on your last application for this lice	ere been any changes cense? <b>If yes, explai</b>	s in the answers to the	questions	as submitted	☐ Yes	<b>⊠</b> No
٠							
8.	Was the profit or loss from the sale of alco	hol beverages for the	previous year reported	on the Wisc	consin Income	<b>⊠</b> Yes	□No
0	Does the applicant understand they must		llar's Parmit?			X Yes	∏No
9.	[phone (608) 266-2776]	TIOIQ a WISCONSIII OGI	ners remitt			[A] 163	□ 140
10	. Does the applicant understand that alcohorom the date of invoice and made available.	ol beverage invoices note for inspection by la	must be kept at the lice we enforcement?	nsed premis	ses for 2 years	<b>⊠</b> Yes	□No
11	. Is the applicant indebted to any wholesal	er beyond 15 days for	beer or 30 days for lic	Juor?		☐ Yes	<b>⊠</b> No
12	<ul> <li>Does the applicant owe municipal proper (Note: Renewal of licenses may be deni assessments or other fees).</li> </ul>	ty taxes, assessments led pursuant to a local	s, or other fees? ordinance, if the licen	see owes m	unicipal taxes,	☐ Yes	<b>⊠</b> No
ar ar vo	EAD CAREFULLY BEFORE SIGNING: Unsen truthfully answered to the best of the knowlication; that the applicant has read and not correct. The undersigned further undersoid, and under penalty of state law, the application. Any person who knowingly pan \$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, an issued contrary to Ch ted for submitting false	the/she is the short that the apter 125 of statements	ne person name answers in each f the Wisconsin a and affidavits i	d in the fo instance Statutes n connect	regoing are true shall be tion with
	ontact Person's Name (Last, First, M.I.) Gerczak, Jr. Edwar	rd N.	Title / Member Owner		Date 4-1-	2/	
S	END erosale.	JR	Phone Number (920) 4468-89	87	Email Address allowez lig	uor@g	mail
_	· <u> </u>						
	O BE COMPLETED BY CLERK	Date reported to council / b	noard	Date license	ranted		
	At 1 202   Icense number issued	Date reported to countill / b	ouru	Pare incline	granteu		
Ī	Icense number issued	Date license issued		Signature of 0	Clerk / Deputy Clerk		

Renewal Alcohol (Submit to municipal clerk.	<del>-</del>	olication	Applicant's Wisconsin Seller's Period 156 2000 164 86, FEIN Number		
Cautha liasnas naviad bagina	ina Brilailan	ful andinau (	v./80/2022	39-1215390	
For the license period beginn	(111111 22 77777	<u>:/ (</u> enaing: _ <i>⊾</i>	(mm dd yyyy)	TYPE OF LICENSE REQUESTED	FEE
	☐ Town of )	00		Class A beer	\$
To the Governing Body of the	: Ⅸ Village of ┣_	MILOURZ		Class B beer	\$
	☐ City of 🤳			Class C wine	\$
County of Brown		A lal a man a m	la Diat Na		\$
County of PA OUNT		/if require	ic Dist. No d by ordinance)	Class A liquor (cider only)	\$ N/A
		(ii require	d by ordinance)	Class B liquor	\$
Check one:   Individual	Limited Liabilit	v Company		Reserve Class B liquor	\$
☐ Partnership	Corporation/No		tion	Class B (wine only) winery	
	M corporation 14	onpront Organiza	HOIT	Publication fee	\$
Complete A or B. All must	complete C.			TOTAL FEE	\$
•	•			TOTALTEE	Ψ
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):				
		ad Liability Company	Address of Corneration /	lmited Liability Company (if different fro	m liganged promises
Austras S			radioss of corporation?	anned Easinty Company (in different inc	m ncensed premises)
liquor must appoint an agent.	or limited liability co	ompanies applyin		II fermented malt beverages a	nd/or intoxicating
Agent Last Name	(First)	(Middle Name)		City or Post Office, & Zip Code)	
Austin	Richard	P.	Salo Glen	wood Doffere w	1 54118
All Officer(s) Director(s) of		embers / Manag	are of Limited Lish	vility Company	
President / Member Last Name	(First)	(Middle Name)		City or Post Office, & Zip Code)	
A	` _ ` .	1			Eural
Austra	Robert	3	3610 (160)	City or Post Office, & Zip Code)	1ay 54301
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
Austin	Richard	P.	1 536 (fle	City or Post Office, & Zip Code)	wi suis
Secretary / Member Last Name	(First) St-cwen	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
Austin	Thensen	J	853E W	Riverview Halls.	Mills MSBOU
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	CALICOLITE COA
Angel:	Swan			serview Hoths. Chi	Us in Espain
Directors / Managers Last Name	(First)	(Middle Name)		City or Post Office, & Zip Code)	147 COLVER
Pulantora i Manadala Eggi Mania	(1130)	(windone realine)	Light Addiess (attest	Sing of Fost Office, at Zill Code)	
Discourse (Marie Land)	(Cirot)	/M/ 42  -	Nome Address (Ottons)	City or Post Office, & Zip Code)	
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Gode)	
C. Business Information			1		
1	$\gamma$ $f$		<b>.</b>	1000 000	1200
1. Trade Name The	Kiginal L	Lustins	Business Pho	ne Number (920) 55 (	-0217
2. Address of Premises 39	32315 Wel	aster Ave	Post Office &	ne Number (420) 337. Zip Code <u>Green Bay.</u>	W154301
3. Does the applicant undersand brewpubs?	_	•		om Wisconsin wholesalers, bre	werles \(\overline{\mu}\) \(\overline{\mu}\) \(\overline{\mu}\) \(\overline{\mu}\)
include all rooms includin records. (Alcohol bevera	g living quarters, if ges may be sold an	used, for the sale d stored only on	es, service, consump the premises descri	· · · · · · · · · · · · · · · · · · ·	
Ιm	nac soll.	i. 1		Roll	
Tel, (	UUU SY TT	Block '	metal	on wing	
	L.			7	
	<del></del>				

5.	Legal description (omit if street address is given	on previous page):			
6.	a. Since filing of the last application, has the r member, officer, director, manager or agen organization licensee been convicted of a for violation of any federal laws, any Wisco or municipality? If yes, complete page 3.	t for either a limited liability company l iny offenses (excluding traffic offense nsin laws, any laws of other states, or	icensee, or nonprofit s not related to alcohol) ordinances of any count		<b>⋉</b> No
	b. Are <b>charges</b> for <b>any offenses</b> presently <b>pe</b> the named licensee or any other persons af				🛭 No
7.	Except for questions 6a and 6b, have there be by you on your last application for this license	een any changes in the answers to the	questions as submitted	. 🗌 Yes	⊠ No
				<del>-</del>	
8.	Was the profit or loss from the sale of alcohol b or Franchise Tax return of the licensee? If not,				□No
9.	Does the applicant understand they must hold [phone (608) 266-2776]	a Wisconsin Seller's Permit?		一 . 図 Yes	□No
10	Does the applicant understand that alcohol be from the date of invoice and made available fo				□No
11.	. Is the applicant indebted to any wholesaler be	yond 15 days for beer or 30 days for lic	juor?	. 🗌 Yes	X No
12	<ol> <li>Does the applicant owe municipal property tax (Note: Renewal of licenses may be denied pu assessments or other fees).</li> </ol>				⊠ Nα
be ap an vo thi	EAD CAREFULLY BEFORE SIGNING: Under peen truthfully answered to the best of the knowled oplication; that the applicant has read and made not correct. The undersigned further understands old, and under penalty of state law, the applicant is application. Any person who knowingly providen \$1,000.	dge of the signer. The signer agrees that a complete answer to each question, ar a that any license issued contrary to Ch may be prosecuted for submitting false	the/she is the person nar nd that the answers in ea apter 125 of the Wiscons statements and affidavit	med in the fo ch instance sin Statutes s in connect	regoing are true shall be tion with
	ontact Person's Name (Last, First, M.I.)	Title / Member	Date 2/10/2 Email Address	2/	
	Thehad Chint	9a0-337-0a	99	**********	
— T	O BE COMPLETED BY CLERK				-
_		reported to council / board	Date license granted		
L	icense number issued Date i	license issued	Signature of Clerk / Deputy Cle	erk	474.70.90

Submit to municipal clerk. R	tead instructions o			Applicant's Wisconsin Seller's Perr 456-000228041 FEIN Number		
For the license period beginning	ng: July 1, 20	<u> </u>	Me 30,2022 (mm dd yyyy)	25 - 25 / 5 2 9 8  TYPE OF LICENSE	FEE	
To the Governing Body of the:	☐ Town of ☑ Village of	Hovez		REQUESTED Class A beer Class B beer	\$ 250,00	
County of <u>Brown</u>	City of	Aldermani	c Dist. No	☐ Class C wine Class A liquor ☐ Class A liquor (cider only)	\$ 250.00 \$ N/A	
Check one: ☐ Individual ☐ Partnership				☐ Class B liquor \$ ☐ Reserve Class B liquor \$ ☐ Class B (wine only) winery \$		
Complete A or B. All must o	complete C.			Publication fee TOTAL FEE	\$ 60,00 \$	
A. Individual or Partnership	:					
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, C	City or Post Office, & Zip Code)		
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, C	City or Post Office, & Zip Code)		
B. LLC or Corporation (and Full Legal Name of Corporation / Nong Foodmen Z, INC	orofit Organization / Limited	I Liability Company	Address of Corporation / Lin	mited Llability Company (if different fro Webster Green	m licensed premises)	
				I fermented malt beverages a		
Agent Last Name NOVA K	(First) Michael	(Middle Name) Frank	Home Address (Street, C 1815 Ziow	City or Post Office, & Zip Code) LN, Abrams, Wi.	54101	
All Officer(s) Director(s) of 0						
President / Member Last Name	(First)	(Middle Name)	Home Address (Street, C	City or Post Office, & Zip Code)		
Novak	Michael	FrANK	1815 Zion L	N. Ahrams Wi.	54101	
Vice President / Member Last Name Fassbender	PAUL	(Middle Name)	Home Address (Street, C 3449 India	City or Post Office, & Zip Code)  O Bluff Green Ba  City or Post Office, & Zip Code)	y, Wi, 54311	
Secretary / Member Last Name  Novak	Catherine	(Middle Name)  ANN	Home Address (Street, C	Olty or Post Office, & Zip Code)  1. Abrams, Wi. 5  Olty or Post Office, & Zip Code)	4101	
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, C	City or Post Office, & Zip Code)		
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, C	City or Post Office, & Zip Code)		
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, C	City or Post Office, & Zip Code)	,	
C. Business Information  1. Trade Name	ter Avenu	ve Marke	2+ Business Phor	ne Number <u>920 -432</u> Zip Code <i>Green BA</i> Y	-7284	
2. Address of Premises <u>/2</u>	20 S. Wel	bster Al	<b>VL</b> , Post Office & 2	Zip Code <u>Green BAY</u>	,54301	
3. Does the applicant unders		purchase alcoho	ol beverages only from	m Wisconsin wholesalers, bre		
include all rooms including records. (Alcohol beverage	g living quarters, if u ges may be sold and	sed, for the sale stored only on	es, service, consump the premises describ	re to be sold and stored. The tion, and/or storage of alcoho ped.)	e applicant must ol beverages and	
Inside Bui	11 1	1/	<u> </u>		-	

5.	_egal description (omlt if street address is	given on previous pag	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 to or municipality? If yes, complete pa	agent for either a limi d <b>of any offenses</b> (ex Visconsin laws, any la	ted liability company coluding traffic offense ws of other states, or	licensee, or s not relate ordinances	nonprofit d to alcohol) of any county	☐ Yes	<b>⋈</b> No
	o. Are <b>charges</b> for <b>any offenses</b> presen the named licensee or any other person					☐ Yes	<b>⊠</b> No
	Except for questions 6a and 6b, have th by you on your last application for this li					☐ Yes	<b>⊠</b> No
•							
8.	Was the profit or loss from the sale of alco	f not, explain				<b>⊠</b> Yes	□No
	,						
9.	Does the applicant understand they mus [phone (608) 266-2776]					X Yes	□No
10.	Does the applicant understand that alcoh from the date of involce and made availa					👿 Yes	□No
11.	is the applicant indebted to any wholesa	ler beyond 15 days for	beer or 30 days for li	quor?		☐ Yes	<b>⊠</b> No
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 licer	 isee owes m		☐ Yes	<b>⊠</b> No
bee app and voi this	AD CAREFULLY BEFORE SIGNING: Un truthfully answered to the best of the kn lication; that the applicant has read and r correct. The undersigned further unders d, and under penalty of state law, the appapplication. Any person who knowingly pen \$1,000.	owledge of the signer. made a complete answ stands that any license licant may be prosecu	The signer agrees that er to each question, a issued contrary to Ch ted for submitting false	t he/she is the nd that the a napter 125 o statements	ne person name answers in each f the Wisconsin a and affidavits in	d in the fo instance Statutes o connect	regoing are true shall be ion with
Co	ntact Person's Name (Last, First, M.I.)	E	Title / Member	+	Date 7 - / 7 -	フロマノ	,
SIg	NOVAK. Michael Michaelt- Word	k	Presider Phone Number 920-432-7	7284	Z-I7- Email Address MikeN123	@sv j	tarbo
TO	BE COMPLETED BY CLERK						
Da	te received and filed with municipal clerk	Date reported to council / b	oard	Date license ç	granted		
-	1.22.20 DI ense number issued	Date license Issued		Signature of C	Clerk / Deputy Clerk		
1	onso numbor isauou	Date needs leaded		orginature of C	Note t nahrify Oletk		

Renewal Alcohol E (Submit to municipal clerk. Re	_		lication	Applicant's Wisconsin Seller's Peri	119-02	
For the license period beginning	g: 04 01 2 0	2_1 ending: <u>(</u>	6 30 2020	TYPE OF LICENSE REQUESTED	17548 FEE	
To the Governing Body of the:	☐ Town of  ☐ Village of ☐ City of	Allone	2	☐ Class A beer ☐ Class B beer ☐ Class C wine	\$ \$	
County of Brown	<u> </u>		c Dist. No I by ordinance)	Class A liquor     Class A liquor (cider only)     Class B liquor	\$ N/A \$	
Check one: Individual Partnership	Partnership Corporation/Nonprofit Organization				\$ \$ (00.00	
Complete A or B. All must 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	Agent):					
Full Legal Name of Corporation / Nonp				nited Lability Company (if different fro		D1
All corporations/organizations liquor must appoint an agent.	or limited liability co	ompanies applying	g for a license to sell	fermented malt beverages a		
Agent Last Name Upadhyaya Sharma	(First) Tayasar	(Middle Name)	1 1 1	ity or Post Office, & Zip Code) ggins HI, De Po	re, WISHITS	5
All Officer(s) Director(s) of C	orporation and M					
President / Member Last Name	(First)	(Middle Name)	Home Address (Street, C	ity or Post Office, & Zip Code)		
Sharma	Hem	Kaj	POUDE HIS	ggins Hill Depel	re WI 54/115	•
Vice President / Member Last Name  Secretary / Member Last Name	(First)	(Middle Name)	2205 Sylva	Mr Post Office, & Zip, Code)  IN Way, # 2, h  Ity or Post Office, & Zip Code)	rest Bend WI 530	95
Treasurer / Member Last Name	(First)	(Middle Name)		ity or Post Office, & Zip Code)		
Hodowick & Monitori Education	(1101)	(madio Hamo)		iy or root omoof a zip oodoy		
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, C	lty or Post Office, & Zlp Code)		
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, C	lty or Post Office, & Zlp Code)		
C. Business Information	1 and 61	. 11	Duning Division	- November (30 - NA)	7005	
1. Trade Name Webs		11		e Number <u>920 43</u>	1 2935	
2. Address of Premises 150	1 5 Mess	terAve	Post Office & Z	(ip Code <u>5430)</u>	**************************************	
3. Does the applicant unders and brewpubs?	-	•	ol beverages only fron	m Wisconsin wholesalers, bro	eweries 🔲 No	
Premises description: Definctude all rooms including records. (Alcohol beverage)	living quarters, if	used, for the sale	s, service, consumpt	ion, and/or storage of alcohol		
Store, Co	oler B	ghor	cabinet	· ·		

5.	Legal description (omit if street address is	given on previous page):			
6.	member, officer, director, manager or organization licensee been <b>convicte</b> for violation of any federal laws, any v	s the named licensee, any member of a pagent for either a limited liability compand of any offenses (excluding traffic offer Wisconsin laws, any laws of other states, ge 3	ny licensee, or nonprofit nses not related to alcohol) or ordinances of any county	∐ Yes	No
		atly <b>pending</b> (excluding traffic offenses no ons affiliated with this license? <b>If yes, ex</b>		☐ Yes	No
7.		ere been any changes in the answers to cense? If yes, explain		☐ Yes	. <b>Æ</b> No
			-		
8.	Was the profit or loss from the sale of alcored or Franchise Tax return of the licensee?	ohol beverages for the previous year repor	ted on the Wisconsin Income	Yes	□No
9.	Does the applicant understand they mus [phone (608) 266-2776]	t hold a Wisconsin Seller's Permit?		Yes	□No
10.	Does the applicant understand that alcordrom the date of invoice and made available.	nol beverage invoices must be kept at the ble for inspection by law enforcement? .	licensed premises for 2 years	Yes	□No
11.	Is the applicant indebted to any wholesa	ler beyond 15 days for beer or 30 days fo	r liquor?	☐ Yes	No
12.	Does the applicant owe municipal prope (Note: Renewal of licenses may be der assessments or other fees).	rty taxes, assessments, or other fees? iled pursuant to a local ordinance, if the lie	censee owes municipal taxes,	☐ Yes	<b>A</b> NO
be ap an voi thi	en truthfully answered to the best of the kr plication; that the applicant has read and a d correct. The undersigned further unders d, and under penalty of state law, the app	nder penalty provided by law, the undersignowledge of the signer. The signer agrees made a complete answer to each question stands that any license issued contrary to dicant may be prosecuted for submitting factorides materially false information on this	that he/she is the person name n, and that the answers in each Chapter 125 of the Wisconsir alse statements and affidavits	ed in the fo n instance n Statutes in connec	eregoing are true shall be tion with
	ntact Person's Name (Last, First, M.I.)  Sharma, Heni  jinature  Chan  C	Raj Title / Member Phone Number B18 967	Date 03/3 Email Address 5983 hcmms	1/20	21
_	7 1200		6	mai	J. Cor
тс	BE COMPLETED BY CLERK			<del>U</del>	
	ate received and filed with municipal clerk	Date reported to council / board	Date license granted		
Li	cense number Issued	Date license issued	Signature of Clerk / Deputy Clerk		

Renewal Alcohol Bed Submit to municipal clerk. Read					
•	instructions on ne	age 3.)		456-0000287614-03 FEIN Number	
	_		0/2022	39-1036365	
or the license period beginning:	07/01/2021 (mm dd yyyy)		d yyyy)	TYPE OF LICENSE REQUESTED	FEE
	Town of			Class A beer	\$25000
o the Governing Body of the:	Village of <u>Alloue</u>	z Village of		Class B beer	\$
o inc doverning body of the.	City of	Z TIMBUUL		Class C wine	\$
				Class A liquor	\$25000
County of Brown		Aldermanic Dist. N		Class A liquor (cider only)	\$ N/A
		(if required by ording	nance)	Class B liquor	\$
heck one: Individual	Limited Liability	Company		Reserve Class B liquor	\$
heck one: Individual Partnership	Corporation/Nong			Class B (wine only) winery	
	Corporation 140m	MOIII OIGHIIZANON	¥	Publication fee	\$ 6000
omplete A or B. All must complete	e C.			TOTAL FEE	\$5600
•				IOIALFEE	Ψ560 <del>-</del>
. 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)	
. un riuno (riusi)	(~)	, , , ,		,	
		0.0111.37	Hama Adda (Ot	City or Deet Office 9 7in Code)	
Full Name (Last)	(First)	(Middle Name)	Home Address (Street	, City or Post Office, & Zip Code)	
	<u> </u>				
N. T. C. au Causanation (and A	~~~4\*				
3. LLC or Corporation (and A	gent):	mited Liability Company	A   1     6       1     1	Limited Liability Company (if different from	om licensed premise
Euil Loggi Name of Corporation / None					
	profit Organization / En	miled Liability Company	P.O. Box 2107. La	Crosse. WI 54602	•
Kwik Trip, Inc.  All corporations/organizations of quor must appoint an agent.	or limited liability	companies applying	P.O. Box 2107, La for a license to sell	fermented malt beverages and	
Kwik Trip, Inc.  All corporations/organizations of quor must appoint an agent.  Agent Last Name			P.O. Box 2107, La  for a license to sell  Home Address (Street	Crosse, WI 54602	
Kwik Trip, Inc.  All corporations/organizations quor must appoint an agent.  Agent Last Name  Holmes	or limited liability (First) Victoria	companies applying (Middle Name) Lynn	P.O. Box 2107, La for a license to sell Home Address (Street 1032 McCormic	fermented malt beverages and t, City or Post Office, & Zip Code) ck St Green Bay WI 54301	
Kwik Trip, Inc.  All corporations/organizations quor must appoint an agent.  Agent Last Name  Holmes  All Officer(s) Director(s) of C	or limited liability  (First)  Victoria  corporation and l	companies applying (Middle Name) Lynn  Members / Manage	P.O. Box 2107, La for a license to sell Home Address (Street 1032 McCormic	fermented malt beverages and the City or Post Office, & Zip Code) ck St Green Bay WI 54301	
Kwik Trip, Inc.  All corporations/organizations of the corporations of the corporations of the corporations of the corporations of the corporation	or limited liability  (First)  Victoria  corporation and l	companies applying  (Middle Name)  Lynn  Members / Manage  (Middle Name)	P.O. Box 2107, La for a license to sell Home Address (Street 1032 McCormic ers of Limited Liabi Home Address (Street	Crosse, WI 54602  fermented malt beverages and it, City or Post Office, & Zip Code) ck St Green Bay WI 54301  lity Company: it, City or Post Office, & Zip Code)	
Kwik Trip, Inc.  All corporations/organizations quor must appoint an agent. Agent Last Name Holmes  All Officer(s) Director(s) of C President / Member Last Name Zietlow	or limited liability  (First) Victoria  Forporation and l	companies applying  (Middle Name)  Lynn  Members / Manage  (Middle Name)  Paul	P.O. Box 2107, La  for a license to sell  Home Address (Street 1032 McCormic  ers of Limited Liabi  Home Address (Street 2802 Bergamot	crosse, WI 54602  fermented malt beverages and the City of Post Office, & Zip Code) ck St Green Bay WI 54301  lity Company: the City of Post Office, & Zip Code) the Pl., Onalaska, WI 54650	
Kwik Trip, Inc.	or limited liability  (First)  Victoria  corporation and l	companies applying  (Middle Name)  Lynn  Members / Manage  (Middle Name)	P.O. Box 2107, La  for a license to sell  Home Address (Street 1032 McCormic  ers of Limited Liabi  Home Address (Street 2802 Bergamot	Crosse, WI 54602  fermented malt beverages and it, City or Post Office, & Zip Code) ck St Green Bay WI 54301  lity Company: it, City or Post Office, & Zip Code)	
Kwik Trip, Inc.  All corporations/organizations of incompositions and agent.  Agent Last Name Holmes  All Officer(s) Director(s) of Corporation of Corporations of Corporation of Corporations of Corporation	or limited liability  (First) Victoria  Forporation and l	companies applying  (Middle Name)  Lynn  Members / Manage  (Middle Name)  Paul  (Middle Name)	P.O. Box 2107, La for a license to sell Home Address (Street 1032 McCormic ers of Limited Liabi Home Address (Street 2802 Bergamot Home Address (Street	crosse, WI 54602  fermented malt beverages and it, City or Post Office, & Zip Code) ck St Green Bay WI 54301  lity Company: it, City or Post Office, & Zip Code) it Pl., Onalaska, WI 54650 it, City or Post Office, & Zip Code)	
Kwik Trip, Inc.  All corporations/organizations of incompositions and agent.  Agent Last Name Holmes  All Officer(s) Director(s) of Corporation of Corporations of Corporation of Corporations of Corporation	or limited liability  (First) Victoria  Forporation and l	companies applying  (Middle Name)  Lynn  Members / Manage  (Middle Name)  Paul	P.O. Box 2107, La for a license to sell Home Address (Street 1032 McCormic ers of Limited Liabi Home Address (Street 2802 Bergamot Home Address (Street	crosse, WI 54602  fermented malt beverages and the City of Post Office, & Zip Code) ck St Green Bay WI 54301  lity Company: the City of Post Office, & Zip Code) the Pl., Onalaska, WI 54650	
Kwik Trip, Inc.  All corporations/organizations of the property of the propert	or limited liability  (First)  Victoria  Corporation and I  (First)  Donald  (First)	companies applying  (Middle Name)  Lynn  Members / Manage  (Middle Name)  Paul  (Middle Name)	P.O. Box 2107, La for a license to sell Home Address (Street 1032 McCormic ers of Limited Liabi Home Address (Street 2802 Bergamot Home Address (Street	crosse, WI 54602  fermented malt beverages and it, City or Post Office, & Zip Code) ck St Green Bay WI 54301  lity Company: it, City or Post Office, & Zip Code) it Pl., Onalaska, WI 54650 it, City or Post Office, & Zip Code)	
Kwik Trip, Inc.  Ill corporations/organizations of quor must appoint an agent.  Agent Last Name Holmes  Ill Officer(s) Director(s) of Corporation of Corpora	or limited liability  (First) Victoria  corporation and l (First) Donald (First) (First)	companies applying  (Middle Name)  Lynn  Members / Manage  (Middle Name)  Paul  (Middle Name)	P.O. Box 2107, La for a license to sell Home Address (Street 1032 McCormic ers of Limited Liabi Home Address (Street 2802 Bergamot Home Address (Street	crosse, WI 54602  fermented malt beverages and it, City or Post Office, & Zip Code) ck St Green Bay WI 54301  lity Company: it, City or Post Office, & Zip Code) it Pl., Onalaska, WI 54650 it, City or Post Office, & Zip Code)	
Kwik Trip, Inc.  All corporations/organizations quor must appoint an agent. Agent Last Name Holmes  All Officer(s) Director(s) of C President / Member Last Name Zietlow  Vice President / Member Last Name  Secretary / Member Last Name	or limited liability  (First)  Victoria  Forporation and I  (First)  Donald  (First)  (First)  (First)	(Middle Name)  Lynn  Members / Manage  (Middle Name)  Paul  (Middle Name)  (Middle Name)  (Middle Name)	P.O. Box 2107, La for a license to sell Home Address (Street 1032 McCormic ers of Limited Liabi Home Address (Street 2802 Bergamot Home Address (Street Home Address (Street	Crosse, WI 54602  fermented malt beverages and f. City or Post Office, & Zip Code) ck St Green Bay WI 54301  lity Company: t. City or Post Office, & Zip Code) Pl., Onalaska, WI 54650 City or Post Office, & Zip Code) City or Post Office, & Zip Code)	
Kwik Trip, Inc.  All corporations/organizations quor must appoint an agent. Agent Last Name Holmes  All Officer(s) Director(s) of C President / Member Last Name Zietlow  Vice President / Member Last Name  Secretary / Member Last Name  Treasurer / Member Last Name Wrobel	(First) Corporation and I (First) Donald (First) (First) (First) (First) Jeffrey	companies applying  (Middle Name) Lynn  Members / Manage (Middle Name) Paul (Middle Name)  (Middle Name)  (Middle Name)  (Middle Name) James	P.O. Box 2107, La for a license to sell Home Address (Street 1032 McCormic ers of Limited Liabi Home Address (Street 2802 Bergamot Home Address (Street Home Address (Street 3633 Bentwood	crosse, WI 54602  fermented malt beverages and the City or Post Office, & Zip Code) ck St Green Bay WI 54301  lity Company:  Gity or Post Office, & Zip Code)  City or Post Office, & Zip Code)  Gity or Post Office, & Zip Code)	
Kwik Trip, Inc.  All corporations/organizations quor must appoint an agent.  Agent Last Name Holmes  All Officer(s) Director(s) of C President / Member Last Name Zietlow  Vice President / Member Last Name  Secretary / Member Last Name  Treasurer Member Last Name Wrobel  Directors / Managers Last Name	(First) (First) (First) Donald (First) (First) (First) (First) (First) (First)	companies applying  (Middle Name) Lynn  Members / Manage (Middle Name) Paul (Middle Name)  (Middle Name)  (Middle Name)  (Middle Name) James (Middle Name)	P.O. Box 2107, La for a license to sell Home Address (Street 1032 McCormid  ers of Limited Liabi Home Address (Street 2802 Bergamot Home Address (Street Home Address (Street 3633 Bentwood Home Address (Street	fermented malt beverages and it, City or Post Office, & Zip Code) ck St Green Bay WI 54301  lity Company: It, City or Post Office, & Zip Code)	
Kwik Trip, Inc.  Ill corporations/organizations of the composition of the corporations of the corporations of the corporation o	(First) (First) Donald (First) (First) (First) (First) (First) (First) (First) Jeffrey (First) Donald	companies applying  (Middle Name) Lynn  Members / Manage (Middle Name) Paul (Middle Name) (Middle Name) (Middle Name) James (Middle Name) James (Middle Name) Paul	P.O. Box 2107, La  I for a license to sell  Home Address (Street 1032 McCormic  Prs of Limited Liabi Home Address (Street 2802 Bergamot Home Address (Street 3633 Bentwood Home Address (Street 2802 Bergamot	fermented malt beverages and a City or Post Office, & Zip Code) ck St Green Bay WI 54301  lity Company:  a City or Post Office, & Zip Code)  b Pl., Onalaska, WI 54650  city or Post Office, & Zip Code)  city or Post Office, & Zip Code)  city or Post Office, & Zip Code)  d Pl., La Crosse, WI 54601  city or Post Office, & Zip Code)  Pl., Onalaska, WI 54650  Pl., Onalaska, WI 54650	
Kwik Trip, Inc.  All corporations/organizations of the property of the propert	(First) (First) (First) Donald (First) (First) (First) (First) (First) (First)	companies applying  (Middle Name) Lynn  Members / Manage (Middle Name) Paul (Middle Name)  (Middle Name)  (Middle Name)  (Middle Name) James (Middle Name)	P.O. Box 2107, La  I for a license to sell  Home Address (Street 1032 McCormic  Prs of Limited Liabi Home Address (Street 2802 Bergamot Home Address (Street 3633 Bentwood Home Address (Street 2802 Bergamot	fermented malt beverages and it, City or Post Office, & Zip Code) ck St Green Bay WI 54301  lity Company: It, City or Post Office, & Zip Code)	

	R. 5-19)						
PICCHSE		Date license issued		Signature of Ci	lerk / Deputy Clerk		
ટ	-25.3031			Date license g		5	
TO Date r	BE COMPLETED BY CLERK eceived and filed with municipal clerk	Date reported to council / boar	d	Data "aa			
K.	mald of feedlow		608-791-7385		LicensingDept	@kwiktı	rip.com
Signat	ure		Phone Number		3-17- a		
	t Person's Name (Last, First, M.I.) low, Donald P.		Title / Member President		Date 2. 17	2001	
for cor and app	AD CAREFULLY BEFORE SIGNING s been truthfully answered to the best egoing application; that the applicant has rect. The undersigned further undersid under penalty of state law, the application. Any person who knowingly in \$1,000.	st of the knowledge of the s read and made a complete tands that any license iss icant may be prosecuted	e signer. The signer ag answer to each question, ued contrary to Chapte for submitting false sta	rees that he and that the a r 125 of the t	e/she is the pers nswers in each ins Wisconsin Statu	on name tance are ites shall	ed in the true and be void,
	(Note: Renewal of licenses may be cassessments or other fees).	denied pursuant to a loca	I ordinance, if the licen	see owes m	unicipal taxes,	res [_]	No 🔳
12	. Does the applicant owe municipal p	roperty taxes, assessmer	nts, or other fees?				No 🔳
	from the date of invoice and made availar Is the applicant indebted to any wholesa	able for inspection by law e	nforcement?			Yes	No _
10	Does the applicant understand they must [phone (608) 266-2776]  Does the applicant understand that	alcohol beverage invoice	s must he kent at the li	censed pren	nisos for 2 voor		No 🗌
	· .					-	-
	or Franchise Tax return of the license	eer if not, explain	• • • • • • • • • • • • • • • • • • • •			Yes	No 🗌
8.	Was the profit or loss from the sale or Franchise Tay return of the ligense	of alcohol beverages for t	he previous year repor	ted on the W	/isconsin Incom	e '	
						-	
						-	
,	by you on your last application for this	license? If yes, explain.		••••••	· · · · · · · · · · · · · · · ·	Yes 🗌	No
7.	the named licensee or any other  Except for questions 6a and 6b, hav	persons affiliated with the	is license? <b>If yes, exp</b>	lain fully on	page 3	Yes 🗌	No 💢
	b. Are charges for any offenses pres	e page 3e sently pending (excluding)	traffic offenses not rela	ted to alcoho	ol) againet	Yes 🗌	No 🔀
6.	Since filing of the last application member, officer, director, manag organization licensee been converse for violation of any federal laws, and the second se	er or agent for either a lir <b>/icted of any offenses</b> (e y Wisconsin laws, any laws	nited liability company excluding traffic offense of other states, or ordina	licensee, or es not related ances of any c	nonprofit d to alcohol)		
5.	Legal description (omit if street addr	ress is given on previous	page):				

Renewal Alcohol Bev	verage Lice	ense Application	on	Applicant's Wisconsin Seller's Permit 456-0000287614-03	Number
(Submit to municipal clerk. Read	instructions on r	nage 3.)		FEIN Number	
•			0/2022	39-1036365	
For the license period beginning:	(mm dd yyyy)	ending. 00/3		TYPE OF LICENSE REQUESTED	FEE
	Town of			Class A beer	\$25000
To the Governing Body of the:	I town of Village of Allou	ez Village of		Class B beer	\$
to the doverning body of the.	City of	icz Tinago or		Class C wine	\$
	_			Class A liquor	\$2500
County of Brown		Aldermanic Dist. N		Class A liquor (cider only)	\$ N/A
		(if required by ording	nance)	Class B liquor	\$
Check one: Individual	Limited Liability	y Company		Reserve Class B liquor	\$
Check one: Individual Partnership		profit Organization		Class B (wine only) winery	\$
				Publication fee	\$ 6000
Complete A or B. All must complete	e C.			TOTAL FEE	\$56000
				10111111111	1+202
A. Individual or Partnership:					
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City	y or Post Office, & Zip Code)	
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City	y or Post Office, & Zip Code)	
	<u>'</u>		,	•	
Full Name (Last)	(First)	(Middle Name)	Home Address (Street City	y or Post Office, & Zip Code)	
riii Name (Last)	(First)	(ividulo ivalio)	Tiomoriaaroso (orroot, or	y or rest emes, a zip eeds,	
All corporations/organizations	or limited liability	companies applying	ı for a license to sell fer	mented malt beverages and	/or intoxicating
liquor must appoint an agent. Agent Last Name	(First)	(Middle Name)	Home Address (Street Cit	y or Post Office, & Zip Code)	
Young	Jay	Allen		Green Bay WI 54304	
Toung	17			<u> </u>	
All Officer(s) Director(s) of C	ornoration and	Members / Manage	ers of Limited Liability	Company:	•
President / Member Last Name	(First)	(Middle Name)	Home Address (Street, Cit	y or Post Office, & Zip Code)	
Zietlow	Donald	Paul		., Onalaska, WI 54650	
				<u> </u>	
Vice President / Member Last Name	(First)	(Middle Name)	nome Address (Street, City	y or Post Office, & Zip Code)	
				D 1055 0 71 0 1 )	
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, Cit	y or Post Office, & Zip Code)	
Treasurer / Member Last Name	(First)	(Middle Name)		y or Post Office, & Zip Code)	
Wrobel	Jeffrey	James	3633 Bentwood P	I., La Crosse, WI 54601	
Directors / Managers Last Name	(First)	(Middle Name)		y or Post Office, & Zip Code)	
Zietlow	Donald	Paul	2802 Bergamot Pl	, Onalaska, WI 54650	
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, Cit	y or Post Office, & Zip Code)	
Bricotora / Mariagoro East / tarris	( 5	,		,	
C. Business Information					
	TRIP 1030		Business F	Phone Number <u>920-437-203</u>	5
					<del></del>
2. Address of Premises 2203			•	ode <u>Green Bay 54301</u>	-
3. Does the applicant understand brewpubs?	tand that they m	ust purchase alcohol	beverages only from W	/isconsin wholesalers, brewe Yes ■ No	eries
Premise description: Description       rooms including living quar	ters, if used, for	the sales, service, co	onsumption, and/or stor	age of alcohol beverages ar	nd records. (Alcol
beverages may be sold and	d stored only on	the premises describ	oed.)One-stor	y frame construction w	ith storage in
walk-in cooler, on sale	es floor, in cal	binetry. Liquor lo	cked all hours.		
municipality of built	11002, 111 04				

5.	Legal description (omit it street address	is given on previous pa	age):				
6.	Since filing of the last application, has member, officer, director, manager or organization licensee been convicte for violation of any federal laws, any Woor municipality? If yes, complete page 1.	r agent for either a limi ed of any offenses (ex isconsin laws, any laws o	ted liability company lic cluding traffic offenses of other states, or ordinan	censee, or n not related ces of any co	onprofit to alcohol) inty	Yes 🗌	No 🂢
	b. Are <b>charges</b> for <b>any offenses</b> presently the named licensee or any other per					Yes 🗌	No 🏹
7.	Except for questions 6a and 6b, have th by you on your last application for this licer	ere been any changes ase? <b>If yes, explain</b>	in the answers to the o	questions as	submitted	Yes 🗌	No X
						- - -	
8.	Was the profit or loss from the sale of all or Franchise Tax return of the licensee?	cohol beverages for th	e previous year reporte	ed on the Wi	sconsin Incom	e . Yes <b>III</b> -	No 🗌
	Does the applicant understand they must ho [phone (608) 266-2776]						No 🗌
10	). Does the applicant understand that alc from the date of invoice and made available	ohol beverage invoices for inspection by law en	s must be kept at the lice forcement?	ensed prem	ises for 2 year	s .Yes	No□
11	. Is the applicant indebted to any wholesaler	beyond 15 days for beer	or 30 days for liquor?			Yes 🗌	No 🔳
12	<ol> <li>Does the applicant owe municipal prop (Note: Renewal of licenses may be der assessments or other fees).</li> </ol>					. Yes 🗌	No 🔳
ha fo , co aı aı	EAD CAREFULLY BEFORE SIGNING: as been truthfully answered to the best or regoing application; that the applicant has reprinced. The undersigned further understand under penalty of state law, the application. Any person who knowingly prean \$1,000.	of the knowledge of the ad and made a complete a ads that any license issu nt may be prosecuted t	e signer. The signer ag answer to each question, a ued contrary to Chaptel for submitting false stat	rees that he and that the ar r-125-of the t tements and	/she is the per nswers in each in Wisconsin Stat affidavits in co	son nam stance are utes shal	ed in the etrue and Il be void, with this
	act Person's Name (Last, First, M.I.) etlow, Donald P.		Title / Member President	·	Date 3-17-	212	
Sign	ature Onell of Lettow		Phone Number 608-791-7385		Email Address LicensingDep		
L			1				
	O BE COMPLETED BY CLERK						
	received and filed with municipal clerk	Date reported to council / boar	d	Date license g	ranted		
	S: 35: 303/1 use number issued	Date license issued		Signature of C	lerk / Deputy Clerk		
				L.			

Renewal Alcohol E	•	• •	lication	Applicant's Wisconsin Seller's Perr 456000053547403 FEIN Number	mit Number
For the license period beginning	g: 07 01 202	1 endina: 06	30 2022	39-0704880	
For the license period beginning	(mm dd yyy	y)	(mm dd yyyy)	TYPE OF LICENSE REQUESTED	FEE
	Town of	AT TOTTE		☑ Class A beer	\$ 250.00
To the Governing Body of the:	✓ Village of >	ALLOUEZ		Class B beer	\$
	☐ City of →			☐ Class C wine	\$
County of BROWN		Δldermani	c Dist. No	Class A liquor	\$
County of			by ordinance)	✓ Class A liquor (cider only)	\$ N/A
1 · '		(4		☐ Class B liquor	\$
Check one: 🔲 Individual	☐ Limited Liab	ility Company		Reserve Class B liquor	\$
☐ Partnership	✓ Corporation/	Nonprofit Organizat	tion	Class B (wine only) winery	\$
				Publication fee	\$ 100.00
Complete A or B. All must co	omplete C.			TOTAL FEE	\$
A. Individual or Partnership:					
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	t, City or Post Office, & Zip Code)	
B. LLC or Corporation (and A	\gent):				
Full Legal Name of Corporation / Nonport CONDON OIL COMPANY	ofit Organization / Lir			Limited Liability Company (if different from RIPON WI 54971	m licensed premises)
liquor must appoint an agent.	or limited liability		g for a license to s	ell fermented malt beverages a	nd/or intoxicating
Agent Last Name	(First)	(Middle Name)		t, City or Post Office, & Zip Code)	
BAUMAN	KRAIG	DEAN	434 STONEHEI	DGE CT RIPON WI 549	71
All Officer(s) Director(s) of C	orporation and	Members / Manag	ers of Limited Lia	hility Company:	
President / Member Last Name	(First)	(Middle Name)		, City or Post Office, & Zip Code)	
BAUMAN	KRAIG	DEAN	434 STONEHEI	DGE CT RIPON WI 549	71
Vice President / Member Last Name	(First)	(Middle Name)		t, City or Post Office, & Zip Code)	/ _
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street	t, City or Post Office, & Zip Code)	
BLOCK	KARLA	к	N7930 DOTY I	OR RIPON WI 54971	
Treasurer / Member Last Name	(First)	(Middle Name)		t, 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	L		1		
1. Trade Name MIDWAY MO	BIL		Business Ph	one Number <u>920-336-1161</u>	
2. Address of Premises 3907	S WEBSTER	ST	Post Office 8	Zip Code GREEN BAY WI	54304
3. Does the applicant understand brewpubs?				rom Wisconsin wholesalers, bre	eweries
Premises description: De include all rooms including records. (Alcohol beverage)	living quarters,	if used, for the sale	s, service, consum	are to be sold and stored. The aption, and/or storage of alcohoribed.)	e applicant must
GASOLINE STATION/C	ONVENIENCE	STORE/FAST FO	OD		

5. Legal description (omit if street address is	given on previous page	·):				
Since filing of the last application, has member, officer, director, manager or organization licensee been <b>convicted</b> for violation of any federal laws, any V	the named licensee, a agent for either a limite of any offenses (exclusions)	ny member of a partne ed liability company lic luding traffic offenses ys of other states, or o	ensee, or r not related rdinances o	to alcohol) f any county	□ V <sub>2</sub> 2	[Z] Na
or municipality? If yes, complete page	ge 3				☐ Yes	☑ No
b. Are <b>charges</b> for <b>any offenses</b> present the named licensee or any other person	tly <b>pending</b> (excluding ons affiliated with this lic	traffic offenses not relacense? If yes, explain	ated to alcol	nol) against age 3	☐ Yes	<b>☑</b> No
<ol> <li>Except for questions 6a and 6b, have the by you on your last application for this lice</li> </ol>	ere been any changes cense? If yes, explair	in the answers to the	questions a	s submitted	☐ Yes	<b>☑</b> No
8. Was the profit or loss from the sale of alco or Franchise Tax return of the licensee? I	ohol beverages for the p	previous year reported	on the Wisc	onsin Income	<b>☑</b> Yes	□ No
				Labor Control of the		
9. Does the applicant understand they mus  (200) 200 27701	st hold a Wisconsin Sell	ler's Permit?			<b></b> Yes	□ No
[phone (608) 266-2776]						
<ol> <li>Does the applicant understand that alcoholic from the date of invoice and made availa</li> </ol>	nol beverage invoices make for inspection by law	nust be kept at the licer w enforcement?	nsed premis	es for 2 years	✓ Yes	□No
11. Is the applicant indebted to any wholesa	aler beyond 15 days for	beer or 30 days for liq	uor?		☐ Yes	<b>✓</b> No
<ol> <li>Does the applicant owe municipal prope (Note: Renewal of licenses may be der assessments or other fees).</li> </ol>	erty taxes, assessments nied pursuant to a local	s, or other fees? ordinance, if the licens	see owes m	unicipal taxes,	☐ Yes	<b>∠</b> No
READ CAREFULLY BEFORE SIGNING: Up been truthfully answered to the best of the knapplication; that the applicant has read and and correct. The undersigned further underwold, and under penalty of state law, the application application. Any person who knowingly than \$1,000.	nowledge of the signer. made a complete answ stands that any license plicant may be prosecul	The signer agrees that er to each question, ar issued contrary to Cha ted for submitting false	ne/sne is tr nd that the a apter 125 of statements	ie person name nswers in each the Wisconsir and affidavits	in the fo instance Statutes in connec	are tru shall b
Contact Person's Name (Vast, First, M.I.)		Title / Member		Date		
Bauman, Kraig D		PRESIDENT Phone Number		3-19 Email Address	-21	
Sidnature		920-748-3186		Enjan / taar 000		
Ma as man						
	A.M.					
TO BE COMPLETED BY CLERK						
Date received and filed with municipal clerk	Date reported to council / b	ooard	Date license g	ranted		
3.30.303)			Olam -turn - C	Norte / Daniele Ol	,	
License number issued	Date license issued		oignature of C	Clerk / Deputy Clerk	`	
AT-115 (R. 5-19)		- 2 -	1			

Renewal Alcohol	Beverage L	icense App	olication	Applicant's Wisconsin Seller's Per	mit Number	
(Submit to municipal clerk. Read instructions on page 3.)				1456-1029208310-D2 1		
For the license period beginning: (6.30 · 303) ending: (6.30 · 303)				81-2078012		
			.,	TYPE OF LICENSE REQUESTED	FEE	
To the Governing Body of the	Town of Willage of	Allonez	•	Class A beer	\$	
- To the second of the	City of			Class B beer	\$	
1/10/21/02	L Olly Ol >			Class C wine	\$	
County of DVOLOV	<u> </u>	Aldermani	c Dist. No	Class A liquor	\$	
		(if required	d by ordinance)	Class A liquor (cider only)	\$ N/A	
Check one: Individual Limited Liability Company  Partnership Corporation/Nonprofit Organization			Class B liquor	\$		
			Reserve Class B liquor	\$		
			Class B (wine only) winery Publication fee	\$		
Complete A or B. All must complete C.				TOTAL FEE	\$ 60.00	
A. Individual or Partnership	<b>)</b> :					
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, Cit	ty or Post Office, & Zip Code		
OBrien	Mari	1 e.	1454 Tu	lev lone Dele	ve W1 54115	
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, Cij	y or Post Office, & Zip Code)		
			,	, , , , , , , , , , , , , , , , , , , ,		
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, Cit	y or Post Office, & Zip Code)		
B. LLC or Corporation (and	Agent):		1			
Full Legal Name of Corporation / Non	nrofit Organization / Limite	-d I (-1-104 - O )			54301	
Full Legal Name of Corporation / Non	ind 611 lle	ill in the same of	2150 Corporation / Limi	ted Liability Company (If different from	n licensed premises)	
All corporations/organizations liquor must appoint an agent.						
Agent Last Name	(First)A •	(Middle Name)	Here Added (O) A O'			
O'BRIEN	Nari	(Middle Hallie)	1954 Wer	or Post Office, & Zip Code)  (ANC, DEPERE WI	THE	
All Officer(s) Director(s) of (	Corporation and Me	embers / Manage				
President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City	or Post Office, & Zip Code)		
Mari O'Brien	I WYUN	Elaine	1959 Tyler la	ne Dekene WiStl		
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						
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 The Rivi	100 Blicand	Consilo	Po 1 mg	97074/27	127	
	Ma Siv and	Ovice Contract	Business Phone	Number 120 246 28	50 /	
2. Address of Premises	> Riversile	DU Ween	Burpost Office & Zip	Code SY301		
3. Does the applicant understand brewpubs?	tand that they must	purchase alcohol	beverages only from		veries \( \square\) No	
4. Premises description: De	scribe building or b	uildings where al	cohol heverages are	to be sold and stored. The	anniloant must	
include all rooms including records. (Alcohol beverage	i living guarters, if u	sed, for the sales	service consumption	n and/or etorage of clockel	beverages and	
Mcludina F					+ Duvaing	
Lon	man ac box	0 1000	TOWER OR (	oncrete Patro, a	<u>varieent</u>	
· <u>[U   [</u>	WELL OF DU	cauca.				
		<b>√_</b>				

5.	Legal description (omit if street address is g	liven on previous pa	ge): 🕶 🔻			
6.	a. Since filing of the last application, has t member, officer, director, manager or a organization licensee been convicted for violation of any federal laws, any Wi or municipality? If yes, complete page	gent for either a lin <b>of any offenses</b> (e sconsin laws, any l	nited liability company excluding traffic offens aws of other states, o	r licensee, or nonprofit es not related to alcohol) r ordinances of any county	☐ Yes	Мо
	b. Are charges for any offenses presently the named licensee or any other person	/ pending (excludir s affiliated with this	ng traffic offenses not r license? <b>If yes, expl</b>	related to alcohol) against ain fully on page 3	☐ Yes	Ĭ <b>X</b> Ì No
7.	Except for questions 6a and 6b, have ther by you on your last application for this lice	e been any change ense? <b>If yes, expl</b> a	es in the answers to thin	ne questions as submitted	☐ Yes	<b>∑</b> No
8.	Was the profit or loss from the sale of alcohor Franchise Tax return of the licensee? If n	ol beverages for the	previous year reporte	d on the Wisconsin Income	<b>∑</b> Yes	□No
9.	Does the applicant understand they must he [phone (608) 266-2776]	old a Wisconsin Se	ller's Permit?		Yes Yes	□No
10.	Does the applicant understand that alcohol I from the date of invoice and made available	beverage involces r for inspection by la	nust be kept at the lice	ensed premises for 2 years	[X] Yes	□ No
11.	Is the applicant indebted to any wholesaler	beyond 15 days for	beer or 30 days for li	quor?	Y Yes	□No
	Does the applicant owe municipal property ( <b>Note:</b> Renewal of licenses may be denied assessments or other fees).				Yes	□No
app and oic his har	AD CAREFULLY BEFORE SIGNING: Under truthfully answered to the best of the knowledge of that the applicant has read and made correct. The undersigned further understand, and under penalty of state law, the application. Any person who knowingly proven \$1,000.	ledge of the signer. de a complete answ ds that any license int may be prosecut	The signer agrees tha er to each question, a issued contrary to Ched for submitting false information on this a	t he/she is the person named nd that the answers in each apter 125 of the Wisconsin a statements and affidavits in	d in the for instance a Statutes s n connecti	regoing are true shall be on with
1	NAKI O'BRIEN		Title / Member	Date 4-21-	- 27	
Sign	Meri & Obner	_	Phone Number 9202467	LSF7 WWIENE	xt her	nen
	(					<u> </u>
	BE COMPLETED BY CLERK  Preceived and filed with municipal clerk  Date	e reported to council / bo	ard	Date license granted	<del> </del>	
lina	nse humber issued 2021	e license issued		Signature of Clerk / Deputy Clerk		
LIGE	uige turimai issuen DSC	o lingiisa issueu		Signature of Clerk / Deputy Clerk		

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